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REPORT

OF THE

PROCEEDINGS

OF A

NATIONAL CONFERENCE

ON

INFANT WELFARE

HELD AT KINGSWAY HALL, LONDON,

On July 1st, 2nd and 3rd, 1919.

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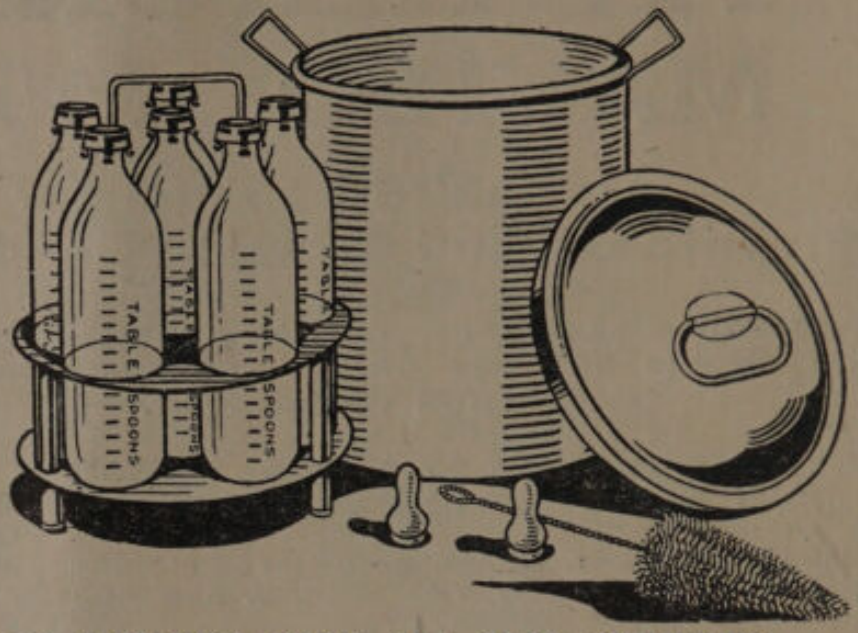

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National Conference
ON
Infant Welfare

REPORT OF THE PROCEEDINGS OF THE NATIONAL CONFERENCE ON INFANT WELFARE, HELD AT KINGSWAY HALL, LONDON, ON JULY 1ST, 2ND, AND 3RD, 1919.

President :
The Rt. Hon. CHRISTOPHER ADDISON, M.P.,
Minister of Health.

PUBLISHED BY THE NATIONAL LEAGUE FOR HEALTH, MATERNITY AND CHILD WELFARE, FOR THE NATIONAL ASSOCIATION FOR THE PREVENTION OF INFANT MORTALITY.

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National Conference on Infant Welfare.

KINGSWAY HALL, LONDON.

A THREE days' Conference on Infant Welfare was held on July 1, 2, and 3, 1919, at the Kingsway Hall, London, in connection with the National Baby Week Celebrations, and was organized by the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy (a Section of the National League for Health, Maternity and Child Welfare). Delegates representing Maternity and Child Welfare Centres and also local authorities (Public Health Committees, Boards of Guardians, &c.) from all parts of England, Wales and Scotland were present. The seating capacity of the large hall was taxed to its utmost, some 800-900 persons being present.

OPENING SESSION.

At the opening Session on July 1, the Chair was occupied by the Right Hon. Christopher Addison, M.P., the Minister of Health. By a fortunate coincidence, this Session was held on the very date on which the Ministry of Health officially came into being, and the first public act of its President was to deliver the inaugural address of a Conference held under the auspices of the organizations largely responsible for the inception of the measures which have led to the creation of the Ministry. The first utterance in an official capacity of the head of the Ministry was an unanswerable justification of the policy of delegates who at Conferences held during National Baby Week for the past two years have earnestly pleaded for the creation of a Government Department of Public Health. Among those who accompanied Dr. Addison on the platform

were Sir George Newman (Ministry of Health), Dr. Janet Campbell (Ministry of Health), the Marchioness of Aberdeen and Temair, Muriel Viscountess Helmsley, Dame Swift (British Red Cross), Dr. Janet Lane-Claypon, and Mr. Benjamin Broadbent (Huddersfield).

Dr. G. F. STILL : Perhaps I may be allowed to say a few words before we begin our meeting. Sir Arthur Newsholme was to have been with us this morning, but he has unfortunately not yet returned to England, so that we are without him and shall have to do with a make shift Chairman at a later stage of the meeting. We are fortunate, at any rate, in the presence of our President, Dr. Addison, who is about to deliver his inaugural address to the Conference. If any proofs were needed that under the new Ministry of Health the prime importance of special care for the health of infancy and childhood will be recognized, surely we have it in the presence here to-day of the Right Hon. Dr. Addison, the new Minister of Health. (Loud applause.)

THE INAUGURAL ADDRESS.

The Right Hon. CHRISTOPHER ADDISON, M.P., M.D., on rising to deliver the inaugural address, was greeted with repeated rounds of applause and cheers. He said : Dr. Still, Ladies and Gentlemen, I think it is singularly fitting that on the day when the powers are formally transferred under the recent Order in Council, to the Ministry of Health, the first public duty of the Minister of that newly created Department should be to preside, for however short a time, at a Conference dealing with the subject of infant care. For it is obvious that if we are to formulate and carry out well considered schemes for improving the health of our people, we must begin at the cradle, or even before. And it is because your Society has for many years past, through its ardent voluntary workers, led the way in the work connected with infant care throughout the country, that that work will now form a prominent feature of operations of the newly created Ministry. I see that for the past three years the average death-rate for infants has at last come below 100 per 1,000—not far below, it is true—but we hope to see it 50 in the not distant future. And it may be there if our measures are adequate and sustained. But you know, as well as I do, that it is not merely the saving of life which those improved figures would indicate that is of the main or the only importance. It is plain that you must have, as an accompaniment of that improved state of mortality, a vast improvement in the health of the mothers and of the children who survive. It is in the avoidance of the disabilities which so often arise in the

early days of child life, that we shall get, in our future citizens, the real and abiding results of such a diminution in the infant mortality.

We, at the Ministry of Health, recognize that in the organization of the new Department one of our first steps must be to develop and extend our services of assistance over all the different branches which are connected with ante-natal infant care ; and it is on that account that the first appointment which I made on Sir George Newman's advice was that of Dr. Janet Campbell, to whom I am entrusting special duties in respect of the maternity and child welfare work of the Ministry. We have already, I am glad to say, begun to create the staff necessary to deal with the increased work which we have before us. Now, we have throughout the country a large number of centres of one kind and another dealing with infant welfare, and some of them hitherto, as you are well aware, have been assisted by the Board of Education, and some by the Local Government Board ; resting in both cases to a great extent on voluntary services for their conduct. These centres, and the whole of the work with which they are concerned, now come under one Department, and that in itself, I suggest, is of vital importance. Let us hope that for once and all we have got to the end of divided responsibilities and of the difficulties which lie in the way of carrying out a constructive, a progressive, and a comprehensive policy. It is clear that above all things, as I have said on previous occasions, common sense and human sympathy are the first requirements in this work. Unless we have centres or whatever they may be called, to which the women, the expectant mothers, can come freely and gladly, we shall not succeed. It is therefore, I believe, the very first principle to recognize that we must make our efforts such, and direct them in such a way, that the people will like them, that they are acceptable and sought after. I can assure you that so far as my Department is concerned, we shall keep that fundamental need in view right through, and shall be no parties to needless "stickiness" or cut-and-dried and hard-and-fast methods ; because we have still a lot to learn as to the best way of dealing with the problem of infant life in such a manner as will be attractive and acceptable to our people.

It is clear, I think, to anyone who makes a survey of our needs (and may I say that up to the present we have had no adequate survey), that we need a great many more of either Maternity Hospitals or Homes of the right kind. By Maternity Home, speaking generally, you mean a place, probably somewhat small in size and simply equipped, for giving assistance in normal, and more or less normal cases ; and we want them in considerable numbers both in our large centres

of population, in our small towns, and in the country districts. For they are often sorely needed by women who have very frequently insufficient accommodation for assistance in their own homes. It is clear also that linked up with that there is needed more generous provision of Maternity Hospitals where the higher forms of skilled assistance for difficult cases shall be available. I suggest, and I am convinced too, that in order to get the best results we must secure the hearty co-operation, and the confidence and the loyal service of midwives throughout the country. We look, I think, to a greatly improved training of midwives and a better and higher standard of employment and pay for them, because it is only by encouraging these things that we shall ultimately bring them in adequate numbers into the general scheme and service. Then, again, I do not forget that in the Hospitals and Maternity Care Homes it is necessary that we should secure, as I am sure we shall, the hearty assistance and co-operation of the medical profession. But, apart from what we may do as to Homes or Hospitals or Baby Centres, it has always seemed to me that the greatest need of all is the spread amongst our people more and more of common knowledge. The mothers themselves, often with very unsatisfactory housing conditions, with very imperfect, or almost entirely inadequate accommodation for ordinary household work with regard to cleanliness, facilities for washing and so forth, are at present throughout our towns sorely handicapped. We cannot expect to find the children in the condition in which we should like to see them, or expect the mothers who are looking after them to do the best that can be done, whilst we have so many tens of thousands of our families living in tenement dwellings very improperly equipped with all the things that are necessary for the maintenance of the highest standard of health. It is therefore vital that, with an improvement in the care and well-being of the mothers and infants, the reconstruction schemes in connection with housing, as soon as the necessary legal powers are obtained, should be pressed forward with all energy in our great centres of population. I am glad to say that in the new Housing Bill we have got out of the region of vague formulas, and are inserting powers to prescribe the minimum requirements of a decent home—(loud applause)—not in general terms but in specific matters, and it is only in that way, I think, that we shall get in the scores of thousands of homes throughout our country where these necessary things are utterly lacking at the present time, the essential means for preserving and looking after food and facilities for household cleanliness and matters of that kind. These matters are, as every Health Visitor in this room knows perfectly well, absolutely vital if we are going to bring about a permanent

improvement in the health conditions of our infant population in many of our towns. So that improved housing is an essential part of the scheme. But above all, I believe the spread, by practical common-sense methods, of improved and more accurate knowledge on the part of the girls and the women of our nation as to the best and simplest way of dealing with and looking after their infants, is that which will count the most in the long run. This can only be achieved partly through our schools and very largely through the workers who are associated with our Infant Welfare Centres throughout the country. I see that proposals are before us for assisting in improving the standards of training and defining the minimum qualifications of those who engage in this work. There are vast numbers of people throughout the country who are willing and anxious to help, but what we have to do is to see that the help is directed in the right lines, with common sense and sympathetic methods, and that care is taken to avoid that of which our fellow citizens are particularly resentful—undue and petty interference with family affairs. Some people told me, when I brought forward in Parliament proposals for the Ministry of Health—and they seemed to believe it too—that it foreshadowed being, as the expression was, "bossed by doctors from the cradle to the grave." Well, I have sufficient misgivings as to the suitability of experts in political matters not to recognize that that error must, above all things, be avoided. And I can assure you that so long as I am Minister of Health it won't happen. Our people are anxious to do the best they can, and no women in the world are more anxious to do the best they can for their children than ours. And no women in the world are more independent in spirit. We must recognize and bear in mind at all times these great national characteristics if we are to make our work a success. I dwell on this because I believe that our work, and the work of all the vast numbers of organizations which in time will be linked up with the Ministry of Health, depends firstly and lastly on getting public confidence and esteem. And it is only by ensuring this that we shall ultimately arrive at the best and most practical methods of dealing with those difficulties.

We have just signed the Treaty of Peace, and we hope that we shall be able now to turn our minds without misgivings to the affairs of peace. None of them, I think, brings up issues more vital to our national well-being than those associated with the work which falls upon those who are concerned with promoting infant welfare. Housing, education, fresh air, town planning, nurses, midwives, medical facilities—all these things immediately emerge as requiring attention directly you begin to tackle these problems. And therefore we look forward with

confidence to the work which is before us, and in which you, ladies and gentlemen, can play so great a part. For I believe that we have now the first essential of success with us—namely, national goodwill. It is for us, who with the heavy responsibilities which this goodwill brings to us, and with the great opportunity which lies before us, to see to it that, by organized, progressive, scientific and common-sense methods, we shall do everything we can to deal with these vital problems. We have before us an unequalled opportunity, and I ask you now and at all times to give us the best of your assistance. I assure you that, so far as the Ministry of Health is concerned, no pains will be spared, no effort will be lacking, and with due regard to economical administration, the financial assistance also will not be lacking, to secure that the vital work which you have in hand does make good progress under the best conditions.

As I explained to your Chairman before I came on the platform, I am only the *locum tenens* for a few minutes in this chair, and, therefore, having opened your proceedings, I would express the hope that your Conference will be addressed to practical issues, issues designed to forward practical work through our country. I hope that you will have a most successful Conference, and I thank you for your patient hearing. (Loud applause.)

Dr. G. F. STILL : Dr. Addison has given us real encouragement this morning in our efforts to promote the welfare of infants and children, for he shows that as Minister of Health he is determined to press forward work for ensuring care of the health of the little children, and that necessarily includes care of the expectant mother. We believe that the health of the little ones is the chief corner-stone, nay, it is three-fourths of the building of the health of the nation. Dr. Addison has shown that he realizes this by honouring us in having consented to be President of this Conference, and his Inaugural Address has confirmed us in our belief that he is with us entirely in the stress that we lay upon the care of infancy and childhood as one of the most important functions of the new Ministry of Health. I am sure we are all most grateful to him for coming here this morning and for opening our Conference, and I shall ask you to show your appreciation by according him a very hearty vote of thanks. (Applause.)

Mr. BROADBENT (Huddersfield) : It is with the very greatest pleasure and satisfaction that I have the privilege of seconding this vote of thanks. I do it all the more heartily because I see that Dr. Addison, having become first Minister of Health, thoroughly recognizes that we are at the beginning of our task, not the end. The establishment of a Ministry of Health seemed to many of us the final goal of our ambitions, but now that we

have the Ministry of Health actually in being our hopes are extended and we see clearly that this is only the beginning. I am delighted to find that Dr. Addison also recognizes this. With all my heart I congratulate him on the proud position to which he has attained—that of being the first Minister of Public Health in this country. We all have every confidence that under his guidance, and under the guidance of those who are to compose his staff, including in particular Sir George Newman and Dr. Janet Campbell, this work will now go forward with increasing impetus and with increasing success. Never has this work failed. No effort that has ever been put forward for the health of the babies has ever failed. Some of those efforts may have appeared to some to have been mistaken, but in no instance have they failed. And this great national effort will not fail, it is destined rather to be a brilliant success. We thank Dr. Addison for having come here and spoken to us this morning. (Applause.)

Dr. ADDISON : I thank you very much for your expression of thanks. I appreciate particularly what Mr. Broadbent has said, for he and I foregathered on many occasions when the Ministry of Health and other matters were under consideration, for this change has not been brought about without considerable difficulty, and without a considerable measure of, shall I say, persistence and doggedness. But here it is, and now it is for us to apply the same persistence with, I hope, clear-sighted advice, to the problems that lie before us. As we have just been told, this is not the end but the beginning, and it is for those who have charge to justify the great change that we have induced Parliament to enter upon. I thank you for the vote of thanks, and I will now ask Dr. Still, who is much more familiar with the immediate problems with which you are concerned than I am, as you all know, to occupy my place. (Applause.)

Dr. STILL then took the Chair, and in turn called upon the writers to read their papers.

CAUSES OF ANTE-NATAL, INTRA-NATAL, AND NEO-NATAL MORTALITY.

By AMAND ROUTH, M.D., F.R.C.P.

Consulting Obstetric Physician, Charing Cross Hospital.

The Conference is to-day discussing how to save the lives and ensure the health of babies, and at this opening meeting we are considering the question from the very beginning of life, from the moment of fertilization to the end of the first month after birth. In discussing the mortality of these periods, we must not forget that the children which may survive their first month of life, may be so abnormal or diseased that they will require continued supervision, or will certainly die later. This, however, is not our province to-day, though it is of great national importance, for the Registrar-General in his report dated April 30 last, states "that infant mortality, measured by the proportion of deaths under one year of age to registered births in the quarter ending March 31, 1919, was equal to 149 per 1,000, being 31 per 1,000 births above the average in the ten preceding first quarters," and 53 per 1,000 births above the average of 1917. This rise in infantile mortality would be very disquieting if it should continue.

Neither are we concerned to-day with maternal mortality or morbidity, except to remember that the unborn child can only be treated through the mother; that the child's physical and mental condition is mainly the result of the mother's ill-health; that whilst the maternal death rate in married mothers is only 3·7 per 1,000 births, it is 6·97 in unmarried mothers; and that the main causes of maternal death in both classes are toxæmia, accidents of childbirth and puerperal sepsis, all of which largely preventable conditions seriously affect the child either before or after birth.

Natural Increase of the Population.

The *natural increase* of the population has for the first time in our statistical history ceased, for during the six months ending March 31 last the deaths in England and Wales have exceeded the births by 126,445. It is true that influenza caused 41 per cent. of the deaths in the quarter ending December 31, and 20 per cent. in that ending March 31, but as Dr. T. H. C. Stevenson, Superintendent of Statistics, writes me, "None the less, the more permanent and effective cause of the natural decrease has been decline in fertility, which even without influenza would have practically wiped out the whole normal excess of births over deaths for the six months."

The babies born in the quarter ending March 31, 1919, were 17,388 fewer than in the first quarter of 1918, and what is more ominous still were 16,855 fewer than in the preceding quarter, the last quarter of 1918. This decline in fertility has occurred notwithstanding the fact that "in the whole year 1918 the total marriages in England and Wales (286,807) were the highest on record except in the boom years of 1914 and 1915."

It is difficult to explain such a reduced birth-rate with such an increased marriage-rate except that "the enforced separation of husbands and wives in the spring of 1918 may be a contributory cause."

The *conception* rate of a nation can only be estimated by adding together the live births, still-births, and miscarriages, and these last are not known with any certainty. If, however, this large reduction of fertility be due to reduction in the numbers of conceptions which cannot be explained by enforced separation of husbands and wives, it must be explained by the increased use of methods of artificial conception-control, increased ante-natal mortality, or increased sterility, for as already stated the number of marriages is far in excess of the normal.

This decline in fertility unquestionably points to the increasing importance of further controlling the ante-natal mortality, as we are hoping to emphasize at this conference.

Percentage Causation of Ante-natal Deaths.

The approximate percentage causation of ante-natal, natal and neo-natal deaths can be given as follows with fair accuracy: Prematurity, 10 per cent.; syphilis, 20 per cent.; toxæmia, 10 per cent.; prolonged, difficult or complicated labour, including ante-partum hæmorrhage, 25 per cent.; other known causes, 10 per cent.; and "unknown" causes, 25 per cent. The fact that so large a percentage of the causes of ante-natal death is "unknown" shows how much research and pathological team work is still required.

The proportion of ante-natal mortality to conceptions or to births is also difficult to estimate. Thanks to *compulsory notification of still-births* we know that the average number during the last twelve weeks of gestation in England and Wales is 30 per 1,000 births, and statistics collected by numerous doctors and in various localities point to the probability that miscarriages between conception and the twenty-eighth week are about four times as many. If these estimates of miscarriages be correct, it means that there are 150 deaths of the fertilized ovum and maturer fœtus per 1,000 births during gestation.[1] Sometimes, women who have still-births do not have alternating miscarriages, but often they occur in the same women, as proved by Professor F. W. Mott and others, in cases of syphilis.

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[1] From an entirely different source ("Maternity," pp. 194-95), Miss Llewellyn Davies has given figures derived from answers to inquiries from married mothers connected with the Women's Co-operative Guild. The figures are 59 still-births per 1,000 births, and 156 miscarriages, or a total of 215 deaths *in utero* per 1,000 births, a much higher estimate than my own.

Illegitimate Death-rate.

Statistics point to at least a doubled still-birth rate in unmarried mothers, and there is strong evidence that, including criminal abortion, the rate of miscarriages is also about double in illegitimate cases. The infantile death-rate of the children of both married and unmarried mothers is also known to be in the same proportions, being respectively 96 and 207 per 1,000 births in 1917, and the infantile deaths during the first month of life in the same year were respectively 37 and 72.

The following table gives an *estimate* of the probable loss of life between fertilization of the ovum and the end of the first year of life.

Ante-natal and Infantile Death-rates per 1,000 Births of Children of Married and Unmarried Women, including "Natal" Deaths, based on the figures for England and Wales in 1917.

	Married		Unmarried	
Ante-natal.				
In latter twelve weeks	30		60	
In former twenty-eight weeks (estimated)	120		240	
		150		300
Infantile.				
Neo-natal (first month)	37		72	
Remainder of first year	59		135	
		96		207
Estimated deaths of children per 1,000 births between conception and end of first year of life		246		507
Note.—Actual deaths of mothers per 1,000 births from causes connected with pregnancy and labour		3·7		6·79

It is evident therefore that the unmarried mother and her child need the care of the State twice as much as the married woman, if they are to be saved from this double rate of mortality and morbidity.

How many of the 37,157 unmarried mothers and the babies born to them in England and Wales in 1917 were protected and helped from mid-pregnancy

to the end of a six months' lactation? This should be one of our first reconstruction duties.

Causes of Death in the "Natal" or "Intra-natal" Period.

At the Conference held last year, Dr. Ballantyne wisely advised that this labour group of cases should be called distinctively "natal" or "intra-natal," and he further suggested that the mortality of this period should be considered separately, for not only does it include all the operations needed to save the child in cases where there is a disproportion between the child and the maternal pelvis, but all the other complications of child-birth, such as maternal hæmorrhage, pelvic tumours, fœtal malpresentations and pressure on the umbilical cord. Many malnourished, diseased, malformed, and premature children who fail to survive their birth, would also belong to this group.

If the child happens to breathe after its separate birth it would be considered a "live birth," and its death would be called a neo-natal one. If it died a minute before its separation from its mother it would be a stillbirth. If these "intra-natal deaths" of children between the onset of labour and the complete birth of the child were considered as a distinct class, I believe we should be astonished to find how many children, known to have been alive at the onset of labour, die during those few hours.

The Neo-natal Period.

At the same meeting of the Conference, Dr. Ballantyne suggested that the first month after labour should be designated "neo-natal," and the phrase is now generally adopted. It is known that the deaths of this neo-natal period include 37 per 1,000 births of the children of married mothers, and 72 per 1,000 births of unmarried mothers, or about a third of those who die in their first year of life. These early infantile deaths comprise:

(1) Feeble, malnourished or premature children who survive their births, 50 per cent. of whom die in the first twenty-four hours of life.

(2) Diseased children such as those born syphilitic.

(3) Abnormal or deformed children such as those born with hydrocephalus, spina bifida, ventral hernia or encephalocele.

(4) Many children who may survive some weeks who cannot suck owing to prematurity, cleft palate, hare lip or "snuffles."

This "neo-natal" period not only includes the risks to the premature or diseased child which occur in the first few days of life, but also includes a period when the obstetrician (medical practitioner or midwife) has ceased to attend, and the pediatrician or infant welfare doctor takes on the case of the child, while the gynæcologist perhaps is required for the mother. This "changing of horses while crossing the stream" may take place at the end of fourteen days when the midwife usually ceases to attend, or after the mother and child have left the lying-in hospital, and it is the pyschological moment when health visitors could usefully intervene. An inexperienced young mother thus suddenly turned adrift from advice and help, needs special care and sympathy. Nothing like it occurs in private practice where a doctor continues his attendance. Dr. Mona Chalmers Watson has recently proposed that lying-in hospitals should arrange to keep primiparæ in hospital for four weeks instead of two, for health purposes as well as to teach the mother how to manage her child. It is a wise suggestion.

Premature Births.

Premature births are so-called if they occur before the thirty-eighth week of gestation.

The proportion of premature births to the total births in lying-in hospitals varied in 1914 from 12·9

per cent. (Queen Charlotte's Hospital, London) to 20·4 per cent. (St. Mary's Hospital, Manchester), and of these 30·4 per cent. and 74 per cent. respectively died before their mothers left the hospitals, and it is calculated that over 50 per cent. of such premature children die during the first twenty-four hours of life. Some of these premature deaths would therefore occur in the "natal," some in the neo-natal period.

The causation of prematurity has not been satisfactorily worked out, but is often due to ante-partum hæmorrhage, toxæmia or undue physical effort or mental strain in the mother, or to malnutrition or morbidity in the child, which conditions should be therefore viewed as the primary causes of the fœtal death rather than the resulting prematurity at birth.

Venereal Disease.

Amongst the main causes of death in both early and late pregnancy is venereal disease.

Gonorrhœa is very rarely the cause of ante-natal disease or death, for if acute it will prevent conception, and if chronic it is one of the main causes of sterility by permanent inflammatory blocking of both the genital ducts in one or both of the potential parents. Gonorrhœa if present in an active form, especially if acquired late in pregnancy, may cause serious complications after birth to both mother and child, and the Registrar-General states that 24 per cent. of the children who become blind after birth owe their blindness to this cause.

Syphilis is estimated to cause at least 20 per cent. of the ante-natal and neo-natal deaths, and if so it would mean that about 27,000 deaths would thus result in England and Wales. In addition to these, children born of syphilitic parents may be born apparently healthy and even give a negative Wassermann reaction, and yet may become clinically syphilitic a few weeks afterwards, or cerebrospinal disease

may become manifest at puberty or early adolescence. Statistics regarding 10,000 consecutive labours in each of two American hospitals (Johns Hopkins Hospital and Sloane Hospital) state that in the former stillbirths due to syphilis were 32 per cent. of the total deaths up to fourteen days after birth, and that in the latter 9 per cent. of the stillbirths were syphilitic, though all recognized cases of maternal syphilis were refused admission.

Stillbirths from ante-natal syphilis in unmarried women are about double such deaths in legitimate pregnancies. Thus Dr. Hope states that in two large Poor Law establishments in Liverpool, the stillbirths among illegitimates were 64 per 1,000 births as compared with 30 in legitimate births, and that 75 per cent. of these illegitimate stillbirths were due to syphilis, toxæmia, ante-partum hæmorrhage and difficult labour.

Nature's Control over Ante-natal Infection.

A woman, infected by her husband, would not thereby be rendered sterile, but would readily conceive and would be continuously infecting her child during the pregnancy. Indeed, it is remarkable that *any* child born of untreated syphilitic parents should be able to escape death during pregnancy. I have elsewhere suggested that Nature protects the child *in utero* not only from "accidents" by the security of its domicile, but from maternal infection by the distribution of strong ferments derived from the cells of the fœtal chorion at the junction of the maternal and fœtal placenta.

These chorionic ferments or their derivatives appear to have a powerful action as a chemical filter, so that germs like tubercle bacilli, and even large organisms like the mature *Spirochæta pallida* of syphilis, are either destroyed or broken up into "granules." These granules, as Professor H.

Noguchi, of the Rockefeller Institute for Medical Research in U.S.A., has shown, may remain biologically inactive for long periods, and as he has further shown in a continuous series of cultures from 1910 to 1917, may develop later on into mature spirochætæ, which retain their infectivity. The chorionic ferments seem able to "hold up" these "granules" and to control their activity during pregnancy. After labour, when the ferments have ceased to exist, the granules may develop into the mature organism, and both mother and child would show clinical evidence of syphilis. These views require experimental proof, but will, I believe, be found correct, for they explain much that was obscure and how it is that treatment of the mother, even after the third month of gestation, can in some cases enable a syphilitic mother to bear her first healthy child, though I fear the prognosis now held of such treatment will prove too optimistic.

Toxæmia.

Maternal toxæmia causes from 10 to 15 per cent. of fœtal deaths, either in the more virulent forms of maternal toxæmia, or during an eclampsic crisis, when the child is usually expelled stillborn, or in the minor maternal toxæmias by the continuous circulation of chemical poisons in the fœtal blood. The child may die during the ante-natal, natal, or neo-natal periods.

The toxæmias of pregnancy are due to unknown chemical poisons, produced by complex processes at or near the points of union of mother and child, and they attack varying organs with unexplained discrimination. Many cases of gradual toxæmia can be detected early enough to enable treatment to be successful. To combat the most virulent and sudden types no specific treatment is yet known. Research alone can discover the nature of these poisons and can point to the antidote or other specific means of treatment.

These toxæmias are said to occur in 5 per cent. of primigravida, and are still more frequent in unmarried women who have to endure much more mental strain during their pregnancies.

Accidents and Complications of Childbirth.

These constitute the largest group of ante-natal, intra-natal, and neo-natal deaths. Pelvic contractions, or tumours, or fœtal malpresentations, are not only dangerous to the mother if the condition is recognized first during labour, but are still more dangerous to the child, who may have to be sacrificed to save the mother, for obviously if the mother cannot be delivered both mother and child would die.

A large proportion of the deaths of mothers and infants at lying-in hospitals occur from these pelvic conditions, which if recognized during pregnancy could have been dealt with with perfect safety at a pre-determined date by manipulation or operation, but either method may be accompanied by risk if the patients were only admitted during labour, especially if fruitless attempts at delivery have been made, and the mothers were already septic.

Operations are often necessary in the treatment of these complications. Taking the 1914 statistics of the two British lying-in hospitals already named, I find that there was a total of 591 operations which had to be performed to save the lives of mothers and children, and that twenty women and 174 of the children died. The percentage of deaths of these mothers and children, in spite of the operations done to save them, were thus 3·1 and 29·4 *per cent.* respectively, ten times greater than the usual total maternal death-rate of 3·7 *per* 1,000 *births*, and of a natal and neo-natal infantile death rate of 37 per 1,000.

In cases of *pelvic contraction*, previous recognition, even of minor contraction, is most essential to the safe delivery of a living child. Among these 591

operations there were 218 cases of contracted pelvis which required operations such as induction of labour (65), forceps delivery (44), version (7), craniotomy (32), and Cæsarean section (70). Seven mothers (3·2 per cent.) and 58 of the children (26·6 per cent.) died, the death-rates corresponding closely to those of the total operations.

Humanly speaking, if a careful doctor or midwife had discovered these pelvic contractions during mid-pregnancy, and the woman had been admitted at a suitable time to a lying-in hospital where expert advice was forthcoming, very few if any mothers or children would have died. Deaths from these causes occur in the natal and neo-natal periods.

Maternal Ante-partum Hæmorrhage.

Maternal hæmorrhages, such as those due to *placenta prævia* and *accidental hæmorrhage*, especially the concealed variety, are the most fatal of all complications if not treated promptly. Thus in these two lying-in hospitals in 1914, out of 119 cases of these ante-partum hæmorrhages sent in for treatment, 8·4 per cent. of the mothers and 75 per cent. of the children died. The mortality in this group of cases where there has been no expert medical advice during early labour, and no available lying-in institution where the sudden emergency can be adequately dealt with, is terrible to contemplate. Deaths from these causes might occur in each of the periods we are to-day considering. It has recently been demonstrated that some of these accidental hæmorrhages are toxæmic in origin, and as such, therefore potentially preventable.

Among *other obstetric complications of pregnancy* which could be discovered before they had become serious, in early or mid-gestation, may be named retroversion of the gravid uterus (a frequent cause of abortion about fourth month), pyelitis of pregnancy, degenerations of the chorion (the causes of which are quite unknown), excess of liquor amnii.

Nothing but adequate provision of ante-natal clinics and lying-in institutions will enable these and other complications of pregnancy to be discovered and dealt with.

Other Miscellaneous Causes of Fœtal Death.

There are other occasional maternal causes of fœtal disease or death which could often be successfully treated if detected during pregnancy. I will only mention heart disease, Bright's disease, lead poisoning, malignant disease, acute specific exanthemata, pneumonia, and other acute and chronic lung conditions, as well as other traumatic causes, such as motor car accidents and fright, criminal abortions, and recent air raids.

Apart from facilities for diagnosis and treatment, research centres and pathological laboratories are needed in all districts, so that the obscure details of ante-natal pathology may become known, and prophylactic measures be rendered available.

THE RESULTS TO BE EXPECTED FROM ANTE-NATAL CARE.

By EARDLEY HOLLAND, M.D., F.R.C.S.

I have lately become convinced that both the medical profession and the lay public have been engaged in so impetuous a pursuit of ante-natal work that they have not paused to consider what results they are really justified in expecting from it.

What is the extent to which stillbirth and infant disease and mortality may be reduced by ante-natal work?

Some, and they are the vast majority, expect too much. They believe that by something wonderful, almost magical, in treatment by drugs, diet, rest and general hygienic measures, almost every fœtus doomed

to death or disease may be made into a healthy infant. Others who, I am glad to say, form a very small minority, are convinced that ante-natal care will do positive harm by preserving the lives of those who would only become unfit and degenerate racial undesirables: in other words, by saving the better-deads. It is easy enough to refute such a crude opinion as this, but the fact that it exists should make us all the more careful to be equipped with facts and figures in our advocacy of antenatal work.

The time has come for us to make an assessment of our ante-natal work; to balance our accounts and to find out what are our profits in relation to our capital outlay and expenditure. The amount of time, energy, and labour put into ante-natal work at the present day is very great. Do the benefits gained therefrom represent a big, a moderate, or only an insignificant profit? We have got to find out whether our results justify our work. This paper has been written with that object, though the facts at present at my disposal do not allow me to do more than generalize. I hope to show you that the present rate of fœtal mortality is capable of being reduced by about one half. But this end cannot be attained by ante-natal methods alone; for, not only are the majority of fœtal deaths beyond the realm of ante-natal care, since they are the direct result of the accidents and complications of labour, but ante-natal care itself depends for its successful fulfilment on a high standard of midwifery. Without wishing for a moment to minimize the importance of the antenatal period, I desire to draw your attention to the even greater importance of the intra-natal period of fœtal existence.

I should like to see records kept, on a standardized system, at every large maternity centre; this might well be insisted on by the State Department which subsidizes such centres. From the records of pregnancy, of labour, and of the year subsequent to labour, both for the mother and the infant, we should be

able to state the profits of our enterprise. We should know how many fœtuses were saved from probable death during pregnancy, how many from death or injury during labour; how many mothers were spared serious illness, or possible death from the diseases of pregnancy and the injuries of labour. The only records of pregnancy that have been published on these lines, so far as I am aware, have come from the pregnancy clinic of the Boston Lying-in Hospital.

Dr. F. S. Kellog considers what complications of pregnancy were found amongst 4,996 cases. I will quote his own words: "Of these, 1,524 showed some abnormality in pregnancy, 30 per cent.; albuminuria without other signs of toxæmia, 361, 7 per cent. of all cases, 23 per cent. of abnormal cases; elevated blood-pressure without other signs of toxæmia, 259 cases, 5 per cent. of all cases, 16 per cent. of abnormal cases; definite symptoms of toxæmia, 195 cases, 4 per cent. of all cases, 12 per cent. of abnormal cases; contracted pelvis of varying degree, 401, 8 per cent. of all cases, 26 per cent. of abnormal cases; heart lesions, 111 cases, 2 per cent. of all cases, 7 per cent. of abnormal cases. Phthisis, 10 cases; ante-partum hæmorrhage, 33 cases, which is 0·7 per cent. of all cases; pyelitis, 20 cases; syphilis, 21 cases; gonorrhœa, 10 cases; chronic nephritis, 5 cases; diabetes, 3 cases; with occasional cases of fibroids in the lower segment, ovarian cysts, and other complications to the number of 30; also a large number of severe varicosities of the leg, and a small number of ante-partum phlebitis. These figures establish the fact that pregnancy is not the normal physiological process it is so broadly considered, and that pre-natal care is valuable in 30 per cent. of pregnancies that are in some degree abnormal; and that the only way to include this 30 per cent. is to give it to all; and that with 4 per cent. of all pregnancies showing definite toxæmic and pre-eclamptic symptoms, 2 per cent. of all pregnancies showing heart lesion, 8 per cent. of all pregnancies showing some degree of con-

tracted pelvis, 0·7 per cent. of all pregnancies showing ante-partum bleeding; to go no further prenatal care is not only valuable, but is essential."

Let us now ask ourselves, what is the object of ante-natal work? Ante-natal work has for its aim the great economic principle of the prevention of waste. In this paper I am dealing only with the fœtus; the mother is another, a bigger and—in my opinion—an even more important problem in relation to ante-natal work. I will merely remind you that maternal mortality and morbidity are enormously greater in cases of dead birth than of live birth. This is obvious, since the birth of a dead fœtus is usually the consequence either of a pregnancy disease or of a severe labour, with the added risks of maternal injury or puerperal sepsis.

Quite apart from the waste of infants, it does not need a professional economist to appreciate the waste involved by the birth of a dead fœtus. At the best there is a waste of time, a waste of energy, a waste of health, and a waste of money and material, distributed amongst the mother and family, the doctor, midwife and nurse, the National Health Insurance sickness and maternity benefits. At the worst there may be added to these permanent harm to the mother's health or even the loss of her life. The maternal mortality from childbirth is well enough known, but we have only a glimmering of the severe and slight illnesses that result from childbirth. We have not accurate figures for this, but they can and must be got. As some indication I have found that 40 per cent. of the patients who come to my gynæcological out-patients' department at the London Hospital, come because of some post-parturient disease, usually only of a minor nature, it is but all the same enough to produce temporary, if not permanent, discomfort, or invalidism, or sterility. The only thing that can convert waste into gain; that can compensate for the discomfort, expense and danger of

childbirth, is the birth of a healthy infant. This is the chief aim of ante-natal work.

I should like to mention what effect the halving of the fœtal death-rate, and the addition of about 12,000 infants to the population, would have on the birth-rate. A birth-rate of 20 per 1,000 would only be raised to 20·3. If it is desirable to raise the birth-rate, there are quicker and more certain methods of doing so than ante-natal care.

Leaving now the objects for which ante-natal work strives, let us consider its results as regards fœtal life. I intend to arrive at the answer to the question, "What really are the results to be expected from ante-natal care?" by the consideration of two points: The distribution of the causes of fœtal death amongst the 3 per cent. death-rate, and the preventive means at our disposal implied by the expression "ante-natal care." We should thus be able to divide fœtal death into two classes, (1) preventable, and (2) not preventable, always with the sure hope that by scientific research, the class "preventable" may be constantly recruited from the class "not preventable." Fœtal death may occur during one of two periods; either during the long quiescent period of pregnancy, before the onset of labour—the ante-natal period—or during the short stormy period of labour—the intra-natal period. In the same way we must divide our preventive methods, our means for preserving the life and health of the fœtus, into two distinct classes—ante-natal methods and intra-natal methods. By intra-natal methods I mean the management of labour, normal or complicated. One of the chief points I wish to make is the immense importance in the prevention of fœtal death of the management of the intra-natal period. I do not hesitate to say that more fœtuses can be saved by improved intranatal care than by ante-natal care.

If a series of cases of dead-birth be investigated the first great fact that becomes clear is that more

fœtuses are killed during labour from injury or accidental complications than die during pregnancy from fœtal or maternal disease. A fœtus that dies during the ante-natal period is usually born in a state of maceration ; one that dies during the intra-natal period is in a fresh condition.

Out of every 100 dead-born viable fœtuses you will generally find about sixty fresh and forty macerated. Although the fresh fœtuses will include a few that have died from ante-natal causes shortly before the onset of labour, it is reasonably accurate to state that 60 per cent. of fœtal mortality is due to the accidents and complications of labour. In other words, 60 per cent. are cases of intra-natal death, and 40 per cent. of ante-natal death. This alone is an indication of the immense importance of improved intra-natal methods for the reduction of fœtal mortality.

Another point which leads to the same conclusion is that ante-natal work depends on a high standard of intra-natal work for the fulfilment of its aims. Ante-natal work is the strategy, intra-natal work the tactics of preventive obstetrics. Consider for a moment the investigations we make at an ante-natal clinic : (1) We measure the pelvis and estimate the relative sizes of the pelvis and fœtal head, for we know the disasters of labour with a contracted pelvis ; (2) we find out the presentation of the fœtus, for we know that breech-labour has an appreciable fœtal mortality ; (3) we test the urine, for we know the consequences of untreated toxæmia of pregnancy ; (4) we get the history of former pregnancies and labours, which often puts us on the track of syphilis ; (5) we examine the pelvic cavity for obstructive tumours ; (6) we investigate the general health of the mother, though we know that, with rare exceptions, the only unhealthy states of the mother (apart from the toxæmia of pregnancy) that cause fœtal death are syphilis and renal disease. The list seems short enough, but

its length is by no means commensurate with its great importance.

Now let us consider the treatment we adopt as the result of the above investigations. We find it is chiefly intra-natal. The only purely ante-natal treatment consists in the treatment of syphilis, and in the treatment of the appropriate cases of toxæmia of pregnancy or of chronic renal disease by the simple means of diet, rest, and aperients. Otherwise we depend on the induction of premature labour, Cæsarean section, or on the careful management of labour with instrumental assistance when occasion demands.

I will now consider the causes of fœtal death and will try and indicate how many deaths are preventable, with special reference to the value of ante-natal care in achieving this object. There is no need for me to enter in detail into these causes, for this part of the subject has already been dealt with by Dr. Amand Routh.

Taking first the macerated fœtuses, we can distribute them into the following groups: Syphilis, toxæmia of pregnancy, chronic renal disease, relative placental insufficiency from abnormal smallness of the placenta or excessive infarction, separation of the placenta by retro-placental hæmorrhages, and a great group in which the cause of death is undeterminable. Syphilis heads the list of deaths amongst macerated fœtuses with 34 per cent., toxæmia of pregnancy comes next with about 20 per cent.; then comes the disappointing group with cause undetermined, about 20 per cent. We can place relative placental insufficiency and retro-placental hæmorrhage at about 20 per cent., and distribute the remainder amongst chronic renal and other maternal diseases, and severe fœtal deformities.

Turning now our attention to the fresh fœtuses, we shall find that in most of these death is due to the injuries and accidents of labour. There is a

certain number due to the causes I have enumerated under the macerated fœtuses, such as toxæmia of pregnancy or retro-placental hæmorrhage: cases in which the fœtus died shortly before its birth and before it had had time to become macerated. Amongst these fresh fœtuses we find that placenta prævia, accidental hæmorrhage, instrumental or natural delivery through a contracted pelvis, breech presentation, delivery by version, delayed labour from whatever cause, prolapse of the cord, account for all but a very few. The most striking fact of all is that about one-half of these fresh dead-born fœtuses show, on post-mortem examination, severe cerebral injury in the form of cerebral hæmorrhage and tearing of the septa of the dura mater: such injuries could only be caused by excessive cranial stress during labour.

I will now try and work out how many of these fatalities are preventable. It will be noticed that I have not attempted to give the ultimate causes of fœtal death, but have only placed the cases in broad clinical groups. In giving the percentage frequency of each group, I shall again only give approximate figures. This rough method is quite sufficient for the purpose, as I can only hope to indicate what can be done in a general, and not in a precise, way. For the purposes of preventive treatment we can conveniently place all cases of fœtal death into four groups:—

(1) Those the cause of which can be discovered during the ante-natal period and can be prevented by purely ante-natal treatment. The great representative of this group is syphilis. Another example is toxæmia of pregnancy, many cases of which can be kept within reasonable bounds, or even cured, by simple antenatal treatment. Still another example is breech presentation, for which we can perform external version.

(2) Those the causes of which can be discovered during the ante-natal period, but which depend for their prevention on intra-natal methods. The best example of this is contracted pelvis. If discovered early

enough in pregnancy, the obstetrical treatment can be planned, and will be either waiting for natural labour, with the help of forceps if necessary, or induction of premature labour, or Cæsarean section. Another example is afforded by those cases of toxæmia of pregnancy which do not yield to ante-natal treatment and which must be treated by induction of premature labour. Another rare example is obstructive pelvic tumours.

(3) Those the causes of which are not discoverable in the ante-natal period, but which make their presence known just before or coincidently with the onset of labour, or during the course of labour. Examples of this group which are prolific of fœtal death are the ante-partum hæmorrhages. Other common ones are prolapse of the umbilical cord, cases of prolonged labour from such causes as persistent occipito-posterior presentations. In this group most of the fœtuses have cerebral hæmorrhage and tearing of the septa of the dura mater, consequent on delivery by forceps or version.

(4) Those of which the causes, so far as our present state of knowledge stands, are not discoverable or preventable by any means whatever. These include the great group in which the cause of fœtal death cannot be determined, the cases of relative placental insufficiency due to abnormal smallness of the placenta or to the destruction of a large area of placenta by infarction, those cases in which a blood-clot is found behind the placenta, and cases of severe fœtal deformity such as anencephaly, hydrocephalus and œdematous states of the fœtus.

I will now attempt to make a rough estimate of how many fœtal deaths are preventable and how many are not preventable, and will give a rough indication of the preventive part played by antenatal methods alone, by combined ante- and intra-natal methods, and by intra-natal methods alone.

	Incidence	Prevent-able	Ante-natal	Ante and intra-natal	Intra-natal
Syphilis	15	15	15	—	—
Toxæmia of pregnancy	10	6	3	3	—
Complications of labour (including antepartum hæmorrage)	50	30	1	9	20
Chronic renal and other maternal diseases	2	1	1	—	—
Cause undeterminable	12	0	—	—	—
Relative placental insufficiency and retroplacental clot	6	0	—	—	—
Fœtal deformities	5	0	—	—	—
	100	52	20	12	20

It is thus demonstrable that out of the 50 per cent. of fœtal deaths which are theoretically preventable, about 20 per cent., of which two-thirds are syphilis, could be prevented by ante-natal methods alone. We see that about 12 per cent. depend for their prevention on combined ante-natal and intra-natal methods, and about 20 per cent. on intra-natal methods alone.

The point to which the foregoing line of reasoning has brought us is that although ante-natal work is of immense importance, and we must not abate by one jot our enthusiasm for it, yet the importance of the intra-natal period and the necessity of getting a better standard of midwifery must be recognized much more than it is at present. This conclusion is forced on us when we realize that the majority of dead fœtuses have met their death in the intranatal period, that many cases of intra-natal fœtal death occur from causes beyond the control of ante-natal care, and that ante-natal care itself depends on intra-natal skill for its successful issue.

In conclusion, I would appeal to this great National League, which has already done so much for maternity and child welfare, to use its influence in helping to bring about a higher standard of midwifery practice—an end which can only be attained through the better teaching of midwifery to medical students, midwives, and post-graduates alike, and by the establishment of enough maternity homes and hospitals to meet the needs of our population.

ANTE-NATAL TREATMENT OF SYPHILIS AND GONORRHŒA.

By Dr. MORNA RAWLINS.

Surgeon for Venereal Diseases, New Hospital for Women.

Syphilis is one of the most frequent causes of miscarriages, premature births, infantile mortality and diseased children. It is stated that 27,000 deaths a year from pre-natal syphilis occur in England. Syphilis in pregnant women is therefore a matter of very grave importance not only for the woman herself but for the future of the race.

There are two interesting points in the treatment of pregnancy complicated by syphilis which I want to lay stress on to-day.

(1) The fact that an apparently healthy woman showing no signs of syphilis and giving a negative Wassermann reaction may give birth to typically syphilitic children. You can understand what difficulties arise: the mother is necessarily untreated, she either miscarries, has dead children, or may give birth to a living child either showing signs of syphilis at once or later. The mother herself, if left untreated, may give no signs of syphilis until the climacteric, or change of life. This immunity to symptoms on the part of the mother is found in cases when syphilis was contracted at the time of conception. What is the reason for this phenomenon? I think that which Dr. Routh has so ably put forward is probably the solution of the problem—viz., that the chorionic ferments of the mother have a destructive action on the spirochætes, the mother and child only showing signs of syphilis when such controlling action of the ferments has ceased. The fact remains that many syphilitic mothers show no signs of the disease either clinically or by the Wassermann test and therefore remain

untreated, and I fail to see at present how this can be prevented in primiparæ.

(2) Before touching on the lines of treatment for a syphilitic mother, I want to lay stress on another point. A syphilitic mother, if treated adequately, and if the treatment is commenced early enough, will give birth to an apparently healthy child giving a negative Wassermann reaction at birth, but this does not necessarily mean that the child is not syphilitic—symptoms may not develop for weeks or perhaps years. Therefore all apparently healthy children of known syphilitic mothers require to be kept under careful observation.

As to the treatment of syphilis in pregnant women, I consider that all women showing actual signs of syphilis, or with a history of repeated miscarriages, still-births, and diseased children, should receive anti-syphilitic treatment as soon as they come under observation, this treatment to be repeated with every successive pregnancy.

I have found that intravenous injections of arsenic can be safely given up to the end of pregnancy, and have not yet had cases of post-partum hæmorrhage following such treatment, as is stated by some authorities to occur. The usual precautions must of course be taken, the most important of which are the examination of the urine before each injection, and the bowels to be well open the morning the injection is given. I prefer pregnant cases to be taken into hospital or a nursing home for the night of the injection.

I consider rest is even a more important point to emphasize in women who are pregnant and syphilitic than those who are normally pregnant. I think syphilis yields more readily to treatment if rest can be obtained. Diet again is a matter of importance. It is wise to limit the woman to plain wholesome food, forbidding all alcoholic drinks and rich dietary.

There is no doubt that a syphilitic pregnant woman, adequately treated, will give birth to an

apparently healthy child. Unfortunately I have been unable to obtain statistics from the Lock Hospital, but I know that of the treated cases there all the children were born with a negative Wassermann reaction with no clinical signs, except three who gave a positive Wassermann reaction. Some writers consider that unless the mother is treated from the fourth month of pregnancy the result will not be good. I would like to quote a few cases where treatment was commenced late and yet the child was born apparently healthy. These cases are taken from Guy's Hospital and Elizabeth Garrett Anderson Hospital.

(1) Mother attended at five months. Condition secondary stage of syphilis. Had three months' treatment. Did not attend again until baby was one year old. Baby had then no symptoms : Wassermann test negative. Mother showed no symptoms and the Wassermann test was negative.

(2) Mother attended at seven months and had a negative Wassermann test. History of five children who died of jaundice and bleeding. Baby when last seen showed no signs of syphilis and the Wassermann test was negative at five months old, and the baby looked remarkably healthy.

(3) Mother attended at the fifth month in the advanced secondary stage of syphilis. Baby was born apparently healthy and had a negative Wassermann test.

(4) A mother whose two first children were still-born attended when four months pregnant. Baby was apparently healthy one month after birth.

(5) Mother first attended at seven months. Symptoms of syphilis first noticed three months after pregnancy commenced. Baby showed a negative Wassermann reaction and was apparently healthy at three months.

(6) Mother attended at eight months in the secondary stage of syphilis. Child born apparently

healthy until six weeks old when it has been reported to me that there was some slight evidence of syphilis. With treatment the child had gained weight and all signs disappeared.

(7) Pregnant seven months. Mother first attended when in the late secondary stage of syphilis. Baby born one month after last intravenous injection, Child apparently healthy at thirteen months with a negative Wassermann reaction.

This last case was more than ordinarily interesting. She was admitted into the ward of Guy's Hospital for her injections and found to have a large amount of albumin in her urine. On boiling the urine became almost solid. Antisyphilitic treatment was commenced very tentatively with small quantities of mercury by the mouth. The albuminuria decreased slightly and therefore small doses of disodoluargol were given intravenously and the albuminuria entirely cleared up. This case, I think, raises the question whether cases of albuminuria with pregnancy may not be due to syphilis more often than we think.

I want next to say a few words on the neo-natal treatment of the child. If the child is syphilitic treatment should be vigorous both with mother and child, and in these cases I think it is as well to let the mother feed her child with the idea of absorbing treatment with the mother's milk. Two lines of treatment for the child present themselves.

(*a*) By Hg alone.

(*b*) By injections, either intravenous or intra-muscularly, of arsenic with the mercury.

Personally I feel that Hg administered by inunction gives as good results as any I have seen treated by arsenic and mercury together. If the child is born apparently healthy the problem arises as to whether the treatment should be given and whether the child should be breast-fed. If no treatment be given it appears wiser not to allow breast-feeding. On the other hand, not to give treatment has been

compared to not giving treatment to the adult until secondary symptoms have developed. If treatment is given it is exceedingly difficult to arrive at true statistics as to the result of ante-natal treatment.

Gonorrhœa has been shown to be one of the main causes of either sterility or one-child sterility. Dr. Routh has shown how sterility is on the increase. I think I can state from the experience gained from working at three clinics for venereal disease for the past two and a half years that gonorrhœa is on the increase, and therefore this increase of gonorrhœa may be one of the most important causes of our decreasing birth-rate.

In the case of pregnancy complicated by gonorrhœa we have to guard against—

(1) Tubal affections after delivery of the mother leading to either localized or general peritonitis.

(2) Affections of the child either *in utero*, which is rare, or during delivery, giving rise to an ophthalmia or a vulvo-vaginitis.

To guard against both these I considered a course of both local and general treatment is necessary. Local by the treatment of swabbing out the vagina, vulva and urethra with preparations, such as protargol, argyrol, collosol silver or picric in glyc. 50 per cent., etc., and general treatment with vaccine, diet and rest. The eyes of the child should be treated immediately after birth with one of the silver preparations such as protargol, silver nitrate or collosol silver. Indeed, it seems to me that prophylactic measures should be taken in every case whether gonorrhœa is suspected or not.

A case recently came to my knowledge of a woman who had had no apparent signs or symptoms of gonorrhœa but yet whose child developed typical ophthalmia neonatorum twenty-four hours after birth, of such a virulent type that there is complete loss of sight. Had prophylactic measures been compulsory in every case, that child's eyes would probably have been saved.

In the cases which have passed through the maternity ward of the Lock Hospital I have not had one case of ophthalmia neonatorum, vaginitis or tubal infection following delivery.

The problem of how to prevent ante-natal or neo-natal mortality through venereal disease has become more acute to-day owing to the past four years of war, and may become even a more urgent problem during demobilization. Every war has brought in its train an increase of syphilis and gonorrhœa. It will need the help of every worker, both lay and medical, to tackle this problem.

DISCUSSION.

The CHAIRMAN: I am sure we are very much indebted to the readers of the papers for supporting us so well with contributions relating to such interesting subjects. The discussion is now open.

Lady BARRETT, M.D.: I think the Conference is much to be congratulated on the three papers which we have listened to, directing our attention as they do to three different groups of subjects. We have all listened with pleasure to the lucid way in which Dr. Amand Routh summarized the causes of ante-natal, intra-natal, and neo-natal death, and we have heard from Dr. Holland a most brilliant advocacy of further facilities for education and for beds both for pregnancy illness and particularly midwifery delivery. The fact that these suggestions were received with such applause shows how keenly this Conference already feels about the necessity for such further accommodation. And then, lastly, we have had from Dr. Rawlins, who is an expert in the treatment of venereal disease, a most suggestive survey, pointing out to us still further—and in a way, perhaps, that many have not fully appreciated—how necessary ante-natal treatment is if we are to accomplish what we desire. With regard to Dr. Holland's paper, I should like to make one or two remarks. I am afraid that in his anxiety, which we all appreciate, to throw a brilliant light on the need for further hospital accommodation, he has, perhaps unwittingly, cast something of a shadow over the value of ante-natal work. Of course he was dealing with those cases of fœtuses which either died immediately before birth, or died during

delivery, and in these cases we are closely in touch with the causes of mortality associated with inadequate or unqualified midwifery. I am afraid, though, that when we come to percentages in decimals, we hardly realize what we are dealing with until we translate them into actual numbers. A diminution of 0·4 in the birth-rate sounds very little, but the saving of life accomplished is some thousands of children. What I am particularly anxious to point out is that ante-natal work and intra-natal work go hand-in-hand and react on each other. With the enthusiasm that has grown up in connection with ante-natal work has come the claim for more qualified, more educated midwifery. It is because in ante-natal work there are essentially two divisions—the treatment during pregnancy which makes the woman well again and is complete in itself, and the work of sorting out and placing in adequate institutions for treatment those women who are liable to have complications at the confinement. That is an enormous proportion of ante-natal work. I am very glad to refer to that because it brings us back to this point, that isolated small ante-natal clinics may do comparatively little good, but when co-ordinated with clinics in well-equipped ante-natal hospitals, which have attached to them beds for pregnancy illness, as well as beds for obstetric treatment at the confinement—that ante-natal work is valuable and should be available for every woman, because it brings in its train the skilled treatment at labour which lowers intra-natal mortality. I fancy Dr. Holland's paper has left somewhat in obscurity the deaths which take place during pregnancy before the last fortnight, that is to say the deaths that end in miscarriage. And as Dr. Routh has pointed out, by nearly all the statistics available these are three or four times the full time stillbirths. Of course it is quite obvious that all those miscarriages could not be saved. But I do want you to remember that the loss of maternal work, and the loss of maternal strength and vitality for the bearing of future children, is enormously affected by this excessive sacrifice of intra-uterine life. And then, lastly, Dr. Holland briefly referred to the fact that a large number of pregnancies end in nothing through causes which have not, so far, been ascertained. I think that the fact that maternal mortality and morbidity among the infants of mothers who are unmarried is twice that of infants of mothers who are married, is very suggestive of how the happiness and the peace of mind of mothers affects the well-being of the child. We must almost assume that the 10 per cent. of fœtal deaths from unknown causes are somehow wrapped up in the health or lack of health of mothers, and the very fact that there are so many is a great plea for the study of mothers during pregnancy by having adequate beds for this

work and by the most careful research work directed to finding out the very causes of death of which we are still ignorant. We shall probably save some of those lives while we are caring for the mothers even before causes are demonstrated scientifically. The point that I particularly suggest to this Conference is that we do not need to abate one jot our ante-natal care work because we see the need for having further beds for adequate care during delivery. Behind the whole of ante-natal and intra-natal work we see the further need for study and education in everything connected with the work. We recognize that medical people, midwives, nurses, health visitors, all concerned in this very important work need more adequate education than we yet have. The presence of Sir George Newman at the beginning of our Conference is perhaps an earnest that that point will be attended to in the near future by the Ministry of Health. And, again, the speech to which we have listened from the Minister of Health gives us hope that the needs of the community from the point of view of having beds in order to provide adequate care for expectant mothers is also to receive the like attention which we so earnestly desire.

Dr. H. K. WALLER (Royal College of St. Katharine): I wish to offer a possible cause for some of the cases of intra-uterine deaths which the readers of the papers have classed as "unknown." I have been struck by the absence of signs and symptoms of the more classical illnesses in many women who yet complain of chronic ill-health and who often give a history of a number of miscarriages. In searching for an explanation of their invalidism it is remarkable how often extensive dental disease existed in conjunction with a record of indigestion, loss of strength, anæmia, and wasting. Regarding, for a moment, the reproductive process as extending over some eighteen months and including the period occupied by lactation, there is clearly room for anything which affects the general health to affect the reproductive process at any point during these eighteen months. Now there is no difficulty in showing oral sepsis has the power profoundly to affect lactation (probably through its effect on general health) and so to influence the progress of the nurseling. (Charts were shown in which the infant's weight remained stationary and below normal until the mother's decayed teeth were removed, when a rapid gain in weight followed.) Such children are sometimes born in a feeble, ill-nourished condition, and they fail to thrive on the breast milk. The toxic effect of oral sepsis is on the other hand very variable, and the presence of disease in the mouth does not entail the woman being continuously ill. It may, however, be responsible for a decline in health at almost any time, and indeed it is found that lactation in women possessing

grossly septic mouths is a most unreliable function. It seems not unreasonable, therefore, to suppose that dental disease is sufficiently dangerous to interfere with the course of pregnancy even to the point of causing death of the fœtus and its expulsion. I wish to emphasize that I do not suppose it is likely to account for more than a proportion of the 20 per cent. of unclassified deaths to which Dr. Holland called attention.

Mr. Robert Lambie (Lanarkshire C.C.) : The readers of the papers this morning are to be congratulated on the courage they have displayed in bringing before the meeting in so graphic a fashion the terrible destruction of infant life due to venereal diseases. These diseases are eminently preventable, and it is the duty of all to do what is possible to reduce them. It is fortunately a duty in which everyone can take part. The only sure way of prevention is the elevation of the moral standards of the nation as a whole. We must carry on an unceasing warfare and propaganda against these terrible scourges. We must teach the men and women of the country to live the life that God intended them to live and we must bring vividly before them the serious results that accrue from departing from this divine law. The results to the infants and to the next generation, who are innocent of any evil and who bear the chief load, are graphic illustrations of the need of moral purity. In these days of high patriotism, we have learned as never before that we live not for ourselves alone but for the sake of our race, and the practical outcome of this must be that we are to keep the nation and the race clean and pure so that each generation instead of being worse shall be an improvement on the preceding.

Miss Elsie Hall (Midwives Institute) : The one thing I wish to bring to your notice to-day has reference to what Dr. Holland said regarding the value of qualified midwives. I speak to you as a teacher of midwifery, and as one who has been actively engaged in midwifery work for nineteen years. On that ground I appeal to you to realize what the midwife can do in the direction of making this scheme for maternity and child welfare a success. Seventy-five per cent. of the births are delivered by her. The fact shows, as Dr. Holland said, that we must have better trained, more highly qualified midwifery. In the interests of midwives and of midwifery, I beg of you to see to it that we have better facilities afforded for the teaching and training of midwives in our kingdom. Dr. Addison spoke of the spread of knowledge and common sense in the home, and of the better education of the mothers of the country. I quite agree with him and my experience tells me that there is no better woman in the country than the midwife to carry that knowledge, common sense and education into the homes of the

industrial classes. But only if she is properly trained. The nation has not yet recognized the true value of the midwife. It has been very slow to recognize what the midwife is to-day as compared with what she was when Dickens painted her. And that is what we have been trying for years to do—to educate public opinion regarding the value of midwives in the care of mothers and of infants.

Dr. SCOTT (Plymstock): Speaking from the rural practitioner's point of view, I should like to point out that under the scheme to be adumbrated by the new Ministry of Health, it is suggested that midwifery practice shall be part and parcel of the Insurance Benefit. If such a thing be included within the scope of Insurance practice, then it is necessary, especially in rural districts, that the Ministry of Health should very largely subsidize midwives and doctors for the work which is expected from them. It is impossible, in many rural districts, for the midwife to get a living wage. The people cannot pay her adequate fees, and unless the State comes forward in a very much more generous way than that in which it has treated the practitioners under the Insurance Act, I feel certain that the midwifery practice they have adumbrated will become an absolute failure.

Mrs. HARRISON BELL (Labour Party, Newcastle-on-Tyne): With regard to intra-natal mortality, of course, in war time we know perfectly well that all the doctors and all the midwives in such a great industrial centre as Newcastle were far too hardly worked—so hardly worked that they could not give as much attention as was needed at child-birth. I again lay stress on the necessity of having more midwives, of having them efficiently trained and giving them an adequate salary for the important duties they perform to the community. I believe that the best work is done both by midwives and by other people when they are absolutely free from the necessity of grinding away to get the last ounce of value out of their last farthing. And I believe that we shall have a very great increase both in the number and in the efficieney of midwives when we learn that it is necessary for them not to live a poverty-stricken and grinding life, but to live a life that is adequate for the importance of the work which they have to do. Dr. Routh said that one of the causes of ante-natal deaths was undue physical effort or mental strain on the part of the mother. Well, if you put that beside what was said by the doctor who told us of the woman who had six children who lived and six who had not lived, but that the woman had never had to work hard, a very important question arises. I want to traverse that statement in as friendly a way as I can. I say that that woman had to work unduly hard all the time. The doctor usually says

to a pregnant woman, "Keep on the same as usual. If you feel you need a rest, rest. If you don't feel like doing any work, don't do it till to-morrow." Now one knows perfectly well that the working woman cannot carry out any such orders she may receive from her medical attendant. But the carrying out of these orders is absolutely imperative if healthy children are to be born. I feel that I must utter this word of warning with regard to any who may be very keen on setting up homes for maternity cases; in the main I think we must realize that the woman, in normal cases, will prefer not to be removed from her own home on these occasions. One knows there are too few hospitals in this country, but we must guard against the tendency in the days to come of taking normal cases away from the bosom of their own families. With regard to the young woman who is handicapped by ignorance, you have to bear in mind that except for the health visitor and the midwife, no instruction whatever has been provided for her. The day has gone by when we could say that because a woman bears children she knows all about bringing them up, without special instruction. We realize now that knowledge is necessary, and we have to provide facilities for obtaining that knowledge. As the very first health visitor who was appointed in my city, I helped to draw up the instructions that were issued from our health department; and I know from practical experience, that amongst the young women and girls there was a great demand for that pamphlet of instructions. But a good deal of the malnutrition of children is not only due to ignorance; it is also due to the fact that wages have not been adequate to provide proper food. It is no use saying to a woman who has been working in a soap works that porridge and milk is the proper thing to eat, and that is what she needs. She takes usually something that is highly improper, she takes what she wants—bread and cheese and pickles. The worry and anxiety that a woman with a large family feels when another one is coming is not paralleled by any kind of anxiety that exists in our country. I know a woman who was very beautiful, accomplished, and good tempered. She reared successfully a family of eleven children, and in doing that for all her children she sacrificed her health, her beauty and her temper. And then, when the family were up and doing, she died. She ought to have had strength to have carried on and to have had the happiness to see her family doing well, because it was to her they owed everything. But she was glad to go, for life to her had been an everlasting grind. Now, life for the mother of eleven splendid citizens should not be an everlasting grind.

Mrs. H. B. Irving (National Baby Week Council): Two dangers affecting the lying-in woman and her child have been

mentioned this morning, blindness of the newly born and maternal septic infection. A great deal has been said about midwives and doctors but no one has yet mentioned the untrained woman. We owe in a great measure the danger of blindness to the child and of death to the lying-in mother, to the fact that mothers all over the country are more or less in the hands of the untrained woman. She cannot be got rid of at the moment, for there are not enough midwives to go round, and the mother must have attention from some one; but meantime mothers need to be safeguarded.

We hope the Ministry of Health will insist on such protection.

The untrained or handy woman, working as she does under medical supervision is protected. She cannot be made liable for any case that goes wrong because of her ignorance or want of cleanliness. But meanwhile there is no protection assured for the mother and infant under her care. In order to assure it I ask you to press that every child should have its eyes treated with nitrate of silver immediately after birth, and that no untrained woman should be allowed to make an internal examination of any patient in labour.

Dr. NORA KEMP (York): I was specially struck with what Dr. Waller said about the condition of the mouths of mothers, because as one of the medical officers of the Infant Welfare Centre in York, I have had a very considerable number of such cases coming up to be seen. The appalling condition of some has been such that we have urged on the committee the necessity of appointing a dentist to the Infant Welfare Centre. We have done so, because often the teeth of the mothers who come up are too far gone to be treated in time, and they have not the money to spend on dental treatment. Even if they had the very bad teeth extracted, they do not know how they are to face the expense of getting dentures. These are very practical points in treating those women during their pregnancy; and I would urge very strongly that a dentist should be appointed to each of the Infant Welfare Centres.

Dr. AMAND ROUTH: I do not propose to say more than a very few words in reply to the discussion. It has been stated that there are more children lost during the intra-natal than in the ante-natal period, but this cannot be proved, for we do not know what proportion of intra-natal births were alive at the beginning of labour. We do not even know how many miscarriages there are. I believe there are something like 100,000 miscarriages in England and Wales every year. This is a large number, and we ought to be able to save half of these, and, at least, half of the still-births and the intra-natal deaths. Unfor-

tunately, we cannot often prevent a miscarriage once it has properly started. These cases do not get into hospitals unless septic trouble arises. They come on too suddenly, and the result is that apart from the few that reach the lying-in and general hospitals, there is no statistical recognition of the large number of miscarriages that take place. These miscarriages take place quietly, in the mother's own home. Stillbirths are notifiable, but there has been no attempt to have miscarriages notified. In some States of America this is done, and they are able to work it out definitely that for twenty-five stillbirths there are one hundred miscarriages. I think that if similar notification were compulsory in this country that proportion would prove to be correct. There are only two hundred ante-natal clinics in England and Wales and these are not intended for operative work, but for diagnosis of complications and for palliative treatment. If a woman comes with a contracted pelvis she would be sent to a hospital for treatment at a later date, but if she had a retroversion of her gravid womb, she might have that trouble rectified at the clinic. We have had some advice from Dr. Addison regarding cottage maternity homes, and what he says is perfectly right, but, on the other hand, the fact remains that the large majority of normal confinements can take place at the mother's home without risk, if the doctor or midwife are careful. But if the confinements have been recognized as likely to be abnormal, there ought to be sufficient lying-in institutions in each neighbourhood, and there should be transport facilities to get a woman to the nearest hospital. That is what we ought to aim at.

Dr. MORNA RAWLINS : I am in absolute agreement with the two speakers who touched on the subject of venereal disease, and particularly with Mrs. H. B. Irving, who advocated the compulsory treatment of children's eyes after birth. I think if we could by any means stamp out venereal disease, we would be astonished at the difference which would result from the improved health of the nation.

The CHAIRMAN : I do not think it is necessary for me to say very much, but I am sure we have all profited by the extremely interesting discussion we have had this morning. Many practical points have been touched upon, but there is one that has not been mentioned as its importance deserves, although perhaps, it has been referred to indirectly, namely, the apparently increasing inability of mothers to suckle their children. If Dr. Waller's suggestion that by attending to the risks of septic poisoning arising from her bad teeth, we can improve the mother's capacity to suckle her child is right, and I have every reason to think that it is, then one must feel sure that

such attention could be of prime importance in saving the lives of many infants. It seems to me that there is a great deal of difference between being over sanguine and not being sanguine enough as to the prospect of decreasing the number of fœtal deaths. After hearing Dr. Holland's paper I am as sanguine as ever I was that we shall decrease the ante-natal mortality. His own figures show a possible decrease of thirty-four per cent. Now a thirty-four per cent. decrease in that mortality is not to be despised. One cannot help feeling that by the time we have accomplished such a reduction as that, we shall, at any rate, have done good work. (Applause.)

SECOND SESSION, JULY 1, 1919.

The Session was resumed at 2.30 on Tuesday, when the Chair was occupied by Sir Malcolm Morris, K.C.V.O., F.R.C.S., F.R.C.P.

Make Good Public Health the Fashion.

The Chairman: Ladies and Gentlemen, the Council of Baby Week has done me honour in asking me to preside at this meeting this afternoon; and I do it with peculiar pleasure. I find it a little difficult to understand why they selected me, because I am associated with this question in only one branch. There are many diseases which affect the pregnant woman and there are many diseases which affect the offspring. I am associated only with one disease. The other diseases I know something about, but I have not had great personal experience of them. For forty-eight years I have had intimate experience of the effect of the terrible disease known as syphilis, both upon the woman and upon the child. It is forty-eight years this month since I first took a course of instruction in Vienna, and first learnt the elements of the cruel disease syphilis. From that time until now, I have been connected with the subject in practice. I have had forty-eight years' experience of the effect of syphilis on the mother and on the child. There is one great advantage in connexion with this particular subject, and that is that we know the causes of it. There are many conditions which affect the pregnant woman and affect the child of which we do not know the cause; but we do know the cause of syphilis. We know a great deal of its clinical course, we know a great deal of its effects, and what is of far more importance, we know a great deal about its treatment. Now, the first point in connexion with it which I should like to make to you this afternoon is this, that it is essential, if we are to go forward upon this particular subject so far as the

woman is concerned and so far as the child is concerned, which is the most important matter so far as the future of our nation is affected—that we should have healthy children for the next generation—it is essential that we shall have proper instruction of the medical profession upon that subject. I feel that there is a very great lack of proper instruction of the medical student as regards the condition of pregnant women. They do not have, and from obvious reasons, the proper facilities and sufficient material afforded them for instruction and training in the treatment, and it is necessary, if progress is to be made, that difficulties which at present stand in the way of that instruction and that training being given should be overcome. They should have full opportunities afforded them of studying and knowing the various difficulties that the pregnant woman goes through, and should have thorough instruction so as to be able to recognize the particular disease that I have mentioned in its earliest stage. It is also necessary that the medical students should have far better instruction in midwifery, and that they should also know the diseases of the new-born infant. The young medical man goes into practice very often inadequately informed regarding these matters. I can speak from my own personal experience of the first five years I spent in general practice, when I attended over a thousand cases of midwifery. I can say how ill-prepared, how utterly ignorant I was of the ailments of the infant immediately after birth. It is essential that doctors should really take an interest in this subject if what we are working for in Baby Week is going to be carried out. I have not the slightest doubt that, if this training were given, if medical students were thoroughly educated as regards all phases of the subject, and also in the effective and proper treatment of the infants in their earliest stages, in a generation we should be able to stamp out syphilis. The modern method of treatment is so satisfactory, and so easily applied, that if men were trained regarding it, and if the disease was detected in its earliest stage, there would be a possibility of our being able to stamp it out without harm to the patient and with enormously good results to the future generation. Now, there is one point that I want to make, and it is one, too, upon which I should like your opinion ; and that is, that if we are going to get to the root, to the primary cause, and stamp out syphilis, our first effort must be to try to prevent it. On that my own opinion is that there is no way more likely to prevent it than by creating a system in the country by which no marriage should take place without a medical certificate on both sides. The mothers of the country must be taught that their girls are not to marry unless they have a health certificate from the man, that he is free from

disease which is communicable; and, on the other hand, the man himself, and the man's family have a right to insist that he will not marry any girl unless she presents a certificate of perfect health—that she is free from infectious disease. I believe that if that were carried out a very large amount of communicable disease would come to an end. How is it to be done? Would I, if I had the power, make a law that this should be carried out? My answer to that is "No." I would do nothing of the kind. Then, you will say at once, "Then how are you going to carry this out?" The way in which I would like to see it carried out is by the strong wave of public opinion. I dislike introducing new laws, and I would try to do without them as much as possible. What I want is to make the standard of health become a question of fashion. You know what a powerful influence fashion has. You have only to go into the street to-day, and you will see many women walking about in clothes that are hardly fit for an inclement day. Many years ago I was concerned with a campaign against tuberculosis, and I stood on platform after platform urging women to curtail the length of their skirts by an inch or two. I begged and implored them to do that, because fashion at that time wore skirts which swept the pavements and carried the disease into the houses of the people. I asked in those days for an inch. Go into the streets now and see what they have given me. Not an inch, not an ell—but many ells. It is all to the good, from a sanitary point of view, but I am not quite sure it is from the point of view of modesty. In everything fashion holds control. I do not know where it originates, but it holds control, and if we can only make the question of public health fashionable, to a very large extent the problems before the Ministry of Health are solved. And to-day, on this question as to whether there should be a health certificate on both sides to save each of the parties who would like to marry, the risk or the possibility of contracting one from the other a communicable disease, that must be entirely, in my opinion, a question of fashion. And how is that fashion to be introduced and kept up? By such meetings as these, by more movements such as the National Council for Combating Venereal Diseases—fighting the disease by spoken word, by the written word, by the cinema—by teaching the country as a whole that we are not going to let this thing go on in our midst without a fight. And if we only can get public opinion on our side, it will require no law to carry it out—it will become the common custom of the country. (Loud applause.) With these few introductory remarks I now call upon Dr. Saleeby to open the work of the afternoon by reading his paper.

THE RACIAL POISONS AND THE RACIAL PROSPECT.

By Dr. C. W. SALEEBY.

Chairman of the National Birth Rate Commission.

By a racial poison I mean anything which will damage the racial qualities of a stock. You take a good stock which would, by the laws of genetics, produce good and healthy progeny, and you subject it in its pre-parental age to such a typical racial poison as lead. In that particular case you damage the germ cells so that the offsprings are damaged—they are fated to be inferior members of their race even before conception. The *race* is poisoned. Contrast, for instance, the poison of measles. If a child gets measles and it is not attended to properly or in time, its ears may be ruined for life. Damage of this kind done to the person before parenthood matters nothing so far as racial value is concerned. His children's ears are unhurt. If, however, damage has been done to the ears by syphilis, a racial poison, there would probably be deafness, and worse, in the next generation also—not "the inheritance of acquired characters," but by infection. Contrast, therefore, syphilis and measles from the racial point of view. These racial poisons matter supremely for the health of a race. Taking one of the simplest forms of poison, that in the form of lead; when it is taken into the human body or when introduced into the body of one of the lower animals experimentally, it does more or less damage to that individual, but generally speaking more damage to the individual of the next generation. That is the general rule with the racial poisons; they do more harm to the unborn baby than to its mother or father.

I want to urge the increasing relative importance of these questions. I remember a dozen years ago when infant mortality was, above all, the problem of

summer diarrhœa—the scandal of the great number of babies who died in the quarter of the year which begins to-day. If you traced the seasonal incidence of infant mortality then you would find that you would get what was called the summer peak. But do you realize that (speaking with caution, because we must continually maintain what we have achieved), the summer peak is no more. The last epidemic of summer diarrhœa was in 1911, and the diagram before you shows that in subsequent years the thing has been turned upside down and babies died less in the third quarter than in any other quarter of the year. The seasonal incidence for several years past has been that they die mostly in the cold weather when the chest affections have their best opportunity. As regards the incidence of infant mortality the problem of summer diarrhœa is beginning to be solved. In Washington, about three weeks ago, I went to the Children's Bureau where they make a study of this problem in the United States, and there I found exactly the same thing. For the past few years in the United States the control of gastric and intestinal diseases has been increasingly and markedly successful. Their milk supplies are superior to ours, and even in this respect we are making progress towards improvement. We have made a beginning in Bradford by imitating their methods in controlling the milk supplies for infants. But the actual loss of neo-natal life in the United States shows no improvement, according to the last report of the Children's Bureau, in Washington, published in February. That is precisely the same phenomenon as we have here.[1]

So you see the problem there, as here, is just the same. The easy part of it has been solved, but the remainder, which is still two-thirds of the whole as it existed at the beginning of the century, has yet to

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[1] See the lecturer's "Whole Armour of Man" (Grant Richards, 1919), pp. 68-101, for fuller discussion of this matter.

be solved, and we do not seem to advance appreciably in tackling it.

I want especially to refer to two racial poisons, the first venereal disease, and the second alcohol. If I am not to say what I believe I might as well try to get into Parliament. And so, I am sure, you will allow me to say what I really believe on this subject. Dr. Routh, this morning, dealt with much of the ante-natal and neo-natal, but he happens, in his treatment of it, to have omitted any mention of the effect of alcohol. I would suggest that this is a rather serious omission. Last year, at our Conference, Colonel Adami referred to Stockard's work in New York in treating guinea-pigs with alcohol by inhalation and observing the effects on offspring. Colonel Adami said this was really good experimental work, though he knew it was rather discounted here. When in New York I made a point of seeing the guinea-pigs so treated for myself. I saw the guinea-pigs for many generations back. I saw the whole of the results of the work which is being carried on there to-day and which began in 1910. I say with the utmost confidence that if good work is wanted, you will find it there in this long-continued and faithful and extraordinarily laborious work. So far as I can gather, neither Professor Stockard nor Dr. Papanicolaon, his colleague, is a teetotaler or prohibitionist, or takes any interest in the question from that point of view. They are zoologists, and the question they try to answer is this: Can you modify the germ-cells by anything you do to the parent? They do not care whether the agent improves the germ-cells or damages them, they want to answer the abstract question: Can you affect the germ-cells by chemical action on the parent? The answer is that so far as alcohol is concerned, you can, and the change is found in the fact that the offspring is degenerate.

One more point. These various columns, showing, as it were, "before and after treatment," indicate what

the Liquor Control Board has done against alcoholism since it was set up; and the records are splendid. There are the long columns, here are the short ones, showing deaths from delirium tremens amongst women. They say women are drinking more; the answer is six deaths amongst women against 214. But my point is infant mortality. I went over to America thinking to show them we could teach them a lesson still, and how approximately 1,300 deaths from over-lying by the drunken mother were reduced last year under the Control Board to 557—something like 60 per cent. reduction. What I wanted to know was, could they beat this in the United States under Prohibition or otherwise? But I have yet to find the first record of a case of the kind in the United States. I do not say such cases have not happened, but I cannot find them. I went to the official sources and they said, "What is over-lying?" These were the students of infant mortality. The nearest I could get was a drunken father lying on a sofa where a baby was lying and killing the baby in that way. Over-lying, as we understand it, does not happen. I was taken in Chicago on a Saturday night to see the infamies of the saloon. There was no knowledge they were going to be inspected, and I was to see the worst that could be shown. In all of them I saw no woman on either side of the bar. That prepared me for what was to be hereafter found.

About syphilis Sir Malcolm Morris has spoken with vastly more authority than I could, and you will never forget in what proportion our infant mortality to-day is due to syphilis. In this racial question alcohol and venereal disease go together. Alcohol plays the part of accomplice to venereal disease wherever you go. This is acutely and intensely a problem of urban aggregation; and I got out the figures to compare our condition with that of the United States. We have in the United Kingdom eighty-six towns with a population of 50,000 or over, some degree of urban

aggregation; with that coming together of young people, and bright streets, and opportunities for being out at night, playing into the hands, perhaps, of the right, but very easily of the wrong. We have eighty-six such towns, with 20,000,000 persons living in them, and that is about 45 per cent. of our population. Now, in the United States, instead of our 45,000,000 people they have 110,000,000, almost two and a half times the number; but they have only eighty-seven towns with that population of 50,000—only one more than we have. In them there live 24,000 000 as against 20,000,000, and that proportion of the total, instead of being 45 per cent. is only 22 per cent. In other words, they have only half the proportion of persons over there living in these towns where the racial poisons get their chance. But we cannot all go back to the land. One of the things we have to do (and I think the first time I ever heard Sir Malcolm was on these lines), is to develop on the lines of the garden city and the type of civilization which does not play into the hands of the racial poisons. Lastly, I suggest, in view of what you have heard, that this infant mortality problem is what Sir George Newman called it in the first book on the subject ever written in this country. It was written in 1906, and I am proud that it was I who asked him to write it. The upshot of the whole of his researches was that infant mortality is a social problem of motherhood. That goes all the way. We can think about that for the rest of our lives. We are not solving that social problem. I compare the alleged worst possible drinking in the most evil city in the United States, and the condition of its streets on a Saturday night, with what you will see anywhere in the Strand, or the Place de l'Opéra, in Paris, or along Princes Street, in Edinburgh, and I suggest to you that, along with the phenomenon of a falling birth-rate, we are in view of a prospect that these noble European races—English,

Scottish and French—are in mortal danger at the present time. Your devoted efforts, Ladies and Gentlemen, for which you get little reward or glory, are not keeping pace with the fall in the birth-rate, and with the continued—and during the war, in some particulars—increased activity of the racial poisons. I believe I can see in the streets of any of the great cities of these greatest European nations, the causes at work which led to the ruin of their great predecessors nearer the Mediterranean—once as great as we, and greater—and, if the lead in civilization is not to be taken over by the United States and Canada, it behoves us to make a fresh start on more fundamental lines, I suggest, than is much of our infant welfare work at the present time. One of these fundamental lines has been suggested by our Chairman. My last word is that I think the racial prospect in this country is grave in the extreme.

ANTE-NATAL AND NEO-NATAL MORTALITY.

By Dr. J. J. BUCHAN, M.O.H., Bradford.

All those who have followed closely during the past twenty years the campaign in this country for the reduction of infantile mortality will have been struck with the varying phases of the movement and the great number of subjects investigated in relation to it. We have learned much in this time of the many factors that influence the health of the infant after birth and much good work has been done to reduce infantile mortality in the later months of the first year of life, but the field of knowledge of the conditions before birth affecting the welfare of the child when born is almost unbroken. We have hardly any accurate facts of ante-natal or neo-natal mortality: we cannot state with any degree of reasonable certainty the extent, the causes or the steps to be taken

to effect a reduction. Yet we do know sufficient to say that pre-natal conditions have in many cases most potent results on the infant after birth and that at least a third of our infants born die from environmental causes affecting them before birth. The dark uncertainty that surrounds the subject and the clear indications of useful work that can be done in it, form at once the difficulty and the attraction of ante-natal and neo-natal mortality as a field of research.

The only method with any claim to accuracy of estimating the effect of ante-natal causes upon infantile mortality has reference to the age period at which the infant dies. While ante-natal causes give rise without doubt to grave conditions months and years after birth, it will be granted by all that their greatest and most immediate results arise during the first few weeks of the child's life. The infantile mortality in the first month is therefore a rough index of the effect of ante-natal and neo-natal conditions.

From the published figures of the Registrar-General it would seem clear that about 12 per cent. of the infantile mortality occurs before the infant is a day old and about 25 per cent. before it is a week old, and from 35 to 40 per cent. before it is a month old. If to these babies born living who died almost immediately, the babies born dead are added, the number of deaths due to ante-natal and neo-natal causes is large indeed. It is not suggested that all these lives can be saved; indeed, with the present state of medical knowledge it is quite certain that only a proportion, possibly a third or a quarter, could under the best circumstances be obviated, but from all points of view, religious, patriotic and social, it is clear that every possible step should be taken to preserve life to those infants, many of whom legally have not existed at all.

It would be well without going further to insist for the moment on the importance of increasing our avenues of knowledge so that these deaths may be more carefully investigated. Stillbirths are not re-

cognized by the law for registration purposes, a great many do not come under the Notification of Births Act, and without doubt numerous others which should come under this Act escape notification. The blind position of the law, which only recognizes life as commencing after birth, is responsible to a great extent for the lesser importance with which these births are regarded, and while from its own point of view the legal position is a reasonable one, some means should be devised to bring all stillbirths and miscarriages, certainly after quickening, before the notice of the health authority in the interests of infant life. The Notification of Births Act requires the notification of a still-birth occurring after the twenty-eighth week of pregnancy, and in order to secure that this should be effectively carried out, I arranged some years ago with the authorities of the cemeteries in the City of Bradford, that all burials of stillbirths, certified by midwives, should be reported to me, and with the co-operation of the Registrar-General the official form for certification was obtained by the midwife from the Health Office. This has given us an opportunity for investigating these stillbirths, and materially added to our knowledge of the stillbirths occurring; but the twenty-eighth week is too late a date for notification to be made, and such arrangements should apply to all stillbirths, not simply those occurring in the practice of midwives. Anyone who has followed the administration of the Midwives Act will be struck by the apparently small proportion of stillbirths notified by midwives. This arises chiefly from the fact that stillbirths in midwives' cases occur largely among those cases for which they seek medical aid, so that the still-birth is ultimately notified by the doctor and not by the midwife. Thus in Bradford during the past three years, while the general rate of stillbirths notified was 4·6 per cent. of the births notified, the stillbirth rate among doctors' notifications

was 6·4 and among midwives notifications 3·2 per cent. of births notified.

We cannot give a comprehensive statement of the causes of these deaths, but we do know that a proportion of them arise from preventable causes. These causes can be classified in two groups, those arising during the actual labour and those arising or existing during the pregnancy. Every improvement in the midwifery service of the country will tend to lessen materially the deaths arising from neo-natal causes, but we have not yet seen any very vast improvement in the midwifery service of the country generally. Though the Midwives Act has now been in operation for more than fourteen years, its full benefits are still to be enjoyed by the community, as the "bona fide" midwives still carry on large practices, and the general service of midwifery is not attracting those recently and well trained women whose names have swelled the Midwives' Roll. In the towns of the North of England there is an average of 70 per cent. of the births attended by midwives, rising in some cases to over 90 per cent. The work these women are doing is of paramount importance to the mother and the child and to the whole community, and it is of the utmost importance that their ranks should be recruited from the best women trained in practical midwifery. However important it may be, the Midwives Act was not intended simply to afford opportunities for nurses and health visitors to obtain additional qualifications, it was primarily intended to improve the actual attendance of women in child-birth. The practising midwife's work is laborious, nerve-trying and unsatisfactory, and I can see no other way of improving her work and securing greater means of assistance to the mother and child than by more closely linking up the practising midwife with the whole maternity and infant welfare work of the local authority. In years gone by the inefficiency of particular midwives has

been tolerated, especially in some of the worst districts of our large cities and towns, by the knowledge that if this inefficient midwife did not practise there no one else would. She was practising for a mere pittance irregularly received and she served to meet —badly as she did it—a public want.

Since the passing of the National Insurance Act with the inauguration of Maternity Benefit, such circumstances have not been so frequent, but nevertheless I am afraid that in many districts they still do exist. A consideration of such circumstances as these has led to the inauguration of the Municipal midwife whose advent will probably do more for ante-natal and neo-natal mortality than has yet been done. At present in the City of Bradford we have twelve municipal midwives who are attending more than half the births attended by midwives in the city. Ante-natal work has been constantly talked of these last few years but very little has been done anywhere. It is amazingly difficult work to develop ; it is easy to start an ante-natal centre and to set aside hours for consultation and the like, but this is not sufficient. Expectant mothers do not as yet appreciate the importance of ante-natal supervision and inquiries of health visitors or others into their condition are too likely to be viewed as an impertinence. Expectant mothers do not want their expectant condition to be known the length and breadth of the street, and this is especially so in an industrial area where women are employed. Much has to be done to educate women as to the need for ante-natal supervision and care, but I do not think that this is best if at all attained by a notification of pregnancy and the appearance of another supervisor of their health apart from their midwives and their doctors. It is necessary to enlist especially the midwife in the service of the ante-natal authority. The midwife has been sought out by the expectant mother herself, and will have much more influence with her than anyone else. Midwives themselves have to be

taught to appreciate the meaning and the importance of ante-natal work, and they have to impress upon their clientèle the need for early booking of their confinement. The municipal midwife is required to see her patient very frequently before the birth and to seek the aid of the ante-natal clinic on all occasions. A definite ante-natal centre, though of very great importance in ante-natal work, is relatively of less importance than a well-organized and educated midwifery service. Without such a service the work of the centre is set at nought. We have been feeling our way for the past few years to ante-natal work, but as a result of experience I think it can be said that it is not much use to establish ante-natal centres without a sufficient means of getting into touch with the work to be done. Ante-natal centres must work in close association with hospital accommodation for gynæcological and maternity cases, and they have to establish a very intimate co-operation with the means of treatment for venereal disease.

The full extent of the effect of venereal disease on infant life is not known, and like most unascertained facts it is probably liable on the one hand to exaggeration, and on the other to neglect. Whatever it is, we do know that the need for the treatment of syphilis and gonorrhœa in women is greatest and of the most immediate urgency during their pregnancy. Such treatment is of a very special nature, and should only be undertaken by those who have specially devoted themselves to this class of work ; it is really apart from the ordinary routine of ante-natal or infant welfare work. From the point of view both of mother and child, venereal diseases can only be treated with a proper prospect of success if this is undertaken several months before parturition, and on account of the grave urgency of the matter syphilis and gonorrhœa in pregnancy ought to be made without delay notifiable and some power should be given to enforce adequate treatment. Without discussing the general question

of notification in venereal disease, the importance for the child's sake demands that this should be done. Ophthalmia neonatorum is already notifiable, but surely it is more important that the immediate antecedent condition should be made notifiable to prevent it. Further, in the notification of syphilis in pregnancy, patients who had previously had two still-births, and who engaged midwives, should be deemed to be suffering from syphilis. With such a notification no question of concealment would arise. A comparatively large proportion, possibly as much as 50 per cent. of the infants affected with congenital syphilis, are healthy at birth, the infection by the spirochæte having taken place either during parturition or shortly before it. It is a typical clinical picture to find a congenital syphilitic born apparently healthy and of good development and weight and to see later the infant show all the classical signs of congenital syphilis which we ought in these days to recognize not so much as symptoms of congenital syphilis as symptoms of the secondary state in a recently infected and rapidly developing infant. If treatment of such a case is to be effective, it should be begun if possible through the mother before birth, or at least immediately after birth. The marvellously successful work in syphilis in the mother and infant by salvarsan and its substitutes has now been satisfactorily demonstrated by Findlay and Robertson, Bourrett and Sauvage, and from their observations as well as the observations of others, it is justifiable to believe that a very high percentage of unaffected children could be born if treatment were begun early enough.

DISCUSSION.

Miss NORAH MARCH (Holborn Borough Council): I just want to put before you one very practical point that arises out of the papers that have already been given us, and which also arises out of the remarks of our Chairman. Sir Malcolm Morris told us that he hoped the time would come when it would have

become our fashion to have health certificates before marriage, particularly health certificates in relation to freedom from venereal diseases. I quite think myself that the time is coming when that fashion will develop itself. One sees many signs of it, but whether it will come quickly or not depends upon whether we train public opinion along right lines or no ; and that training of public opinion will be a very difficult and a very prolonged matter. Public opinion, however, has altered very much during the last four years, largely owing to the circumstances which have governed us during the war, and very largely owing to the valuable educational and propaganda work which has been done by the National Council for Combating Venereal Diseases. That Council has done excellent work in helping to form public opinion along the lines which Sir Malcolm Morris has advocated. But whether that public opinion which is being formed now will be strong enough to initiate the fashions we desire, or, indeed, to help in bringing about the legislation which is necessary, depends upon how deeply rooted the public opinion is, and the real roots will be established through the education of the child. All over the country we are asking the guardians of young people to consider the question of training their children along right lines in this matter, and the training is not merely a matter of instruction. In order to lead the right sort of life one needs not merely knowledge concerning the activities of life, but one needs the ability to control one's behaviour, and whether any individual will have the ability to control his or her behaviour or not, depends upon the way in which character has been trained in childhood. We believe, therefore, that we must go right back to the beginnings, and have a constructive system of training towards morality, and towards citizenship, both of which are necessary. So we are going back to mothers and to other guardians of young people, asking them to consider this question of constructive morality. There are people who would solve the question very easily ; they say, "It is quite easy, why do not the parents talk to their children ?" Well, it may be easy to those who are not parents. But there are many difficulties preventing parents from giving this instruction. The majority of people to-day have picked up their information about sex and parenthood in haphazard, promiscuous and very often in awkward ways. They have not facility with terminology, they have not real facility with facts. There are innumerable difficulties standing in the way of parents doing it, particularly of parents of the uneducated type, and I find that many of these parents of the uneducated type say, "Well, why do not they do these things in the schools ?" But there again there is the same difficulty ; teachers have not been trained

to deal with sex education. Teachers are in just the same difficulty as parents are, and they have an additional difficulty in this, that the majority of them do not wish to do anything of this sort without the parents' approval. We believe that it is best that parents and teachers should be at one on this matter.

Now you here, many of you, are in close touch with parents ; some of you are infant welfare workers—the majority of you are in one capacity or another—and so you have very many ways of approaching parents. I would ask you, therefore, specially to consider this matter—how can you bring before parents the necessity for instructing their children and young folks in the matters concerning sex and marriage and parenthood, and in all the responsibilities, social and personal, connected with these factors in life? How can you get parents to see the necessity for so instructing their children? and how can you help parents to understand the proper ways of training their children towards morality? My own experience with parents has been, I may say, very considerable during the last few years, and, during the last three years, I have not had one objection from any mother or father. I have put these things before them, showing them the need and showing them how it can be done. The educated and the uneducated parents alike are tremendously anxious. They want to know what to do and how to do it. Now those of you who are midwives have many chances of giving a word of advice to the mother quite early in the child's life. Those of you who are health visitors, and those of you who are infant welfare workers, have many opportunities of talking easily and frankly and sympathetically to the working class mothers ; and I ask you to study this thing yourselves, and bring the matter still more prominently before the parents. In several towns the health authorities are taking the matter up. Just last month I gave a course of lectures to the mothers of a certain town not far from here. These two courses of lectures were arranged in two different districts in the town, and the mothers were invited from the elementary schools, and from the infant welfare centres, to attend the lectures. In that case it was the medical officer of health who did all the organization, and I have heard since that these mothers were very pleased to have this matter put before them in the way in which it had been. There were between 300 and 400 mothers altogether at the two courses, and this experience, I think, should serve to show us that the mothers are ready. What they want to know is how to do it.

Dr. WALLER (Royal College of St. Katharine's) : I should like to refer to the Chairman's statement that doctors sorely need education in pediatrics. The adult male has an innate difficulty in grappling with the problems of the new-born.

He relies instinctively on the mother to interpret the infant's needs up to the point when they become intelligible to him through the medium of speech. The long delay before the infant's claims receives due attention probably owes a great deal to the male composition of the scientific and medical professions. I should like to add to Dr. Saleeby's "racial poisons" the enormously widespread commercial propaganda in favour of substitutes for human milk. It is the greatest pity that patent foods and milk preparations could not be kept to their proper sphere of useful but potentially dangerous medicines needing careful prescription and constant supervision. There can be no doubt that breast-feeding is suggestively disparaged in these advertisements despite an occasional reference to its benefits. I especially deplore the uncritical testimonials to their value and would instance the professional support given to a much advertised galactagogue. On the real merits of this substance no observations of any scientific value whatever have, so far as I know, been published. A series of tests which I carried out suggested that the very slight benefits which occasionally followed its use could probably be attributed to the literature by which it was accompanied and not to the substance itself. Despite its expense it was able to claim the support of many medical men and not a few hospitals amongst its testimonials.

Dr. H. SCURFIELD (M.O.H. Sheffield) : I had intended to say something on the same lines as Miss March because I think it is a topic of the greatest importance. I am a firm believer in what our Chairman said with regard to everything practical being done in the way of getting a certificate of health before marriage, but I think we want to tackle the thing at an earlier stage. We ought to begin with the very young child, and I attach great importance to the instruction of children in matters of sex. I am in the position of being a parent, so I think I can say to other parents that there really is no difficulty in these matters. The time has gone when we ought to keep up these old fables to young children about little babies being found under gooseberry bushes and such like things. I believe that a child of a very few years of age will understand that the babies grow inside their mothers, and understand it in quite an easy way, and in fact quite a reverent way. I think you will find that if a boy goes to a preparatory school, say at the age of eight, and has grown up in a natural way, and his mother has answered his questions, he will go there so well informed that when the other boys talk what is called "smut" he will have a contempt for them, because he knows all about the things in a proper way. He will look upon motherhood from a different point of view. It is of the utmost importance that we

should get a higher reverence for motherhood, a higher respect for the sanctity of family life and everything that is meant by motherhood ; and I think we shall only get that by beginning with the young children, and getting them to appreciate these matters in a gradual and natural manner as they grow up. I would like to give examples of two communities which seem to me to achieve these ends successfully. The first is a small community, the Society of Friends. You will find in one of their official books—the "Book of Discipline"—that it is insisted upon as one of the most important duties of both parents to instruct their children in matters of sex and the origin of life ; and I believe that the members of the Society of Friends carry out those instructions. You will find, I think, as the result, that family life is a very sacred thing among the Quakers. You will also find that the boys and girls being treated on an equal footing brings about a better state of things, that there is very little abuse of alcohol among the Quakers, and none among the Quaker women, and that there is practically no venereal disease among them. The second community which I should like to mention is the Jews. I am told that the Jewish father specially speaks to his boys when they reach the age of puberty and when they are going to marry, and that the Jewish mother does the same by her girls ; and I think you will find that there is a very high standard of morality among the Jewish women, very little venereal disease and a very low infant mortality ; and that all Jewish mothers in every slum in this country breast-feed their children. If we could arrive at a standard of family life like that of the Jews we should have very little trouble in dealing with the two racial poisons which we have been talking about this afternoon—alcohol and the venereal diseases. I believe there is a society for converting the Jews. I hope that when the Jews are converted they still retain their high standard of respect for family life and for motherhood.

Dr. KAYE (C.M.O., West Riding) : I think there is rather an atmosphere of hopelessness amongst all the recommendations this afternoon. I am not of that calibre. I rather shuddered when Sir Malcolm Morris began to talk of certificates of health ; I believe in them, but I think we are some way from insisting on them yet. He relieved me by saying that we wanted a strong current of public opinion. That, I think, is the solution of the whole thing. I was surprised to hear Dr. Saleeby's strong words about the disaster of the future ; we have come through a great deal in the past, I am optimistic enough to think we shall do a great deal in the future. If you had talked as you are doing to-day about syphilis and gonorrhœa fifteen years ago, you would have been put off the platform. We do not want such things as the subject of drawing room con-

versation now. But I agree with Dr. Scurfield that it is time we took off the blinkers and came straight to the subject. We have adopted far too long the ostrich policy of saying it is a nasty subject and we will not talk about it. In the West Riding we are going very heartily about child welfare work. We have already 35 centres open, and 113 health visitors. I may say the place to educate is home ; the welfare of humanity is in the nursery. Get first the mothers and then the fathers educated and trained to proper opinions. The woman who can help us in the future is the mother. Then train your health visitor. You cannot get adequately trained women and have to accept what there is. The same with midwives. People say they are untrained ; but I have a great deal for which to thank the *bona fide* midwife in the West Riding. She was a woman who went in and did not interfere. I have to advise the present midwife against over-examination, and I sent up a suggestion that County Councils and County Boroughs should have the privilege of licensing yearly home helps. I quite agree that we ought to have highly trained midwives, and that they ought to be properly paid, but the difficulty is that we cannot get them at the present moment. In the West Riding there are big areas where there used to be those poor old women who went out for a pot of jam and an apron. But they are so terribly frightened now by the County Councils and officials that they will not go out, and women are left till the doctor is fetched, from eight to twelve miles distant. With regard to the voluntary worker ; I know in a great many cases she has been set aside, but I give great credit to the voluntary workers of the past, and I maintain this, that we ought to use all existing agencies, particularly the voluntary worker, in our dissemination of knowledge. Our great encouragement lies in the fact that all this evil is largely avoidable, and, as King Edward asked once, if avoidable, why not avoided ? I say from lack of knowledge to a large extent. One speaker said the mothers are willing, but cannot find room in the centres. When you get thirty or forty perambulators you shudder at the overcrowding in the waiting rooms ; but that is avoidable too. There is one thing I should like to mention about the women we call mother-shies ; we have shirked that question this afternoon. I know one town in the West Riding, where seven young ladies were married in the last few years, and they all said, "I am not going to be bothered with kids, and when I get to be forty I shall be able to say I lived." You will hear an old lady say, "Well, these young girls know more at the age of eighteen than I knew at fifty-five or sixty." The young people are putting their knowledge into force and are going to enjoy themselves ; and we ought to realize that human welfare begins in the nursery, and that the proper nursery is the healthy home.

Dr. MOORE (M.O.H., Huddersfield): We listen to various statements that pass into our consciousness, and then our consciousness evolves something. That is what has happened to me this afternoon. Dr. Buchan in his very excellent paper used these words, "We have hardly any accurate facts of ante-natal or neo-natal mortality. We cannot state with any degree of reasonable certainty the extent of these things." I think perhaps Dr. Addison had some similar idea in his mind when he said this morning that no adequate survey of the problems connected with infantile mortality had yet been made in this country. Now these two statements came into my consciousness, and this is the effect they produced: if an adequate survey of the problems connected with infant mortality were made, and if then a very big volume of public intention and public desire were directed along the most wise pathways, to prevent infant mortality, the good work which has been done during the past fifteen years in this subject would be very greatly increased indeed. Dr. Saleeby pointed out to you that much of the dietetic causes of infant mortality had been eliminated, and that it was the other things which remained. I want by your permission to give you an example of the sort of thing that I mean—I may mention in passing, that whereas Dr. Saleeby said that the first book on the subject of infant mortality was issued in 1906, I am rather proud of the fact that I produced a volume of sixty-four pages a year earlier than that. My method of approaching this problem was this, I got out the causes of the deaths of babies in Huddersfield for a number of years; and I did not arrange them as the Registrar-General arranges them, but I arranged them in percentages of the total. Then I considered which of these causes were preventable, and which were not preventable. At that time, as before and since, the sentimental appeal of the illegitimate child dying at twice the rate of the legitimate child was much the vogue; and I am not finding fault with that appeal at all, because it is by the appeal to sentiment that we get most good work done. The cold abstractions of science do not appeal to the multitude. I was impressed, as others were, by this very regrettable double mortality among these babies, who through no fault of their own were illegitimate. But I wanted to know what would be the effect on the infant mortality figure for Huddersfield if I succeeded in reducing the death rate among the illegitimates to the same rate as obtained in the legitimates; and I found that even if the insurmountable difficulties were completely overcome, I should only save seven babies' lives in Huddersfield per annum. That is the exact figure, and there is no getting away from it. Now what happened? I disregarded it altogether in the plan of work which I proposed to the Sanitary Authority at Huddersfield, no

step forward was made along those lines, and we concentrated our efforts along much simpler lines. We simply strove to dissipate ignorance, and the result has been that from the day in 1907 when our operations came into complete working, we have saved on an average 100 babies' lives a year. If we will first of all get an exact account of what part this, that and the other causes of infant mortality take in killing the babies, we shall then be able to arrive at a valid conclusion as to which is the one which will give the best dividend on our capital of energy and effort. But for so long as we depend upon enthusiasm based on sentiment, however much excellent work we may achieve, we shall not achieve the maximum success.

The CHAIRMAN: I have a telegram to read to you, which I am sure you will find a very pathetic one on this particular day: "Much regret unable to be in London to-day owing to bad cold. My best wishes for the Conference. Sybil Rhondda." My friend, Lord Rhondda, if he had been alive to-day, would have been delighted that it was the birthday of the Ministry of Health, and I am sure that his widow to-day only regrets that he is not here to see it. He did the spade work. If it had not been for Lord Rhondda the Ministry of Health would not have been alive to-day. Of that I am certain. (Applause).

Dr. A. B. DUNNE (M.O.H., Doncaster): I object most strongly to the suggestion of Sir Malcolm Morris and Dr. Saleeby that medical certificates should be required before marriage. Dr. Addison has told us that "our methods must be acceptable to the people and must be guided by common sense and human sympathy." This suggestion of Sir Malcolm's does not conform to these rules, and is most repugnant to public opinion. Dr. Saleeby said that we were in deadly peril from the racial poisons of alcohol and venereal diseases. I do not share in Dr. Saleeby's alarm. We are a great island people and have met and overcome a great external danger, and now peace has come we should meet and overcome any danger in our midst. I beg you not to get alarmed, but to maintain a balanced mind in these matters. It is too freely assumed that our brave soldiers who fought so nobly were rotten with syphilis. I do not believe it or the statistical assumption of its prevalence as reported by the Royal Commission. Dr. Saleeby quoted the example of America with regard to alcohol, but I do not think that America is the last word in civilization, and I would wait and see the result of their "wet" and "dry" experiment before I am prepared to follow their example.

Mrs. PALMER (Southampton): The one thought that has impressed me most this afternoon, was the reference made by Dr. Saleeby to the man who said that infantile mortality is a social problem of motherhood, and I think that is the point of

view from which we must regard it if we are going to make very much progress and reduce the infant mortality. The chairman and others have spoken of the necessity of establishing a fashion with regard to health. It is a very difficult thing to establish a fashion that will not work on the economic basis that obtains, or the economic conditions that obtain in a certain town. All fashions and all morals depend on economics, and if we are going to have a high moral tone with regard to motherhood, and a high standard for that motherhood, we must make it possible by bettering the economic conditions of the mothers. The great curse of motherhood to-day is that the mother is economically dependent upon somebody else. If we had a condition of things in which mothers were economically independent, we should then have more women prepared to enjoy motherhood than to-day. We want to have the men and the women of the nation pure. We want all sections of the community to have life, and more abundantly, and we know that in no class of society to-day is a mother secure. If we had State endowment of mothers we should be taking a big step forward in this matter, which is all important to the race. Cant and humbug used to be talked about a woman exercising her most sacred function when she becomes a mother. That is all very well, but I want my own life as a woman. I am prepared, as one of the joys of womanhood, to become a mother; but I do not want to be regarded only as a potential mother. We want to become real citizens in the community, to take our right place there; and I hope we shall have no distorted point of view with regard to that.

Mrs. H. B. IRVING: The last speaker very ably said a great deal that I wanted to say. But I want chiefly to emphasize something that Dr. Saleeby had to hurry over. He said the whole problem of infant mortality was a social problem of motherhood. What he meant was that a woman cannot be the food of life to her child, herself the household drudge and the wage-earner outside the home at one and the same time. For these reasons I want to make sure that we this session bring in the Bill for widows' pensions, and eventually for the endowment of motherhood.

The CHAIRMAN: The time for the meeting is at an end. I think we could have gone on for another hour, but I am only going to say this last word: To-day is the birthday of the Ministry of Health, it is a great day in the health of the people. In 1871 the Local Government Board was appointed; it has been abused enormously, but it has done remarkable work. It brought into being the medical officers of health, who would not have been on this platform to-day if it had not been for the Local Government Board. My feeling about the Ministry of

Health is this, I wish it God speed in its enormously difficult task. I wish Dr. Addison health and strength to be able to carry out a gigantic work. But I recognize this fact that, however well the Ministry of Health may carry out its work, however well the local authorities may carry out theirs, the ultimate resort at the very end of all things is the people themselves. If the people of the country do not rise to the occasion, and individually try to shake off the fetters of disease, no ministry, however good, will ever be able to fulfil its task.

A vote of thanks to the Chairman was unanimously accorded. The Conference then adjourned till the following morning.

THIRD SESSION, JULY 2.

At the third session of the Conference held on Wednesday morning, July 2, the chair was occupied by Sir Francis Champneys, Bart., M.D., F.R.C.P., Chairman of the Central Midwives Board.

The CHAIRMAN: I will not interpose between the speakers and you at this point in the proceedings, and therefore I call upon Miss Olive Haydon to read her paper.

THE WORK OF THE MIDWIFE IN RELATION TO ANTE-NATAL AND NEO-NATAL MORTALITY.

By Miss OLIVE HAYDON.

Formerly Sister, York Road Lying-in Hospital.

I FELT at first some hesitation when asked at short notice to read a paper on the work of the midwife in relation to ante-natal and neo-natal mortality to fill the gap created by Dr. Vera Foley's unavoidable absence. It seemed to me that the testimony of the medical profession to the work of midwives as it is to-day, and to the possibilities of further alterations of our profession in the campaign which is going forward so rapidly would have more weight than that of a mere midwife. However I shall try to convince you that the majority of us consistently concentrate on the welfare of

mothers and babies, and that many of us are not only fully alive to our responsibilities and opportunities, but also to our limitations.

Let us consider :—

I.—The Midwife in Co-operation with the Medical Profession.

We have always looked to the medical profession to continue our education ; in by-gone years they took little or no interest in the baby ; the midwife, partly because she is usually a woman with maternal instincts, always takes an interest in the baby—but in the past she suffered from lack of knowledge. In recent years the propaganda of societies, such as that under whose auspices we meet, the literature and governmental reports of medical officers from all quarters of the globe, and the research work of many investigators have not only made the medical profession think furiously as to measures that may prevent the appalling loss of life, ante-natal and neo-natal, but have given an impetus to the better educated midwives to study and consider their attitude and place in reconstructive schemes. It has been no easy task for some to keep abreast of modern ideas ; they have clashed with well-worn traditions ; they have often been contradictory and controversial, but slowly certain main facts *re* ante- and neo-natal mortality have stood out in bold relief.

1. The need of educating women in hygiene and mothercraft. This the midwife is doing in a way, acceptable to the patients according to her ability.

2. The high mortality during intra- and extra-uterine life due to preventable illness, and the insidiousness of the manifestations of diseases, such as syphilis, gonorrhœa, and the toxæmias of pregnancy. Midwives realize that the skill of the specialist should be available in cases when there are suspicious signs and symptoms (even these have the limitations of

human knowledge in dealing with them) and so averting ante- and neo-natal mortality.

3. The need for further research work into the cause of ante- and neo-natal mortality. Midwives, through their Institute, have repeatedly asked if facilities were forthcoming for the examination of stillborn infants, and post-mortem examinations of infants dying during their attendance. In many cases such an examination would exonerate them from blame, death being due to causes beyond their control.

4. The difficulty of bearing and rearing healthy children in poverty-stricken homes by unfit parents. All movements for providing better housing, better education, character training, opportunities for skilled advice and nursing, &c., have the sympathy of midwives, for in their daily work they are faced with social problems that are not easy to solve.

Midwives not only look to the medical profession for further education, but they look for their support in their efforts to maintain a high professional standard; they wish their relation to the patient respected in much the same way as the relation of the doctor to the patient is respected, and the co-operation of midwives in maternity and child welfare centres is both desirable and desired. This attitude must be borne in mind. To interfere between the midwife and her patient is derogatory to her professional standing and tends to diminish her influence, which may be, and often is, considerable in the prevention of ante- and neo-natal mortality.

We midwives fully realize that although we may be specialists in the management of normal pregnancies, labours and puerperia, our knowledge is chiefly that gained by elementary study only and by experience; it is not strictly speaking a scientific education. The trained midwife of to-day has, however, advantages denied to many medical students, training in the practical care of normal pregnancies, labours and puerperia, and the feeding and care of

new-born infants. We think that the careful and reasoned observations of an intelligent midwife, and the material she could provide for the pathologist and health workers and the co-operation in nursing treatment, might be factors in the elucidation of the problems confronting the expert in the reduction of the mortality rate, both maternal and fœtal, and in the relief of disabilities due to disease, ignorance and want of good nursing.

There is without doubt an intimate relation between the competence of the attendant at childbirth and the infant and maternal mortality rates; midwives would welcome and in no way fear comparative statistical tables of cases attended by them only, and by qualified medical practitioners. Which would be higher? Decidedly those attended by doctors, and why? (1) Because most of the skilled midwives select their patients, passing on those with complicated pregnancies, organic disease, contracted pelvis, and those with a history of difficult labours to the medical profession. (2) Because in many cases the child is born before the doctor's arrival; this involves risk especially if the presentation is a breech. (3) Because the midwife is debarred from operative interference; the well-trained or experienced midwife sees that surgical cleanliness, unlimited patience, skilled observation, early diagnosis of abnormal conditions, and the wise leaving of normal labours to nature with a minimum of interference are principles of sound midwifery, and are less likely to result in damage to the mother and child than artificially hastened delivery. The percentage of forceps cases in hospital practice has diminished in recent years; naturally, there will always be certain indications which justify such assistance, but with improved ante-natal observation, a growing respect for, and patience with, the natural forces in labour and the realization of the dangers of high forceps operations and the increased safety of Cæsarian section, there is every reason to hope that

fewer infants will die during birth or be born injured. If the percentage of natural labours is increased, the infant mortality rate will be diminished,

In an analysis of 146 consecutive forceps cases at the General Lying-in Hospital the condition of the child was recorded as follows:—Good, 90; fair, 38; no note, 1; stillborn or died soon after birth, 17.

The minor injuries included facial paralysis, bruises, dents, depressions. These do occur in natural labour but much more rarely than in forceps delivery.

Again, take breech labours, the danger to the child, as is well-known, is much greater than in vertex presentations, the mortality of the children varies from one in three to one in ten. I have notes of seventy consecutive full-term breech labours at most of which I was present. In the fifty-three conducted by midwives there was one stillbirth due to imperfect dilatation of the cervix, an unforseeable difficulty; as the patient was in hospital immediate medical help was forthcoming, but forceps failed to secure a living child. The mortality was thus 2 per cent. (1 in 53). In the other seventeen cases there were abnormal conditions, the mortality was 29·4 per cent. (macerated fœtuses and deaths before manipulations being omitted). I quote these figures and I could quote others to show that if statistics such as I suggest were prepared they would manifestly appear to a superficial observer very favourable to the management of labour by midwives. It would be difficult to prepare comparative tables just to both professions, but I think you will agree these statistics of midwives' cases are remarkably good.

In 47,420 the maternal mortality was 1·7 per 1,000; the infantile mortality 1·7 per cent.; stillbirths, including macerated fœtuses, 3 per cent.

Recently at the London County Council the midwives were assured that the authorities would deplore any action that would diminish the practice of midwives in London. What was their reason? They

know that for the most part they are well trained women, all working under expert supervision and giving skilled nursing to their cases.

II.—The Midwife in Co-operation with other Health workers in the Campaign against Ante- and Neo-natal Mortality.

Midwives besides practising independently, and as staff midwives in institutions, are working under medical supervision as health visitors, crêche nurses, rescue workers, infant welfare superintendents. The midwife has already her place in the sun of a better era of physical fitness for this and succeeding generations, and she does not grudge others their place. I think you will agree that much of the medical work would be abortive without the sister professions of midwifery and nursing. Personally, I think every midwife, when qualified, should practise her profession for at least a year, before taking up other work. This would lead to a broader and more sympathetic attitude to those who are practising midwives. These have their aspirations to add their quota to the common good and only ask to be allowed to work peaceably on professional lines under State control. It would, *inter alia*, improve the profession, if more educated women would practise, and it certainly would lead to more sympathetic co-operation if other health-workers knew where the midwives' shoes pinch. We are willing to co-operate with those who will co-operate with us. The midwife's duties are well defined in her rules; broadly interpreted and conscientiously carried out they make for a reduction of ante- and neo-natal mortality. To do more efficient work the midwife needs progressive education on broad lines, better economic conditions that will allow her to take fewer cases, and devote full attention to each patient she attends—and a status and consideration commensurate with the importance of her work for

maternity and child welfare. To deprive the midwife of the responsibility of supervising pregnancies and puerperia and the new-born infant, and of the recognition of conditions needing medical assistance, would in my opinion prevent an intelligent trained woman from practising, make the vocation insipid, interfere with the professional relationship of the midwife to her patient, and it is doubtful if patients or babies would be the gainers by such an arrangement.

Midwives know the value of expert opinion; in the past, it has been difficult in many parts of the country to get treatment or hospital accommodation for patients suffering from complications likely to affect the offspring, and it has not been practicable to get skilled supervision for the baby or education for the mother when the midwife leaves the case. The former things are passing away, and the establishment of ante-natal, dental, and infant welfare clinics, small maternity hospitals, and centres for the treatment of tuberculosis and venereal disease are all at the service of midwives' patients. On midwives fall the responsibility of seeing that the patient gets, not simply diagnosis but treatment, and that while the patients are under their care, *i.e.*, from the time of booking till ten days after delivery, that that treatment is carried out.

I have now sketched out ideals for the midwife's work in relation to ante-natal and neo-natal mortality *vis-à-vis* with the medical profession and other agencies. In conclusion, I want to touch on the midwife's work *vis-à-vis* with the patient; it is mainly threefold, educative, preventive and practical, and of these three perhaps the most important is the education of the expectant mother, the mother and the baby. The education begins at booking—unfortunately this is seldom before the sixth month; much writing has already been done on what Professor Thomson has called "the docket" of the new-born child, and much is irremediable. But the normal

rapid growth and development of a normal fœtus may be retarded or interrupted by the ill-health or excesses of the mother during the last three months; hence the need for forewarning help and continued careful observation for abnormal signs and symptoms, so as to secure early medical treatment for physiological breakdown or infection. The former history, the general condition, and the physical examination of the patient should guide the midwife in dealing with the patient and help her to form an opinion as to whether it is advisable in the interests of the mother and unborn child to be attended by her. The midwife will receive with caution and some inward scepticism the explanation of the causes of previous miscarriages; she knows that thousands are attributed to shocks and falls, a very few to albuminuria, syphilis, &c., and still fewer to the taking of noxious drugs and drastic purges. She ought not to be content that a series of miscarriages have been attributed by a doctor to those refuges of the destitute, "habit" and "a weak inside." She may even dare to inspire the woman who has been told she would never carry a child to full term with optimism. The careful examination of the breasts and nipples begins the education on the value of breast-feeding, careful investigation into the causes that lead to its abandonment with previous children forewarn and forearm the midwife. If it has been given up because the mother has had to go to work, there is always hope that she may be convinced that her primary duty is not washing or charing, or any other work in the labour market, but the persistence in breast-feeding.

With an eight-hourly working day, and four-hourly feeding, there should now be fewer children fed from tins or poisoned slowly with contaminated milk, deprived of its accessory growth products by sterilization.

To give right valuations and right perspectives is as much ante-natal work, as to see that neither overwrought brain, over-fed or under-fed digestive system,

nor under-nourished blood starve the unborn child, and starve the new-born child by preventing successful breast feeding. There is one subject on which there is some difference of opinion in the medical, dental and midwifery professions—the advisability of extraction or repair of the teeth during pregnancy. There is little or no difference of opinion in the attitude of the patients ; they all with one accord wish to put it off to some more convenient, and in their opinion, safer season. If the midwife fails to persuade them that both their own health and breast feeding will suffer if they have dirty mouths, I doubt if any other person will prevail on them to have treatment. The patient often has an absurd and exaggerated idea of the knowledge of the midwife ; this is valuable at times, *e.g.*, they readily agree to have medical advice where these are the conditions specified in the rules of the C.M.B. that oblige the midwife to urge its necessity. The midwife has to teach the mother common-sense hygiene, the preparations necessary for herself and the baby, to put her in the way of acquiring knowledge of mothercraft, to visit the home and make tactful suggestions, to encourage the mother to seek her advice if anything goes wrong. At present this is not done by all midwives.

The midwife is shrewd enough to know that faulty mothercraft, poverty, the health and character of the parents, bad hygienic surroundings are far greater factors in ante-natal and neo-natal mortality than hard work, smoke-laden atmosphere, bad midwifery, or even those plagues of the midwife's life, and the joy of some doctors—the "born before arrivals." A midwife's judgment of the character and capacity of the mother and home life is by no means to be despised ; she has unique opportunities of studying these in her repeated and welcomed visits to the home. I regret that time only allows of few details of the many-sided work of a midwife, but I conclude that most of my audience have first-hand knowledge of it, if not I am at their service.

In the past our enthusiasm for a better order of things has often been smothered by the apathy of the general public, by the impossibility of carrying into practice our ideals, by the exigencies of the day and night work, by our limited knowledge, and by want of facilities. When this great movement for prevention of ante-natal and neo-natal mortality took fresh life (it was born, and led a rather attenuated existence many years before both in lying-in hospitals, and in the practices of some medical men and midwives) the leaders either ignored or despised the midwives—they were more inclined to abuse her than to use her. It is only recently that champions have arisen to point out that the modern midwife is neither a negligible force nor a pernicious necessity, but a useful agent in combating the fall in the birth rate, in reducing the maternal and foetal mortality rates, in carrying into the homes enlightened and refined ideas as to the function of fatherhood, motherhood, and the up-bringing of children—and last, but not least, in fostering the maternal instinct in the unmarried mother.

The CHAIRMAN: I will now call upon Dr. Fairbairn to address the Conference.

THE MIDWIFE'S WORK IN RELATION TO ANTE-NATAL AND NEO-NATAL MORTALITY.

BY JOHN S. FAIRBAIRN, M.B., F.R.C.P. and S.

Obstetric Physician, St. Thomas's Hospital and General Lying-in Hospital.

THE whole of the matters relating to Maternity and Child Welfare really form one subject. It is rather too big a subject for one medical specialist to cover in all its phases, and it is one in which we cannot draw hard and fast lines. One phase of it is the ante-natal period when our object is to ensure safe

delivery to the mother of a healthy child; the natal part is the seeing through of the delivery itself, whilst the neo-natal is the watching of the newly born child and handing it over safely to those who take charge of babyhood and childhood. There has been a good deal of discussion of late as to where the work of the obstetrician ends and the work of the child specialist begins, and now the common practice is to consider that the work of the obstetrician ends when he hands over a healthy normal child to the child specialist, though formerly the obstetrician used to be the teacher of midwifery and the diseases of women and children. I mention this because I want to show you that it is very difficult to divide the subject up into sections such as the ante-natal, the natal, and the neo-natal and to allocate them among different specialists or practitioners. Each and all form part of one and the same subject, and my argument is that the midwife whom we all recognize as the attendant on the labour cases also naturally takes part in the management of what immediately precedes and succeeds the labour, that is of pregnancy and of the lying-in mother and infant. You cannot divide the work into sections and put the midwife in charge of the labour only and think that her part of the responsibility is there and there only. Her duties extend and must extend all the way through.

My first point is that we must look upon all comprised under the title of this discussion as one subject. My next point is that the midwife is established in this work and does a very large amount of it. She does something like two-thirds of the deliveries in the country, and the proportion is much greater among the poorer folk. In the north of England, the percentage of deliveries attended by her is more than two-thirds. Therefore she is established and in possession, and is doing valuable work. It has long become evident that we must recognize her as a very important factor in the health services of the com-

munity in regard to maternity and child welfare. If we are to be successful in this work, we must make use of all the members of the team, and fit them all in to play their part. There has been a good deal of discussion about the midwife's part, in regard to the additional services that have grown up around and about maternity work, and especially with the more recent developments relative to the ante-natal care of the mother. Regarding ante-natal work, one must recognize that it is only within the last ten or fifteen years that it has been thought of seriously, and that at the present moment it is only in its infancy. It has been neglected until quite recently, and, as usual when neglect has been recognized, there is rather a tendency to concentrate on it and make more of it than perhaps should be the case, or will be the case when it has settled down into its proper perspective in the picture.

Yesterday, I understand, there were papers discussing how much can be expected from ante-natal management. That is what we have to learn, because ante-natal hygiene and care is too new a problem for us to have much experience of it as yet. The point of the discussion to-day is to decide what part the midwife ought to have in this recently developed ante-natal work. Since she is the accepted attendant on labour, she is therefore the proper person to supervise the pregnancy of those patients she will attend, and our duty is to fit her for that work and to make her work such that she will be a valuable helper in the whole scheme.

The subject of the discussion this morning is the additional service called for in the wider scheme of maternity and child welfare and the midwife's work in relation to it, before and after labour. This wider scheme means team work and, as Miss Haydon has been showing us, co-operation is the all-important and essential thing, and we must make the most of it. We must have co-operation throughout the team and

throughout the work; we must work in with others and not play the selfish game of one trying to squeeze the other out. We must realize that doctors, midwives, district nurses, health workers of all kinds, voluntary agencies and public authorities, all have their places and have to work into and with the scheme. One thing that Miss Haydon mentioned is extremely important, and that is the relation of the midwife to the other workers. She is a trained professional worker, and therefore must be treated in the scheme with due regard to her professional standing as one of the professional workers. That, I think, is so essential that we will not get the proper work from her unless she is so treated. Further than that it is the only way we can make midwives, and especially those of them who have not been trained in these additional services, capable of playing their proper part in the scheme. We must have their assistance because the work cannot be done without it. The midwives who have been in practice for a long time have not been taught this ante-natal work any more than the doctors, because it was not done fifteen years ago, and they have to learn it just as the doctors have to learn it, and we cannot expect, if they are left out of the scheme, that they can be taught in any other way than by being given a place in it. Therefore they must be brought very closely into it. The first thing I would lay down as a matter of professional etiquette is this, that the pregnant woman, from the time she engages the midwife, is the midwife's patient, and is to be treated as such. That is the bedrock principle of the whole case. If the patient is seen by some official or health visitor and, without consultation with, or reference to, the midwife, is referred to some clinic and by that clinic referred somewhere else or otherwise pushed out of the midwife's ken, that is not only a very grave breach of professional etiquette, but is the very way to estrange one of the most important workers in your team; it is

selfish play. Some effort must rather be made to evolve a plan by which the midwife, in those cases in which the patient is referred to a clinic, should remain in constant touch with her patient and with the clinic throughout her time of attendance. This would be a great advantage to the clinic, a great advantage to the midwife, and would have the further advantage that it would have an educational influence on the midwife as well as on the patient herself. My conception of the ideal way the service for maternity and infant welfare should be worked in conjunction with the midwife, would be to make it as easy as possible for the midwife to refer her cases to the clinic, to come with her patients to the clinic, to hear and see the examinations, to hear what was said and receive instructions; and if she could not actually accompany the patient, she should always get a full report of what is advised, and of what special management is necessary in the case, and she should be left with the responsibility of seeing that it is carried out and reporting if the patient did not follow the instructions given. In other words, one would put the onus on the midwife of carrying out the instructions given to the patient at the clinic. The midwife is perfectly capable of seeing to the ordinary management of pregnancy.

The Central Midwives Board lays down distinct rules as to the management of ante-natal cases: if there is anything in the history of the patient, such as abnormality in her previous pregnancy or labour, there is a definite instruction to the midwife that she should refer the patient to a clinic or to a doctor—she has to get medical advice for her. In the case of a first pregnancy in which there is no obstetrical history, she has been taught the ordinary examination of the patient and to get medical advice should certain conditions be present. First pregnancies are always difficult cases. Any one who has experience in obstetrical work will agree that it is extremely difficult

to be certain that there is no pelvic abnormality and that there will be no trouble in labour. Unforeseen difficulties may occur and the more experience one has the more readily one will admit how hard it is to avoid them. Another point is that the first pregnancies are the cases in which toxæmic trouble and the diseases associated with albuminuria most commonly arise. It would be reasonable then that in the well-managed clinic it would be made easy for the midwife to come with her first pregnancy cases to see them examined, and see them watched. With regard to patients who have had children before, little need be said. There nature has given us far better evidence than any number of measurements could give us, that there is plenty of room for the child to pass, and unless something abnormal manifests itself there is little need for these patients to be specially watched by experts or to go to a clinic. My idea would be rather to recommend that so far as possible the clinic and the midwife, in association, should watch the first pregnancies, and that subsequent pregnancies should be in the charge of the midwife unless some complaint arises for which the advice of the clinic was needed. If that is done, the midwife will learn her work by her visits to the clinic. She could not learn it better. She sees what is done, learns which cases require treatment and which do not, and how the clinic advises those of her patients she takes there.

All ante-natal work naturally tends to exaggerate the troubles of pregnancy, and sometimes this may frighten the patient into anticipating the worst and she may require reassuring; no one can soothe her fears better than the midwife. After an exhaustive investigation at the clinic it would be expecting too much of human nature if the woman did not imagine that pregnancy is a serious matter, perhaps only a little removed from grave illness. If she happens to be somewhat over thirty she is apt to think that pregnancy at her age involves something terrifying in its conse-

quences, and if she happens to be over forty she regards it as almost her death warrant. The midwife has constantly to reassure the expectant mother that things are not so terrifying as she thinks; she has to do much to preserve or restore the expectant mother's peace of mind. How much better will she be equipped for this if she is accustomed to go to the clinics and ascertain there the symptoms which enable her to discriminate between what is serious and what is not.

Another point is, that if the midwife is not left in charge of the pregnancy (although she was the first one called and the one chosen by the patient herself) and if there is not a close co-operation between the clinic and the midwife, you cannot help getting a certain amount of conflicting advice tendered to the woman, and there cannot be anything worse for the woman than conflicting advice. It will either undermine her confidence in the midwife whom she has chosen, or she will scoff at and neglect the advice of the clinic officials. And for that reason I should strongly urge that the proper attitude is that the midwife is primarily the person in charge of her pregnant patients, and that the clinic is merely the higher authority in the difficult cases, and the midwife's further duty should be to see that the patient follows the advice, carries out the treatment and reports the result to her.

In regard to some of these clinics, many of them are new to the work, and are very, very enthusiastic, and the midwife has a good deal of difficulty with them because they are liable to overdo things. Enthusiasts have gone to all sorts of extremes. There is the thorny question of the notification of pregnancy into which certain clinics have tried to push the midwife. The midwives are in revolt against being compelled to notify the cases of pregnancy which they are called upon to attend, and very naturally. It is against all their ideas of professional confidence. The mothers, too, will be driven into opposition, and no

satisfactory work will be done unless the mothers are carried along with us. Besides notification, there is the over-doing of the internal examination. With some clinics this has been a very strong point and a cause of much worry to the midwife. It has added very much to the difficulty of her work, because she is very anxious to have the help of the clinics and to get her patients to go to them. Now, the mother who has had five or six children without any difficulty does not see the point of this extra thorough and enthusiastic examination. The midwife knows this and must often find difficulty in explaining the need for it. My own view, in the case of women who have had children, is that if the customary abdominal examination which the midwife has made satisfies her as to the normal lie and position of the child, and if the history of the case is satisfactory—Nature gives us a far better pelvic measurement than any pelvimeter or internal examination. Once we know that Nature has two or three times delivered without difficulty, we know that there is not very much to be feared there. If there has been a long interval between the pregnancies, that makes a little difference because there are a few, very rare, possibilities of trouble having arisen, such as tumours in the pelvis which may have grown in the meantime. They may be discovered in a minute percentage of cases. But when you have to make an enormous number of examinations without discovering anything, there is a further objection that such routine examinations become extraordinarily perfunctory. It does not matter who makes them, no human being with the failings of mankind can go on making examinations of this kind in a thousand cases and not be liable to miss the thousandth and first which happens to be the only one that has anything wrong with it. Hence it would be far better for the work of the clinics if they had only the multiparæ suspected by the midwife to

investigate. The examination would be much more thorough.

The question as to the relations between the midwife and the health visitor is rather a delicate point, and one must appeal to them both and say that if they are members of the team they must work together. They have to make the most of one another. Very frequently they do not understand one another because very often the health visitor has not practised midwifery, and that is where the rub comes in. The midwife may have had a very wide experience of pregnancy and labour, and the health visitor's knowledge may be elsewhere. She may hold a C.M.B. certificate, but that does not give her an equal standing in midwifery to the experienced midwife. What I would counsel about this is that if the relations are brought on to what one would call a professional basis, the best work will be got out of both sides; and to bring it on to the professional basis one wants the health visitor to recognize that the midwife, once engaged, is in charge of the patient and that if the health visitor comes across anything to which she thinks the midwife ought to have paid attention, she ought not to go behind the midwife's back but go direct to the midwife. And then, in return, when the case is over, when the midwife is ceasing her attendance, the midwife should recognize that the health visitor has now to look after the mother and the child and watch them, and that the duty of the midwife is to go to the health visitor with her report and to give her all the particulars she can that may be of help to the health visitor in the satisfactory performance of her duties to the mother and the child. With regard, for instance, to the post-natal and the neo-natal care of the child, there is the question of breast-feeding. The Central Midwives Board have been trying to consider satisfactory rules so that the midwife should give information when breast-feeding was not conducted by the mother, but

the great difficulty is that the midwife very often knows that the mother will carry out breast-feeding while she is there to see that it is done, but that the moment her back is turned she will stop. Here is a point on which the midwife can and ought to afford the health visitor most valuable knowledge. The midwife knows that the mother is likely to start bottle-feeding, and yet it is one of those things that the midwife does not wish to put down in black and white, because very likely it is based on evidence that would not bear too much investigation, though probably her suspicion is quite correct. Look how valuable it would be if, at the end of the time, the midwife says to the health visitor, "There is Mrs. So-and-so, I have very good reason to think that she is going to put her baby on the bottle. Keep a special watch on her." A report not only about the progress of the case but the midwife's knowledge of the character of the woman and what she is likely to do and so on would be of enormous help to the health visitor. Unless this co-operation is conducted on what we call professional lines and each respects the other, I fear we shall not get the best work.

I would like to touch on a matter which I consider as of extreme importance, post-graduate training, and the opportunities that should be afforded for the training of midwives and others engaged in this infant welfare work. The kind of ideal relation between midwives and clinics that I have sketched is what I might call a continuous post-graduate training for the midwife while she is engaged in practice. But apart from that, one sees that it is an absolute necessity for all professional workers to have post-graduate training. This observation does not apply solely to the midwife ; it is a necessity to all, doctors included. Post-graduate training is especially essential in connection with ante-natal management, because ten or fifteen years ago there was none of it at the training schools except of a very perfunctory kind, and the

midwives trained then have had to learn it as best they could, they have had to pick it up as the doctors have had to do. The provision of post-graduate training is difficult because it involves other problems than merely providing the actual facilities. There is the difficulty of a woman in practice getting a *locum* and paying for her as well as for the post-graduate course. The thing is impossible without grants in aid. One hopes that in future financial arrangements will be made for this training. It is important that the midwife should, every few years, be given the opportunity of going to some large centre for, I should say, a couple of months at least and of seeing the work done under the best possible conditions, and of having imparted to her all the new ideas that have been collected in the meantime. I may say that I am trying to organize something of the sort in connection with the General Lying-in-Hospital where we intend to give very special attention to the investigation of the condition of the patient at the time of the engagement and at the delivery and to the care of the infant immediately after delivery. In order to give an opportunity to all midwives to come to such a course, the Local Authorities and the State will have to come to the aid both of the schools that propose to give post-graduate instruction, and of the midwives who have to leave their practice in order to obtain it.

Recently there was some discussion at a Conference of Midwives on the midwife's work in relation to some of these clinics, and in order to emphasize the importance of co-operation it is interesting to quote some of the instances that were mentioned of good and bad co-operation. There is one case that really was almost amusing, one might say. It was that of a woman who had had children before. There was no bad history attached to her case, and she was sent by her midwife to the clinic because her mouth was not satisfactory. She was sent with a note giving the

clinic the information that the patient had been attended before by the midwife, and had perfectly normal labours, and that she wanted advice and help in regard to the treatment of the teeth. This patient was very thoroughly examined both abdominally and vaginally, and on return home gave such an account of her "pulling about" to a friend of hers who was in her first pregnancy, that this friend was quite scared about going to the clinic, and although she had been persuaded to do so she now refused to go. This woman's case ended in disaster. It was her first pregnancy; she had a contracted pelvis, she had a difficult delivery and a stillborn child. In other words, there was a case in which the enthusiasm of the clinic, if I may say so, defeated its own object because it frightened away a woman who really ought to have gone there by what was done to another patient. There was another case of a similar kind quoted by a midwife at the same meeting. The midwife sent a patient in her first pregnancy to a clinic because of her nervous condition. This happened to be one of the clinics that Miss Haydon referred to, which was merely an examining and distributing centre and did no treatment. There they examined the patient whom the midwife had sent and sent her to the hospital without referring to the midwife at all. The manner of the examination and investigation of her case upset the patient greatly and she vented her displeasure on the midwife. She went straight to her and told her to take her name off her book as she would not be attended by her. I do not think I need go through any more, but they all indicated that this lack of co-operation resulted in the patient being sent away from the midwife and without any reference to her, so that she heard nothing more about the case. The unfortunate part of this want of co-operation is that it is twofold in its evil results—it estranges the midwife from the general scheme and takes away her opportunity to learn. That is the point upon which

I wish particularly to lay emphasis—the need for very close and intimate relationship being established everywhere between the midwife as one of the first workers and the clinic in its advisory capacity.

THE WORK OF THE MIDWIFE IN RELATION TO ANTE-NATAL AND NEO-NATAL MORTALITY IN RURAL DISTRICTS.

By Miss M. BURNSIDE, O.B.E.,

Inspector of Midwives and County Health Visitor, Hertfordshire County Council.

The Rural Midwife.

The question of the rural midwife is one which resolves itself largely into a question of finance, for the economic conditions of rural midwifery make it impossible for a woman to earn a livelihood in private practice owing to the few cases. This is really at the root of the difficulty in connexion with ante-natal care, whether carried out by the midwife (whom I venture to think is *the* person to do it) or an official health visitor appointed by the local authority.

It is difficult to attract the thoroughly good midwife to live in a rural area unless you can provide her with other interests somewhat of the same nature. This can best be done by making her responsible for the health and well-being of the whole district in which she lives. Give her the midwifery and maternity cases, all ante-natal care, under the patient's own doctor, or the clinic if there is one within reasonable distance, the sick-nursing-health-visiting (which includes the care of the children up to the age of 5)—school nursing which takes on that same child from 5 to 14; and the tuberculosis work. If her work is supervised by an intelligent and sympathetic inspector, and she keeps herself in touch with

modern ideas, and takes advantage of all educational opportunities that come in her way, this should give the country the best service, and one which would tend to the education of the mothers and children themselves in all matters concerning health.

I do not think the general public realizes how well thought out are the directions to the midwife in the rules of the C.M.B. concerning the ante-natal care of her patient. It is impossible to quote these at length, but if carried out both in the letter and in the spirit, there is no doubt the midwife's patients are most adequately protected, if they will only engage their midwife in time. In the country this is generally done. Often the midwife is the first person the mother speaks to on the subject, and the former wins the latter's confidence and advises her all the way through in a manner which it would be impossible for any official visitor to do.

To give an example of the rules I will quote No. 1 :—

> "When engaged to attend a labour the midwife must interview her patient at the earliest opportunity to inquire as to the course of the previous pregnancies, confinements, and puerperium both as regards mother and child, and to advise as to personal and general arrangements for the confinement, and, with the consent of the patient, visit the house."

This last is a very important matter, and one which I hope every midwife, however busy she may be, endeavours to carry out.

In speaking of the relationship of the midwife to her patient, there is one thing above all others that must be observed, and that is for her to treat all information that comes to her knowledge regarding the patient as confidential. No midwife has any right to give the names of her prospective patients to anyone, without their consent in writing.

A good midwife does not as a rule have any trouble in the country with her doctors, provided she observes the ordinary rules of medical etiquette.

As to the health visitors: In our county the midwife in all the rural districts is health visitor herself, but in the towns where there are private practising midwives, we instruct the County Council's health visitors not to visit the house of a patient till after the tenth day, and we ask the midwife to inform the health visitor of any special points that may have arisen during the ten days' puerperium. Personally, I should much like to have a simple form that the midwife hands over to the health visitor on the tenth day, giving such information as: Weight, feeding, general well-being of the infant, &c. The midwife, of course, would have to be paid by the local authority for her trouble in connexion with supplying such information.

In rural districts it is very difficult for the maternity clinics to be available for pregnant women coming from any great distance, but in Hertfordshire all the midwives are requested to bring their patients to the nearest centre for advice, and if necessary, examination (with the patient's consent). It is only natural there should be a certain amount of reluctance on the part of a pregnant woman to go some distance to consult a complete stranger, when she can call in her own doctor who probably knows her very well, should the midwife advise medical aid under the rules of the board, if the case is one which she does not wish to take as a midwife till a doctor has been consulted. In such instances the difference between urban and rural districts is very marked. One can quite understand a woman, especially those who have brought their previous babies to the centres, quickly coming for advice to the doctor at the centre.

Neo-natal and Post-natal Care.

All that I have said in connexion with the midwife and ante-natal care equally appertains in her duties in connexion with neo-natal and post-natal work, but

there is one point I wish to emphasize most strongly, and that is—that the midwife, and the midwife only, is responsible for the care of the mother and baby during the confinement and subsequent ten days, under the rules of the Board, unless she has summoned medical aid on behalf of either mother or infant, and then her duty is to carry out the doctor's instructions. If the case should prove one of septic infection it is the duty of the local supervising authority, through their inspector, to see that the midwife runs no risk of conveying infection, &c.

In neo-natal work the midwife during the ten days should do her best to instruct the mother in the proper care of her infant, and should advise her (if a clinic is available) to attend, in order that she may continue her education in these matters. This does not, however, relieve the midwife of her duties as health visitor if she is acting as such in her own area.

Explanation of Village Nurse-Midwife.

What I have said in regard to the rural midwife, largely explains the duties of a village nurse-midwife in a rural county like Hertfordshire. We have found this system to be at the present time the best solution of the provision of midwives and health visitors, that is—that the midwife is maternity nurse, health visitor, school nurse, sick nurse, and tuberculosis nurse, with adequate supervision of her routine work; but I still feel that the private practising midwife, wherever the latter is a possibility, is the best, and I strongly advocate the independence of the midwife being maintained in any State-aided scheme; therefore she should be recognized as the keystone of health work with mother and baby, and be made to realize the responsibility of her position and be treated as the equal of the health visitor.

In connexion with this point I should like to state that the experiment tried by the Hertfordshire County

Council of the health visitor practising as a midwife and undertaking the school nursing and health visiting has been quite a success, but of course it does separate the sick nursing from the other work in these little towns, which is a pity. Herts pays its whole-time midwives at the same rate as its health visitors—£120—rising £10 to £150. The County Nursing Association in smaller towns under the new scheme pays £117, rising by £5 to £136.

Position of Inspector.

The inspector of midwives is the first person to obtain knowledge of a midwife having advised a medical man for any abnormalities and complications during pregnancy, and she should whenever possible investigate such cases when the medical aid notice is received; she can then advise the midwife, and if necessary obtain the views of the medical man called in, so as to get for the patient the best treatment possible in order that she may have a normal confinement.

No other officials should come between the midwife and her inspector, nor should any use be made of a medical aid notice other than I have just suggested.

The position of the inspector in connexion with the Maternity Clinics is simply one of friendliness, as she has no official status where they are concerned, or in her ralationship to the health visitor. It is rather difficult to speak on this point myself as I hold the dual position of inspector of midwives and county health visitor, which, I venture to think, is a very good combination for a rural county, as it brings one into touch with all work connected with maternity and child welfare. If, as I think exists almost throughout the country now, the inspector of midwives and the midwife are on friendly terms, it is quite easy for the inspector to carry out her duties, but I do not think the general public realizes

how difficult it is for the inspector to control a careless midwife. One can deal with a bad midwife by reporting after a primâ-facie case and bringing her before the Board, but there are many inspectors who, like myself, I am sure, have grave doubts as to the capabilities and care of some of their midwives; one would rather describe them as poor midwives.

Interest the Midwife in the Centre.

The midwife should be invited to attend the Maternity Clinics whenever possible (not only when they bring up cases), so as to interest them, and through them get hold of mothers and babies under their care to attend, but my own belief is that the midwives' cases are the ones brought to the Centres, the cases attended by the doctors and handywomen are the ones which we want to get hold of but don't secure. A great deal is said and written in the papers about the midwives' cases, but one hears very little of the doctors' cases.

A true spirit of friendliness and co-operation on the part of the doctor and health visitor in attendance at the Centres towards the midwife, treating her as a co-worker and making her feel she is of vital importance to the work, would, I think, tend to make the influence of the Centres go much further than they have up to the present.

The Treatment that can be obtained from the Centres.

It is extremely difficult to separate advice from treatment, and I venture to think that ante-natal care is really more a matter of expert advice from a doctor who has specialized in the subject, than actual medical treatment, and the doctor at the Centre will know when the patient requires treatment at home under her own medical man. The following are, I think, the chief advantages of attending a Centre :—

(1) A medical examination and diagnosis.

(2) Treatment for the less severe ailments in the shape of—(*a*) Medical advice, which is a necessary part of treatment and often more important than medicine. (*b*) Prescriptions, to be obtained from the chemist free. (*c*) Prescriptions or drugs to be purchased from a chemist. (*d*) Reference to a special hospital for treatment of special diseases.

(3) Reference to the patient's own doctor if the case needs treatment at home.

(4) General treatment for malnutrition if due to no actual disease.

The Mothers' and Children's Milk Order is one of the very best things which has been done by the country. Our County Council adopted it last July, and since then I have issued 782 certificates apart from those given at the Centres. 32,388 pints of milk have been supplied to 38 expectant mothers, 137 nursing mothers, and 228 infants and young children under five; 177 were at half cost, and the remaining 605 were free.

This order is the best hold the health visitors and midwives can possibly have on the mothers, as they constantly visit to weigh the infant and impress on her the milk must only be used for the child and herself.

The Handywoman.

I think it is possible you may be tired of hearing my opinions on the handywoman, as I have never yet addressed any meeting on the question of the midwife without bringing in this lady. She is in an unfair position of competition with the midwife. Her earnings are as high, if not higher, she is under no one's supervision, constantly has a case over before the doctor arrives, and therefore is virtually practising as a midwife, and the midwives themselves say so long as she is allowed to continue to work as she does now, the practise of midwifery is not and never will

be a lucrative one. It stands to reason if every case were obliged to be attended by a certificated midwife, whether a patient engaged a doctor or not, there would be a very much better livelihood for midwives, and the mothers and babies would benefit considerably. There is no need to eliminate the handywoman, she can be brought into the general scheme of maternity and child welfare as a "home help," and this would place her in her proper position and put her under supervision.

The County Nursing Association ten years ago had a scheme for training and looking after home helps, but owing to lack of funds it has never been carried out. Now it will be organized by the C.N.A. for the County Council, which has included in its Maternity and Child Welfare Scheme the provision of home helps.

With reference to the Co-operation of the Midwife in the Scheme of Maternity and Child Welfare, I should like to remind this Conference that two years ago the Chairman (Sir Robert Morant) in summing up said it was for the midwives to make up their minds what they really wanted, on their side, and then to try and get it.

When going home in the train I wrote down *my* wants and ventured to send them to him.

My Wants.

(1) That all women in receipt of maternity benefit should have a trained midwife to attend and nurse them in their confinement—whether a doctor is engaged or not—and such midwives to be under the supervision of the L.S.A., and that there be no delegation of inspection to Borough or Urban Council.

(2) That every midwife should do her own ante-natal work and be paid for it apart from the fee she received for the confinement.

(3) That a pension for midwives should be provided by the State.

(4) That midwives should be subsidized in such a way as not to do away with healthy competition and free choice.

(5) That some Body should find out what are the real wants of England and Wales as to the supply in every town and village of a midwife or midwives, and the probable cost to each county and the probable receipts.

(6) The doctor's fee paid by the State when called in by a midwife.

N.B.—The Midwives Amending Act, 1918, has provided for the payment of the doctor, and has stopped the delegation of powers to Urban or Rural Councils.

DISCUSSION.

Miss AMY HUGHES : There are two or three points that I think require emphasis and which may also lead to a little criticism. The paper read by Miss Haydon put the position of the midwives thoroughly and clearly before you, and I would refer particularly to the necessity for wider and fuller training being given, if possible, to the midwife and also to the indication of how co-operation may be effected between those who are undertaking maternity clinics and other work, as well as the additional training which they also must undergo when they commence their own practices. Dr. Fairbairn's paper proved the necessity of co-operation between the outside Health Authorities and the midwife herself. I think he made an excellent point that it is *team* work in which each one has to do his or her own part, the midwife's position being respected and her work co-operating with that of the health visitor and the clinic. I think the point that the patient is to be considered the property of the midwife, as it were, for the time being is an excellent one and will appeal to all midwives. Miss Burnside summed up the difficulties and also the possibilities in rural areas. I think it must be apparent to those of us who know the work generally throughout the country that the radical difference between midwives who practise in the towns and those who practise in rural areas requires to be made better known to the public. That difference is not really fully understood by a great many

people. Everybody knows his or her own area or part, but it requires practical knowledge to understand these difficulties, and I would beg that the result of this Conference might be a fuller realization of what is to be done towards securing the same standard of midwife as regards training and the same standard of co-operation as regards efficiency in town and country, because it is a very important point in the whole scheme of Maternity and Infant Welfare that these standards should be created. With regard to "the Handywoman," I have seen a great deal of her work, and I think that, if it were possible, she might be used as a home help, to go into and undertake the housework, the cooking, etc., especially in rural districts where the mother has no friends near at hand or relations to do these things for her, but she must be under supervision. It ought to be possible that nobody but a certificated midwife should attend the lying-in woman. Even if a doctor is in attendance the nurse should be a certificated midwife. It means so much in this sort of side work when one is able to answer a question which a woman without that experience cannot. It is the practical training and knowledge of the conditions of the people that form the great factors in gaining most influence over the patients. I am also convinced that wherever possible the woman should have the choice of her own midwife. The question was raised and emphasized with regard to municipal midwives. I think you will agree with me that we are coming into a new age when men and women who earn their own wages and livelihood claim to have the same rights as those who have money laid by, and therefore it ought always to be possible for a woman to be allowed to choose her own midwife. That is one of the reasons why some of the old uncertified midwives are in so much demand ; they were in practice before these new things came into being, and they understand their patients. They are in touch with local traditions and are versed in the local superstitions of each area. It is only those who have worked amongst the people who know these things. Local traditions differ in every district. I am not saying that it is always for the best, but it does help the woman if one has influence and power with her at such a critical period. Therefore if it is possible, and if it can be done, the midwife should be chosen by the patient, provided, of course, that she is a right woman. We are looking forward to a new age of midwives when they will have a higher standard of knowledge. There will also be a higher standard of knowledge among the mothers and fathers too. With those improved conditions there will be a better chance for strong healthy children being born, because the women will have been taught to give and also to receive better

treatment during the ante-natal period and the child will have more skilful treatment after it is born. I appeal to every one who can possibly do this to allow the expectant mothers to chose the right woman and that she should be well educated and well qualified to engage in the work of raising the standard of national health.

Dr. MOORE (M.O.H., Huddersfield) : I think that one of the most inspiring things that has happened in connection with the work for the prevention of infant mortality is the interest which the midwives' profession and the Central Midwives Board are displaying in the subject. There can be no doubt at all that the practising midwives must inevitably take a big part in this work, and I am convinced that it is most desirable that all the persons concerned in the work should collaborate with a cordial feeling, subordinating their own private interests for the welfare of the mother and child, and through these for the welfare of the race. The aspirations expressed by the readers of the papers in this direction are worthy of our most complete acquiescence. But I hope I am mistaken in thinking that I perceive an undercurrent of some difficulty being experienced as between one or other officers of Sanitary Authorities and some members of the midwives' profession. If I am right, I hope that that antagonism will be obliterated entirely by wise action, not on the part of one or the other, but on the part of both. I hope that the representatives of Sanitary Authorities will firmly fix before their minds that it is not a question of prestige or authority on the one part, and that it is not any question of interest on the side of the midwives which ought to determine the action which is taken, but that it is solely and exclusively the interests of the patients which are concerned. When I came to this Conference, I intended to avoid a subject which I know to be somewhat unpopular, but it has been mentioned this morning, and I would like to take the opportunity of merely submitting it for consideration. It is the subject of notification of pregnancy. I want to agree in the first instance that if, in every district, there were a sufficient number of sufficiently well-trained midwives, sufficiently paid so that they could afford to do the work, so that they could afford to visit pregnant women repeatedly during their pregnancy and so on, there would be little or no need for the notification of pregnancy. One might cease to advocate it under such conditions. But I feel quite sure that those who know most of the problem will agree with me that those conditions are not in existence. And we do want to save the mother and her child. For the last three years we have actually had in operation in Huddersfield a system for notifying pregnancy to the Sanitary Authority. When this system was introduced, all sorts of

dismal prophecies about troubles and difficulties which we were going to encounter were made. They were made in good faith and carefully by persons who had regard to the susceptibilities of everybody concerned. I take both pleasure and pride in being able to inform you that during the three years that it has been in operation we have not had any trouble at all. In the first year, we had 10·76 per cent. of the births notified ; in the second year we had 25·56 ; in the third year we had 32·16, and for so much of the present year that is completed we have had 33·53. I mention these figures to show that the percentage of the births notified is increasing, and I submit these as evidence that if either the midwives or the mothers objected to the thing in Huddersfield the figures would not increase. Now because the figures do increase there is not any solid or unsolid objection whatever. And it is to be borne in mind that there is no compulsion about it in any shape or form. I want now to insist upon certain things which are essential if anything of the kind is to be started elsewhere. In the first place we do not receive a notification until the mother has consented to it. We provide stamped addressed letter cards, sealed, of course, for the notification to be made, and the form runs to this effect : "After having received her consent to do so, I hereby notify that Mrs. So-and-So is expecting to be confined on or about such and such a date." Now, the second thing is that we never, under any circumstances, do anything which will in any way offend the susceptibilities of the midwife. We are careful that if any advice or any steps are to be taken, we do it in such a way that the midwife is made to feel and to recognize that she is not being found fault with. She is only being helped, and she is made to feel that her relationship with her patient is not in any way being imperilled. The third point is that no visit to the pregnant woman is paid by some one very much on a par with, or the same status as, the midwife herself. We do not send a health visitor. I do not think that that is fair at all. I would never for a moment advocate a system of this kind for the visit to be paid by a health visitor. If a visit is to be paid we send a doctor, and a woman doctor. And we find that the midwife does not object at all. The fourth thing that we are doing is that we make it quite clear that there is not to be any treatment afforded. That is not any part of the function of the Sanitary Authority. We have not cured disease or death but we have to prevent disease and through that prevent death. It may be that some of the members of the midwives' profession would prefer that any supervision which is to be exercised over them should be exercised by the senior members of their own profession. Perhaps there is a certain amount of validity for that claim,

but speaking as a medical man I do submit that the more complete training in other branches of medicine—in those other illnesses which may affect their patients—may lead the midwives to see that it is not unreasonable that medical persons may be concerned with those pregnant women. Let me repeat here, that I regard team work as of the very greatest importance indeed, with every member of the team pulling against the collar to remove the load of sickness and death which threatens the mothers and babies to-day; that there should be no one pulling this way, and no one pulling that way, but that all the team should pull together in the same direction with a feeling of solidarity and friendliness, in the consciousness that they are doing work of which they may be proud.

The CHAIRMAN: One question has been sent up with regard to the very interesting subject with which Dr. Moore has dealt. It is: "Has Dr. Moore's maternal mortality gone down during the past few years? What is the character of his midwives, bona-fide or otherwise?"

Dr. MOORE: I am very much obliged to whoever has asked the questions. We only have 2,000 births per annum in Huddersfield. The mortality in child-bed, from all causes, is only five per thousand. Those who are familiar with the compilation of statistics will readily recognize that no useful deductions can be formed from so small a number of deaths. One death this way, or one death that way, would invalidate the conclusions. We have in Huddersfield some thirty practising midwives, and I think that the proportion of the old *bona-fide* to the trained is as one to two. I might add, with your permission, that we have had some half dozen isolated instances where notification of pregnancy has enabled us to take measures to obviate and get rid of conditions sometimes which were of a character which threatened life. But that is the least part of what we are able to do. In consequence of those notifications reaching me, I am able to provide assistance in such cases as those referred to by Miss Burnside, where unfortunate women are struggling under unduly heavy burdens in one way or another. I am able to provide dried milk and other forms of material assistance, and I am able to send help in other directions. We have two classes of helps. We have full-time home helps who go into the homes of the women, and we also have occasional helps—women who go and do a day's or half a day's work from time to time. The more the idea is considered, the more familiar people become with it; the more they are satisfied that it is working along proper lines, the less objection they will have to it.

The CHAIRMAN: Several questions have been handed up

relating to points mentioned in Dr. Fairbairn's paper, and I will ask Dr. Fairbairn to answer them, as he has to go.

Dr. FAIRBAIRN : One or two questions have been handed up to me. One asks :—

"Re Dr. Fairbairn's statement that there were too many internal examinations of pre-natal patients at clinics, and a woman would not come again because she was 'pulled about.' Who did the examination?"

I quoted that as a case that was referred to by a midwife at a Midwives' Conference, and not from my personal knowledge of it. Then the next question comes :—

"The clinics have a consultant who is a women's specialist ; is not the case in his or her hands, rather than in those of the health visitor?"

I made no reference to the health visitor in this regard. Even if there is a women's specialist at the clinic, my impression is—and I am afraid there is good justification for it—that at many clinics you get an enthusiast who has taken up ante-natal work, and, perhaps, as I said, because it is something of a new thing, something that has been neglected, he or she is going to make up for past neglect by over zeal. I did not attempt to disparage the work of the specialist ; the point I tried to make clear is that when you are starting a thing that is new to the women, a good deal of judgment must be exercised in order not to estrange the women or the midwives who have influence with the women. That was my point. One should always have in one's mind the over-doing of internal examinations and the consequent estrangement of mothers and midwives, for I believe it will interfere with the value of the work. Having this in one's mind, one would, therefore, exercise one's judgment and limit these examinations to the cases in which they were clearly necessary. The objection is to their being made a matter of routine, as in the case I quoted of the midwife who sent a woman to the clinic for advice regarding bad teeth. When the woman arrived at the clinic, thorough abdominal and vaginal examinations were made, though she was sent for dental treatment. Now, if the officers of the clinic are going to do that, they will upset people and interfere with the work. My point was to urge more judgment in dealing with cases of the kind that come before them. Then another question I am asked is :—

"Does Dr. Fairbairn in his suggestion for post-graduate training or lectures for the midwife, include health visitors, more especially those whose only experience is that gained when training for their C.M.B.?"

One has not got as far as that in this course. In the School we are trying to organize in the General Lying-in Hospital we

put the pupils into three categories: those who have been in practice for a long time; next those who have their certificates, but who have been doing other work such as health visiting and not as practising midwives and now want to take up practical midwifery; and thirdly, those who have not practised but want a little responsibility and experience before they go into practice, as very often happens in the case of a doctor who takes a position as house surgeon or other office in a hospital in order to get a little more experience and training before he goes into practice. These are the three classes we want to attract, and we would give the preference in the order mentioned. We do not think of giving a midwifery course to health visitors, because I do not think that is really necessary for them, and I think they would require a special course for themselves. Then there is a third question—a very difficult question to answer; indeed, I do not know that I can answer it:—

"Where can one draw the line between advice and treatment at an ante-natal centre? In rural districts, especially one can only refer the case back to the local practitioner. If so, what is the benefit of the centre?"

There are centres where practically no treatment at all is done, and where, when treatment is required, the patient is referred somewhere else. There is no doubt that an ante-natal centre is very largely what I call a distributing centre. It is especially noticeable, for instance, at our ante-natal centre at St. Thomas's Hospital, where we have the other departments at hand. Patients come up, and they are pushed off in different directions. A patient comes with perhaps a cough and something wrong with the chest; she is sent off to the tuberculosis department for investigation. There is another where the trouble is a bad mouth, she is sent to the dental department and the dentist does his best with her, and she comes back to us afterwards. If it is a venereal case, it goes to the venereal disease department, or it may be a case requiring remedial exercises and she is sent to the physical exercises department. They go to the various departments for investigation and treatment according to the ailment. There the ante-natal centre within the hospital is largely a distributing centre, but in addition to that carries out such treatment as is required. We deal with all the minor ailments and investigate all the obstetrical conditions. I take it that at these ante-natal centres they should be able to do a little more than select cases needing treatment and then refer the selected cases elsewhere for treatment, and so far as possible, should endeavour to undertake treatment when it is required.

The CHAIRMAN: I have a question put into my hands:—

"Will the Chairman kindly ask, on behalf of a doctor at an Infant Welfare Centre, that midwives should not tell their patients 'fibs' about the baby's weight. It is very common for women to hear with great dismay their children have lost pounds in weight when they are first accurately weighed. In reality the midwife has flattered the mother by cocking on a pound or two at birth."

My answer to that is that midwives should not tell "fibs" at any time.

The next question to me is :—

"As the State realizes the necessity for providing health visitors, school nurses, tuberculosis nurses, and paying them properly, why do not they realize the importance of paying the midwife as well? There are plenty of fully trained midwives holding the three years' certificate who would be quite willing to practise provided they were paid as well as the health visitor."

You may take it that that question is very much in the minds of all who are concerned with this movement.

Mrs. PRESTON (Chapel-en-le-Frith Union) : I suggest that in small rural districts the midwife should have other work allotted to her, such as health visiting, or sick nursing, so as to make her position economically sound.

Miss ELSIE HALL (Midwives Institute) : Team work and co-operation are necessary for success. The raising of the social and professional status is the keynote of success to co-operation. So long as the midwife's pay is such as it is at present the social status will remain low. Educated women will not take up the practice of midwifery. The problem before the country is in my estimation—*How to get educated women to take up the practice of midwifery and decide soon.* If Dr. Moore had had well educated trained midwives they could have visited the mother and selected those needing a doctor's care and thus report the patients and saved the rates. It was stated yesterday that doctor's statistics of maternal death-rate are greater than those of the midwives, because the latter send them complicated cases. I would point out that such complications are counted under law to the midwife.

Dr. SIDNEY BARWISE, (C.M.O., Derbyshire) : I could not have had more appropriate words than the last we have heard to lead up to what I am going to say. I want to suggest that there is a new method of undertaking the question relating to the loss of life of women in giving birth to a child, and it is that registers should be kept by the doctors in the same way that they are kept by the midwives—and that they should be open to the inspection of the Ministry of Health. I think it is necessary that we should have absolutely reliable statistics

relating to child-birth at the present time. Cases are attended by doctors or specialist doctors, by doctors engaged in general practice, by midwives, professional midwives who do midwifery and nothing else, and by midwives who also, like the general practitioner, take nursing cases. They are brought in contact with discharging sores, cancer, advanced cases of tuberculosis. This is the scheme which is open to objection. It is a thing I have always set my face against, this mixing up of midwifery with district nursing. I admit that in very sparsely populated rural counties it may be necessary, and it is absolutely necessary that some other means of earning money should be given to midwives, because if the midwife gets two guineas a case at the outside she would get no more than £30 or £40 a year in some districts, so that she must have some other means of adding to her income. But above all things, keep her away from such work as I have been talking about. If we had those registers open to the inspection of the Ministry of Health and the statistics properly tabulated, we should then see what was the mortality in the practice of midwives who did midwifery alone. In my own county, with a population of somewhere over half a million, I find that the lowest death-rate from puerperal fever is amongst the patients of trained midwives, then the *bona fide* midwives, then amongst those midwives who do district nursing, and the highest of all, of course, amongst the doctors. The reasons for that can only be cleared up when a register is kept. I urge the vast importance of accurate statistics being kept in the form of registers open to the inspection of the State, of all who are attending women during childbirth.

Miss A. N. Morson (Malvern) put forward a plea for the charitable judgment of the Health Visitor in country areas, where the uneducated midwife still exists. The ante-natal work in rural areas is done in the homes of the people ; there are no clinics. The Health Visitor often knows the condition of the mother in the early days of pregnancy, and when she knows the midwife cannot help (from want of knowledge), she herself must put the need of the mothers and babies before professional etiquette.

Councillor Margaret Ashton (Manchester) : Co-operation is now only a question of tact. The extra work recommended to midwives necessitates extra pay ; I therefore suggest that payment be made to midwives for pre-natal work if cases are notified to the M.O.H., and satisfactory observation maintained throughout pregnancy.

Dr. S. G. Mostyn (M.O.H., Darlington) : I have experienced difficulty in getting women to ask for the assistance of Maternity Home Helps. I considered that a suitable woman

was engaged, but the applications for her were not from the class of people whom it was desired to help.

Miss HALFORD: It has been found elsewhere that the wife objects to the introduction of a young and perhaps comely woman into her home, and I would suggest that your Home Help came under this category.

Mrs. JAMES: I consider that midwives *must* have their pay subsidized in small sparsely populated districts. Landlords who refuse to take children ought to be prosecuted as guilty of race suicide. What is the use of having more children when you cannot get house room for those you have?

Dr. SCOTT (M.O.H., Plympton): Home Helps are the greatest necessity because, however many midwives there may be, there would still be the necessity for Home Helps to do the work of the home and so promote the mother's convalescence, so that she would resume her work as a fully recovered woman. Midwives in country districts must be allowed to take up other work, for otherwise their lives would be deadly dull.

Dr. FRANK PARSONS: In the very interesting and helpful papers we have listened to, there has been one matter of paramount importance to which no reference has been made. Dr. Saleeby yesterday told us that alcohol was a racial as well as an individual poison. Now, many a young mother is recommended by her friends, and I have often heard professional people do the same, to take stout in order to produce the lacteal flow. But that recommendation is seldom followed without fatal results, without untold injury to herself and to her unborn child. I suggest, therefore, that it would be helpful if doctors, midwives and health visitors everywhere urged upon expectant mothers the great danger they are incurring for themselves and their children in indulging in alcohol at all, except under professional advice. If, as a result of this Conference, this only could be done, if this information and teaching could be carried throughout the land I think it would be of incalculable value.

Mrs. LLOYD (Newcastle-on-Tyne) described the maternity and infant welfare work being done in that city, with a staff consisting of a superintendent of midwives, a chief health visitor, and nineteen health visitors.

The CHAIRMAN: I desire to say a few words about this very interesting meeting. First of all I say again as I have said over and over and over again before, that whatever any State may do in the way of regulation, nothing in the world can ever come between the patient and the midwife. If you abolish the midwife you will only have the "handy woman" back again with puerperal fever, and therefore people

who are diffusing schemes nowadays only want to be reminded of this fact, that the woman who is going to have a child will expect some woman (whatever you call her) near her during that time, and that the proper person is the midwife. Now we all feel that midwives, in order to be able to discharge the increased duties which are being thrown upon them by all the requirements of ante-natal work and so on require increased training. Increased training is a matter of finance. Of course a woman will look forward before she leaps in the way of undertaking a prolonged training for which she has to pay, and she will naturally hesitate unless she has some assurance that at the end of it she will have a sufficient pecuniary reward to justify her in incurring the outlay. But there is another question which I have alluded to elsewhere, and that is the provision of cases for that training. The lack of these is becoming very acute. There has been an outcry about the number of cases which are available for the training of medical students and for the training of midwives, and Dr. Fairbairn only referred to it this morning. In another place I have given figures. If there are not enough cases to go round at the present time, where are the cases to come from that will be required for the additional training to which reference has been made this morning? There are a considerable number of cases used for the training of women who pass the Central Midwives Board Examination, and get the certificate but never intend to practise at all. To stop that is a very difficult matter, and the only thing that has occurred to me is that you may be forced to require an undertaking under penalties from those who undergo the training and pass the examination that they will practise for some time. This would be beneficial in one direction, and that is in the direction of ensuring that everybody, for instance, who aspires to hold the very responsible position of health visitor should have been a practising midwife. I have given figures to show that for some time past cases going into hundreds and thousands are wasted on the training of women who never intend to practise as midwives at all. Well then with regard tc the comparative results of the work of the midwives and the doctors. That is a matter of great importance. Of course we know that the rate of mortality from puerperal fever went down with a run from the time that the Midwives Act came into operation. It went down with a run immediately, and it has been slightly declining, apparently, ever since, but not to any great extent. Now where are these puerperal cases, in whose practice do they occur? The Central Board and the Registrar General some time ago suggested that the terms of the birth certificate should be altered in order that the responsibility might be put upon those who actually

deliver the woman. Was it a doctor, was it a midwife, or who was it? Then we should be on the track of the probable cause of puerperal fever.

Now, I was very much pleased to hear Dr. Fairbairn say with regard to ante-natal work that it is a subject of which many who speak about it know very little. It is a thing that only a person who knows a good bit about it should commit himself to. Of course a confession of ignorance is really the beginning of knowledge. How little one knows makes itself felt the older one grows, and the more conscious one is of one's ignorance the greater hope there is that one is at the beginning of knowledge. In all teaching the best teacher is the teacher who takes nothing for granted, who begins from the beginning and builds up from that. You will find, I think, that the older teachers are the more elementary. The younger teachers—I speak of my own experience as a teacher of long standing—imagine that their pupils know almost as much as they know, and start at the small print where they should begin with the big lettering. Instead of beginning with the foundation they go on to things that people do not grasp. If they laid the foundation well and truly the rest would come quite easily. I always remember the remark made by a very celebrated head of a college when some unfortunate young Fellow ventured to express an opinion: "After all, we must remember that we are none of us infallible, not even the youngest of us." And of that we all require to be reminded. Now with reference to what Dr. Fairbairn said about etiquette, I very much object to the use of the word etiquette. It is generally used by the laity when they are trying to transgress some very well-known arrangement, and they say that "medical etiquette is a thing no fellow can understand." It is nothing of the sort. When they want, for instance, to consult one doctor on the sly when they are under the treatment of another, then they talk about "medical etiquette." Well, you know that is absolute nonsense. There is no such thing as medical etiquette unless it is observance of the rule of doing to others as you would that they would do to you, and considering the welfare of the patient—that is what medical etiquette is founded upon, and any rule of medical etiquette that is not founded upon that is not worth anything. No people require teaching on the subject who are prepared to treat their patients and those with whom they have to do as they would like to be dealt with themselves. I noted Dr. Fairbairn's suggestion that women in their first pregnancy particularly should be taken to the clinics. It is a very good idea and requires a little working out, but I think it is quite a thing that we should carry away from this Conference as one of the best suggestions made. About the notification of pregnancy, again, there is a great deal of

difference of opinion. The whole difficulty arises from objection to the notification without the consent and the wish of the patient herself. If the patient wishes her pregnancy to be notified, by all means let it be notified, that is the right thing. But if you are to establish a system of compulsory notification it must apply to all classes. As I have said before, if the health visitor is to march unannounced into the bedroom of the poor woman, she must be also able to march unannounced into the bedroom of the duchess. I thought also Miss Burnside's suggestion of a form being drawn out giving a summary of the information which the midwife should hand to the health visitor as soon as her period of attendance is over, is an admirable one and one too which ought to bear fruit. It seems to me that there is no difficulty about it. It only means that good feeling would be established between the two. It would catch on, help everybody and hurt nobody. The encouragement of good feeling between midwives and doctors is essential. I think doctors very largely have been misled early in the campaign by the demagogues who told them that they were sure to suffer in their pockets from the practising midwives. If the direct representatives of the medical profession in the early days, instead of trying to stop legislation on the subject of midwives, had put their heads together and seen how they could help it, they would have found that in the midwife they had an assistant and not a competitor. What we want to-day if we are going to succeed is regular friendly co-operation between the two. It is rather curious how the thing has swung round, because I read lately an account of a discussion at a medical association on the question of the doctors being obliged to attend midwifery whether they liked it or not under State regulation. The thing has swung round now. Some medical men do not want midwifery except as consultants, and of course to do this they must necessarily have experience. All that is wanted is good will. Now, about the "handy woman," of course she is one of our great difficulties. I refer, of course, to the "handy woman" who attends midwifery cases without a doctor and without being qualified. Well, that is against the Act. But this clause was so drawn that you can drive a cart and horses through it. No one knows what "habitually and for gain" means, and the words are quite superfluous. Magistrates will not convict where prosecutions take place. And we have the fact that in many parts the "handy woman" is very largely practising under cover of the medical man. Some of these medical men have found their way to the General Medical Council with very unpleasant results to themselves. As a matter of fact you want the words "habitually and for gain" expunged altogether, because you find that in the Act emergencies are acknowledged, that is to say

anybody is at liberty to help in a case of emergency whether they are qualified or not. If the trouble continues, the midwives and the medical profession in the three parts of the kingdom should put their heads together and try to have them expunged from the Act. Then we must get the magistrates to enforce the law. There is a good deal of feeling in the matter. The magistrates are sympathetic. They do not know what harm there is in the poor woman calling herself a midwife, and why should they be hard on the poor woman who looks ever so virtuous and responsible? Why should they be hard upon a poor fellow creature! They never think of the unfortunate people who have been poisoned by those women, many of whom do not wash their hands properly or disinfect properly before undertaking confinements. I think that we are at a very important crisis in the movement. Everybody is anxious to make a fresh start under the new Ministry of Health. I quite agree that everybody has got to try to look at the other side of things as much as they possibly can. For instance, the midwives must try to co-operate with the doctors and the doctors must try to co-operate with the midwives, and all must co-operate with the authorities where they can. There was a little hitch some time ago as to whether a midwife was bound to notify all cases in which breast-feeding could not be carried on. I do not think there should have been a hitch. The point is that this information should be given at once freely and by everybody, in order that the child should have the best possible care. I believe that the spirit of co-operation is abroad and I believe it is growing, and I trust that it will grow until this great movement ends in triumphant success.

A vote of thanks to the Chairman concluded the session.

FOURTH SESSION : JULY 2, 1919.

At the Fourth Session of the Conference held on the afternoon of Wednesday, July 2, the Chair was occupied by Mrs. Scharlieb, C.B.E., M.D., M.S., who called on Dr. Rhoda Adamson to read the first paper.

INDUSTRIAL EMPLOYMENT OF MOTHERS IN RELATION TO INFANT MORTALITY.

By Dr. RHODA ADAMSON,

Clinical Lecturer in Obstetrics, University of Leeds. Hon. Medical Officer, Leeds Maternity Hospital.

It may be taken as a generally accepted truth that a young child is unable to care for itself and that it needs the attention of some competent person to supply the essential requirements of nourishment, cleanliness, and warmth.

The most suitable person for this function is generally accepted as being the child's own mother who brings to her task the interest aroused by her affection. Failing the mother's care, these duties are best carried out by someone trained in infant care who chooses this profession from interest in her work and who receives an adequate remuneration.

In the wealthier portion of the community the actual care of children is frequently delegated to such paid help, either with or without the general supervision of the mother.

In the poorer classes this care is the personal charge of the mother, and takes up much of her time when she is occupied in home work and does not take part in any wage-earning occupation away from her home.

If the mother is employed in some industry away from home she needs to make some provision for the care of her young children during the hours that she cannot be with them, and the well-being of the children depends very much upon the type of care the mother is able to substitute for that of her own.

Employment of married women is largely a matter of custom in some localities and hard necessity in others.

Some women continue to work after marriage at

the same trades that employed them while unmarried because they prefer this type of work to the dull routine of housework to which they are unaccustomed, and because they can marry earlier when the house contains two breadwinners. Others as a matter of course give up all active wage-earning employment on a marriage which has been postponed until the husband is able to support a wife and family with his unaided earnings.

Some women are driven to seek paid employment at some later period after marriage because the family income without their help is not sufficient to maintain it. Under this heading I include widows with insufficient pensions and married women with invalid or lazy husbands.

The children of the home-keeping mother are more usually breast fed during the earlier months of infancy because from her point of view this method is more economical and simpler than any other method.

The children of the mothers working away from home are sometimes breast-fed at night and bottle-fed by day, but more usually entirely bottle-fed.

The first method is generally recognized as being the most desirable and to give the infant a far greater chance of life during the early weeks after birth than bottle-feeding with whatever mixture happens to be chosen as a substitute.

If the mother is unable to nurse her child either from lack of natural milk or because of her absence from home, the preparation of an artificial bottle feed requires much care and attention if it is to be a safe and satisfactory substitute, and the ingredients needed for such feeds add greatly to the family expenditure. Such bottle preparation can only be left to a mother, or nurse, who has been carefully taught the proper methods of bringing up a baby by hand. It cannot with safety be left to a woman to carry out by the light of nature in a casual way.

If this is conceded as being a necessity for the

proper feeding of a bottle-fed child then it is obvious that it is essential that the mother shall stay at home herself or that there shall be adequate provision of well staffed day nurseries in all areas where mothers of young children are compelled to leave them because of employment away from home.

Next the health of young children is very largely dependent upon their share of fresh air and sunlight and the general cleanliness of their surroundings. So that children living in the country, even though in poor homes, are healthier than those brought up in crowded slum areas, though in such cases the family income may be much greater.

In towns therefore it is essential that the children shall be taken out of doors by their mothers or else placed in an open-air shelter in connection with some day nursery.

The provision of adequate and suitable clothing depends entirely upon the means the mother has at her disposal with which to pay for it.

Statistics have shown that the infantile mortality rate is greater in crowded slum areas where the mothers are generally employed in factories away from home, such as obtain in the towns engaged in the cotton industries. In these cases there are various factors which tend to increase the infantile mortality rate, and among these are the general use of bottle-feeding, and secondly the absence of fresh air and cleanliness due to the poor housing conditions and neglect of maternal home duties.

If we grant that a certain number of women go out to work and neglect their children when there is no economic necessity for this practice, we must all agree that many families could not exist at all without the earnings of the mother who works away from home in a factory.

The remedy for the former class of woman is to induce her to stay at home and fulfil her maternal duties. The remedy for the second calls for some

.orm of help which shall be directed either to make it possible for the mother to stay at home, or to provide adequate trained substitutes to take over her work and ensure that her children shall not suffer by her absence.

Most women would prefer greatly to remain at home with their children if an adequate income were ensured for their proper maintenance and this could only be met by some general scheme of national endowment of motherhood to relieve her of the anxiety of maintaining her dependent children.

Failing the general institution of endowment of motherhood and the exclusion of such mothers from industrial employment while in receipt of an allowance, it appears essential to secure the general provision of nurseries capable of accommodating young children as daily or permanent boarders. Such nurseries are costly to establish and expensive in their upkeep, and no working woman could by her regular payment be expected to defray her share of expense of such a nursery, without some additional grant towards the cost from local or central Government funds.

If, therefore, the State may in either case be expected to contribute towards the expense of maintenance and care of children of the working classes it appears more reasonable to pay the mother to carry out these duties rather than some other disinterested institution.

The gain from such a payment would be twofold. It would enable the conscientious woman who was anxious for the well-being of her children herself to see to their needs, and at the same time supply the wherewithal to maintain them. Secondly, such a State grant would only be given under a safeguard of some form of supervision that the money was applied for the benefit of the children in whose name it was given. Under such supervision the lazy neglectful mother could be spurred on to do better for her children from fear of withdrawal of her allowance.

It is well recognized that an infant runs the greatest risk of death during the first three months after birth, and that this infant mortality rate is highest among certain classes, namely, miners, textile workers and unskilled workers, in the order given.

The cause of the high infant mortality rate among miners whose wives do not usually go out to work is not exactly clear. The death rate of infants among textile workers appears to be due to infantile diarrhœa, tuberculosis, and simple meningitis, all conditions associated with improper feeding and uncleanliness.

Therefore if some scheme could be devised to make it possible for mothers of children under three months old to remain at home to personally nurse and care for their children a certain saving of infant life might be brought about.

The present factory regulations of the Home Office exclude a mother from industrial employment for four weeks after the birth of a child, this exclusion being enjoined in the interests of the health of the mother. Coupled with this four weeks' exclusion, there is no provision whatever for the financial help of the mother to maintain herself and the child, and therefore it may be looked upon as a regulation of only doubtful value which possibly involves underfeeding of both mother and child.

I personally am not in favour of any law or Home Office regulation directed towards the exclusion of all married women with children from industrial employment for any period, however short. I consider that the average mother of young children would prefer to stay at home and look after them if the family income did not need to be augmented by her industrial employment.

The effect of exclusion of such women from factory work would be twofold: some would practise some form of birth control to avoid the risk of losing their work, and others who had not avoided parenthood would be driven into less well paid employment,

such as domestic work, which still necessitated their absence from their home and children.

In view of this undoubted danger to the life of young children from the industrial employment of their mothers, and the impossibility under present conditions of these mothers maintaining their children without in some way augmenting the family income, it appears clear that the time is surely coming near when the State must make it possible for the mother to remain at home and do her share towards the prevention of the infantile mortality in her own home.

Such State allowance should be optional, to be claimed by the mother if she sees fit, and coupled with its payment should be inspection to ensure that it is being applied for the benefit of the children and incidentally also for the mother. This would leave any woman, who was able to make adequate provision for her younger children, free to continue work if she chose without applying for State aid, and would not give rise to the opposition which would inevitably result if some such drastic regulations were brought in as the total exclusion of mothers of young children from industrial employment.

THE INDUSTRIAL EMPLOYMENT OF MOTHERS.

By Miss LILIAN BARKER, O.B.E.

I SPEAK this afternoon, not from a medical point of view, but from the point of view of a woman who has had a very great deal to do with women in industry, and from that of one who knows the anxiety of this problem from the woman's point of view. As many of you probably know, I was the Lady Superintendent at Woolwich, and I had charge there of some thirty thousand women. Amongst these we naturally had a

large number of those married women who have to work, and it was not very long after I took up my work there before I realized that I had got to face this problem of the married woman who was about to have a child. It was a very serious problem, because I was told that those women could not be employed, and it seemed perfectly monstrous that we should have to turn those women out, when they required more money, more food, and better conditions, which the work they did enabled them to obtain. I arranged, with the help of the men, who have always been most sympathetic when a problem of this description had to be faced, that a woman should be taken off a trying operation and should be put on to a simple operation which would lay no strain upon her, and which would enable her to earn a good living wage and so provide a decent time for herself and for the child that was coming. And I maintain that this can be managed in any industry. We have had men come back from the front who are absolutely unable to earn sufficient to keep their wives and children in comfort. Some of those who have been granted pensions have not had sufficient to keep their wives and children in comfort. This is a problem which ought to have been and should be faced by the country. It is iniquitous that a man who has lost everything in the war should have to depend on his wife to earn sufficient to keep the children. Then there are the widows. The widow's pension is quite inadequate for the proper care of the children. Then there are the husbands coming back who are not as fit as they formerly were and who are consequently unable to keep up a steady occupation. They are not absolutely so unfit that they are quite unable to work, but their physical condition is such that they can only work at irregular intervals. Well, somebody has got to keep those children. Then we have the case of women who marry and whose husbands after marriage get so reduced in health that they cannot earn a living for the whole family. And,

as we all know quite well, more often than not a father of low category is almost invariably the father of a very large family. One must also consider the considerable number of women who have been deserted by their husbands. I was surprised to find how frequently the industrial woman is deserted by her husband. It gives rise to a very queer sort of problem, because we see them living with men who are not married to them. When you say anything the woman almost invariably replies, "Well, miss, if I was to get married to him he would probably go off with some other woman, and it is far better for me to remain as I am." When she is not married to him, for some inscrutable reason he seems to remain faithful. Then there is the man who is continually out of work. Our medical friend here has called him, quite rightly, the lazy man, and you will have him continually cropping up. Women who have husbands like that must work in order to keep their children alive, and we have to think out some way by which these children can be saved to the nation. After all, the children never asked to come into the world. I dare say most of us, if we could have foreseen its trials and troubles, would not have entered this world voluntarily. But the children are here, and they have got to be kept, and we have got to see that this problem is really sensibly taken up. It seems to me that we have let the thing go in too haphazard and half-hearted a manner in the past. What is to be done with the children? Sometimes the mother has sent the child in to the lady next door—and the lady next door is invariably wonderfully kind and wonderfully sympathetic in such cases. But supposing she has four or five children of her own? How is she going to look after other people's children properly? She will do her very best, with the very kindest intentions, and give them all the attention that she can possibly spare, but it is bound to be a pretty bad thing for the children. They will have to have their meals when she can spare time to prepare them, and the

children's normal habits are only attended to when she cannot do anything else but attend to them, and the whole thing is very bad. Then there is the question of getting someone to come in and mind the child. This is either someone very old (who adopts this method of earning a few pence) or else it is someone who is a little mentally deficient—just the very worst person for the child. There is also the very low type of woman who does this work, because she is not sufficiently interested in industry to go out and work herself. What chance has the child under such conditions? If there is one thing that we ought to press for by every means in our power, it is for more crèches, more nursery schools, and more welfare centres where these children can be adequately looked after. I am very keen on crèches, because the ordinary married woman is very much over-worked when she is at home. I have always said that it is a most extraordinary thing that the people who say "I don't like the idea of these places; you are taking the children away from their mother" are just the sort of people who only see their own children about twice a day, and know nothing whatever of the manner in which they are brought up. I want the working mother to be relieved of her child for a couple of hours a day, so that she will be able to do her work and then have the baby back in the afternoon. The baby certainly lives better under such circumstances, and the father will most certainly have a better time when he comes home in the evening. How can you expect a woman to perform all her household duties, take proper care of the baby, and then be fresh and bright for father when he comes home at night? I think these crèches have been a perfect god-send during the war. We at Woolwich have been most happily placed in regard to this. We had a crèche, which is run by Miss Gregory, which is a permanent institution. What Miss Gregory has done for working women in Woolwich I don't think anyone can say. When the war came we had some

100,000 people in Woolwich who did not belong to that locality, and, naturally, they brought their children with them. Lady (Charles) Henry then set up a beautiful crèche, which was for munition workers only. That crèche supplied the needs of all the women, for it was open day and night. Then we had, through the kindness of American friends, two homes for the children of unmarried mothers. I know there are some people in this world who would say you should leave the unmarried mother and her child to shift for themselves. I am not of that opinion. I prefer to say to those women, "It is up to you to be the finest thing that God ever made, for you have got to be father and mother too." Well, we got these two homes, and we made arrangements whereby the mother could see her baby any time that she liked. Of course, I would not allow a baby to be disturbed if it was asleep—discretion is necessary—but I think that when a child is in a home the mother should have free access to it. If they want to nurse the baby, let them do so. We do not want the baby not to know its own mother! What is going to happen to these homes now that the war is over and the funds for them are withdrawn? I consider that they are absolutely essential. The better thing is to keep the mother in the same home as the child. That is possible. It has of course its disadvantages, its dangers and its troubles, but if it is not possible then these homes should be made so that the mother can see the child any time that she desires to do so. At the Lilian Barker Home at Anerley, we arranged for the mothers to stay for week-ends.

These crèches are very valuable, because they train the child in regular habits, and also because you get the child very carefully looked after from the medical point of view by professional nurses, who can see at once if there is anything wrong; whereas if the mother has the child herself and has to go to work, you cannot very well blame her if these things are

unnoticed. I think that the old objection to a child being away from its mother in a crèche will be swept away very largely by this forty-eight hour week which is going to be universal. If a woman only works forty-eight hours a week she can have some time with her baby, provided that someone takes it off her hands for part of the time. When crèches are set up under medical supervision, mothers who do not keep to the crèche rules during the week-end should not be allowed to keep their babies there. It often takes anything up to forty-eight hours to get a baby back into its normal habits. I would warn the mother first, and I think she would soon fall into line. There is another point in this connection. I think it is ridiculous to open a crèche from 10 a.m. to 6 p.m. when you get industry in that neighbourhood where a mother has to go to work at 8 o'clock in the morning. A crèche should be made to fit the majority of the cases of the mothers who would want to use it.

A problem that has worried me and others very considerably is that of the child of older growth—the child that is still at school. There is a long time between school hours when a child can be getting into mischief and learning habits that will ruin it morally and physically for the rest of its life. I would like to see some organization that would look after the older child during the time it is not at school and cannot be at home with its mother.

As principal woman officer at the Training Centre of the Ministry of Labour I have been very interested in the training of nursemaids. I think that crèches and nursery schools make very fine fields for the training of nursemaids, and I was very pleased to hear of one such institution where the matron was willing to take girls in to train them for this purpose. Some people will employ a girl as nursemaid without inquiring whether she knows anything about a baby, and I would like the crèches and nursery schools to be used as training centres for the girls who are after-

wards to be nursemaids, more particularly those who are not going to work under a head nurse. Then these crèches should be the centres of teaching any mother, when the baby is coming, what she ought to know. The tragedies that have come under my notice purely through ignorance are awful. While I know that there are some women who do not want to be parents at all, there are a very large number of mothers who lose their babies solely through ignorance, and this is a real disaster and tragedy in their lives. All this very necessary information to mothers and expectant mothers could be imparted at crèches. When I was working under the London County Council I urged that such classes should be established. I believe that if you are going to have a really good mother you must teach her. Knowledge does not come just by inspiration. It is a fallacy to suppose that the fact of bearing a child equips the mother with all the knowledge that is so necessary for its successful up-bringing.

There is one wonderfully good effect of crèches, and it is the humane way in which the babies are treated. I saw it at Woolwich. It was, I think, quite extraordinary to watch the charts of the babies there. It was not very often that a chart went down, except perhaps on a Monday morning, but you looked for that. But it was quite extraordinary to see how the physical condition of the child improved, and the mothers themselves were the first to own this, and they would not take their children away from the crèche for anything, because the child was getting on so well. The child has every attention and care in the crèche that it could not possibly have in its own home. I think that even those mothers who are not in industry should be also assisted. The American Red Cross gave us the money to set up another Welfare Centre at the other end of Woolwich which was used in this way. It is perfectly evident that if all the women could have some place to which they

could bring their babies and from which they could obtain the best advice, it would help very materially. Lastly, I do think that we as women, who are far more important than we were before the war with our own voice in legislation now, should first of all attack the problems of the woman and the child. And this problem of crèches, baby schools, welfare centres, and so on, is one on which all women, married or single, should concentrate, because those of us who are not married are very anxious to see that those who are married should make the most of what they have got.

INDUSTRIAL EMPLOYMENT OF MOTHERS IN RELATION TO INFANT MORTALITY.

By Mrs. HOLDEN (Dewsbury).

The great fall in the birth-rate during the last twenty years has been the cause of a great amount of uneasiness throughout the nation.

I am asked to give one view of the question, an important view I consider. *Married women in industry*, I was going to say; but *mothers* in industry would perhaps be more correct.

I must be candid and say, that in spite of the fact that many members of the medical profession hold a different view, I think it must have a great bearing on the figures of the death-rate as applied to infantile mortality. In 1858, Sir John Simon summed up the causes of high infantile mortality in two main groups.

1*st Group.*—Common sanitary defects of residence, foul air, foul water. Localities and houses badly drained, unpaved, unscavenged, unlighted and unventilated.

Sanitary defects exist to-day in many areas, just

as much as in those days, and mostly in the districts where the working mothers are drawn from. I could take you even in these days to districts where the whole of the sanitary arrangements are at the most four yards away from the only entrance door to the house, and the windows. Perhaps this point will appear clearer to you later on in the address, when I try to describe to you the actual conditions of the working woman's day. The same remarks apply to the second cause, foul air and water, and also to localities.

2nd Group.—The employment of women away from home resulting in neglect of house and children, the use of opiates, &c.

The mere fact of extensive employment of mothers in a locality (and in the heavy woollen district 25 per cent. of the women workers are married women, and infantile death-rate is high), cannot be regarded as significant in itself without reference to—

(1) Housing conditions;

(2) Character and conditions of work;

(3) Length of working hours, which varies very much in each industry.

Having lived the greater part of my life amongst the textile workers, I think I can clearly portray the home condition and working conditions of the bulk of the married women, who go out to work. First, condition and size of home.

In almost every case in the district referred to, the working woman lived in a back to back house.

Take the ordinary working man's home, consisting of one or two bed-rooms upstairs and one room downstairs, and perhaps a coal cellar.

In the downstairs room, weekly baking of bread, all cooking, washing, ironing, and cleaning is done.

How many of us realize (who are at home all day to look after the household) what anxiety of mind there must be for the mother (who from her outlook

thinks that perhaps the money she is earning is a recompense for any discomfort), who has to come home to a house which has been shut up the greater part of the day from twelve hours to fourteen hours, and then has to begin her household duties?

Some figures were got out by the medical officer of health, just previous to the war (1914), with reference to infantile mortality and working mothers, and I want to show that owing to the locality of the houses, and being shut up the greater part of the day, how significant these figures are.

	Back-to-back houses	Through houses
Number of births	468	78
Number dying under 1 year	74	5
Rate per 1,000	158	64

A big difference between the two types of houses. But that it would be quite an unfair deduction to make that the housing conditions alone must be taken into consideration, is shown by the next table, which deals with the question of women workers in the factories and other workshops.

	Working mothers	Mothers not working
Number of children born	108	438
Number dying under 1 year	40	39
Rate of death per 1,000	370	89

The following practically combines the previous two tables.

	Back-to-back houses		Through houses
	Working	Not working	Mothers not working
Number of children born ...	108 ...	360 ...	78
Number dying under 1 year ...	40 ...	34 ...	5
Rate per 1,000 deaths	370 ...	94 ...	64

Some argue that the extra comforts and to a minor extent the lesser anxiety of mind which the extra money gives (which is not nearly so great as it seems when all payments are made, arising from the very fact that the mother goes out to work), balances the other side of the question, as to the effect the mother working has on the life of her children.

The factory worker has up to the last few months had to be at her work at 6 or 6·30 a.m., working up to 5·30 p.m., with a half hour for breakfast at 8·30, and one hour for dinner at 12·30 noon.

What do these hours mean? I have made many inquiries from those who are working. Up at 5 a.m., and if there is a child to nurse, the child has got to be carried out at this unearthly hour, no matter what the weather, and carried to a home, already perhaps in the true sense of the word overcrowded; and what of the child and its food? These children are not breast-fed, but in many cases get the same food as the rest of the family at much too early an age. If there is more than one child in the family of the working mother, what happens to the older ones during the day? I have seen children of 9 and 10 years of age, and in some cases younger, getting the breakfast ready as well as could be expected, but the meals have been partially prepared by the mother and left on the table from perhaps the night before, or in any case from 5·30 in the morning. And I have had need to go into these homes (looking after children) and seen food covered with flies, and owing to the home being shut up the greater part of the day, the atmospheric conditions have been such that I could not stop inside many minutes without feeling sick, and it is to such surroundings that the baby is brought back, after being put out to nurse.

If it is necessary for the mother to go out to work (it should not be) then I consider that the children should be taken to the crêche. Where the child is always the first consideration and where everything that is done is done for the child first, everything and everybody else taking a secondary place. I have watched a few cases of children belonging to working mothers, for the last seven or eight years, and I might have given more figures, if time would permit, of the better chance a child has brought up under conditions suitable to children than is the case when put out to

nurse in another household. Below is the record of a family of a working mother in whom I have been keenly interested. The first four children were put out to nurse in a home with a widow where the household duties were first and the child was taken in, the payment made being really the first consideration.

The last four were brought up in the day nursery.

Put out to nurse		Sent to nursery, all living
1 born early 1908, died aged 1 yr. 2 mths.	Infantile diarrhœa	1 born 1913
1 ,, late 1909, died aged 11 months ...	Marasmus	1 ,, 1915
1 ,, early 1911, died aged 11 months ...	Convulsions	1 ,, 1917
1 ,, late 1912, died aged 1 yr. 2 mths.	Infantile diarrhœa	1 ,, 1919

To continue the conditions under which the mother works. There is half an hour allowed for breakfast, which in nearly every case has been prepared the night before in readiness for the early start from home, and in many factories even to-day the only place to keep the food of the worker is in the window-bottom. Work is resumed at 8.30 a.m. until 12.30 noon, when one hour is allowed for dinner, and in many cases the dinner has been also prepared from the night before. And what of the meals of the children at home? (Time does not permit to go into details.)

Work again resumed from 1.30 p.m. to 5.15 p.m. without a break, and then a rush home to household duties and tea. It depends what section of work a woman is doing, whether she is standing or sitting the greater part of the day.

A weaver in many mills has to carry her own weft, from the weft shed to her loom. I made several inquiries from workers who are doing this work. These baskets when full of weft weigh anything from one stone (14lbs.) up to three stones, and in some cases these baskets are carried a distance, which takes five minutes to cover.

People who are not accustomed to the conditions n these industrial areas little realize what a nightmare a wash-day is at home, when the mother is at

home all day. In nearly every household it takes a whole day out of the week to wash, mangle, and iron. What an anxiety to the mother, who has only the evenings to do the work in. Some of you might be wondering, "What has this got to do with married women in industry?" My argument is that:—

(1) The strain of the double duty is too much for the mother. (2) Equally important, the atmospheric conditions of a home shut up the greater part of the day is bound to be bad for all, especially the young children.

The argument that the work in the factory is less trying than the work in the home may be true, but how many of these mothers have only the factory work to trouble them? There is always the home duty to fulfil; or, as in some cases, the home gets so neglected, that it is impossible for children to develop as they should do owing to the conditions.

Many of these mothers do not get above five hours rest out of the twenty-four, and, again, referring to one of the most important items, which affects the child—the children of the working mothers are not breast-fed; and with further reference to the case where the child is taken to another home to nurse, it is taken often to some person who from stress of circumstances is not in the best of positions as far as the home is concerned to look after children. If it is necessary for mothers to go out working, then surely something should be done, so that the children of these women should have a chance of developing on sound, healthy lines. If time would only permit, what a lot could be told of the contrast between children brought up in a nursery, good food, healthy surroundings, systematic feeding, regular rest, &c., and those who are put out to nurse in an already overcrowded room.

Many serious questions arise out of the one big question "of married working women," such as the "endowment of motherhood," &c. The subject is

serious and important and the beauty and depth of motherhood cannot possibly be appreciated as it should be when the child and mother are separated the greater part of the day.

The little poem which says :—

> The future belongs to the children,
> Though much to the past we owe;
> Though much may be done in the present,
> They stay when the old people go,

seems very true to me.

We must and can make conditions such that the mother can be trained to look after her own child.

Somebody has said that the best thing in the world is just folk, and of these especially the young ones (children) remind us of what we have been, and what we may be, and from this conference I hope will come a solution of the question of the married working woman and its effect on infantile mortality

DISCUSSION.

The CHAIRMAN : Our three speakers, to whom I have listened with the utmost interest, have practically told us that we need crèches and nursery schools for the care of the children whose mothers are unavoidably absent from them, but they are all three agreed that there is no care for the young child that is in any way comparable to its own mother's care. Our people are being destroyed for want of knowledge and of the realization of what we have been told exists in the shape of back-to-back houses, two-roomed tenements, the impossibility of decent washing both for clothes and of the person. Our manufacturers and our merchant princes would not tolerate these things if they realized them. Such conferences as these ought to lead to national awakening, but we should also give instruction to our consciences that these horrors shall not continue. The discussion is now open.

Mr. MARSDEN : (N.S.P.C.C.) My qualification for speaking to you here this afternoon is that I am the son of a working mother. And I have lived through every experience that has been related this afternoon. But I had a good mother and

that is the secret why I am here to-day, and that is the secret of this great problem which faces us. We want to revivify this ancient fire of motherhood in every human being. I would far rather be a wanted child in a cottage than an unwanted one in a palace. And we want you all to be missionaries to speak comforting words to these working women, to tell them that motherhood is the greatest thing in the world, and let us back it up. We can do this and that for the mothers, but unless you have this sacred fire of motherhood burning brightly all our efforts will fail. We want women to feel that they are not only bringing children up for their own comfort but that they are doing something for the State as well, and that the children are members of a great empire and contribute to the stability of the world at large.

Mrs. PALMER (Southampton Board of Guardians): When I came to this conference yesterday, I was under the impression that we had as a nation appreciated the fact that human life was the most precious possession in the universe. This afternoon I have been wondering whether we have fully appreciated that, because we have talked as though the mere production of wealth in the industrial world was far more important than producing and preserving life in the home. Unless we are prepared to concede two great principles, we are never going to induce the women, who have to go into the industrial world to earn their livelihood, to become mothers and to persuade them that they will have any pleasure in doing so. We must provide for the mother who at present goes into the industrial field, because she has no assurance of maintenance from any other source. We have got to say that we as a State appreciate what these women are doing for us in the way of bringing children into the world, and we are prepared to pay for it, because that is the crux of the whole question, the economic basis of the whole thing. One speaker has said we ought to have state endowment of mothers and that we must give that endowment to the mothers in their own right. I do not think there is any question about that. In giving that financial assistance to the mother you can then go to her and say, "We expect you to use this money for the benefit of your child and for yourself, so that you can bring up the little one to be a decent citizen in a decent community." It is with that end in view that we are gathered together at this conference in order to advise the mothers how best to go to work to achieve these things. We have heard much about the crèche and the nursery school. I think there is no institution that can do what is really necessary for the infant that has yet been designed or discovered by anyone. In my opinion the first five years of a child's life should be spent with the mother. And the first idea

of institutional life that the child should see should be the school at which it gets its elementary education. Those first five years are so important. In Southampton we have excellent schools for our children. We have a nice nursery in each school, but it saddens my heart to see the children in those nurseries. There is none of the spontaneity, none of the intelligence, none of the eager questioning that one gets from the child that is brought up beside its mother. I do most sincerely hope that we shall realize that it is necessary for the mother from the physical, mental and spiritual points of view, and also for the child, that mother and child shall be together for those early years of life. Don't let us multiply these institutions just because it appears to be an economical way of dealing with the problem. On the contrary, we shall find that it is the most expensive method of all.

Mr. J. H. WALKER (Rugby) : I have worked since I was 14 years of age, and I can therefore speak with the certain knowledge that whatever clinics can do, nothing will replace a father's and mother's love. I am one of a family of fourteen children. I know something of the struggle that my parents had in bringing us all up, and the only thing that will drive a man or a child forward is to know that he has a real father's and mother's love. The only thing that will assist the mothers is to see that there is no necessity for them to go out to work. I have worked in the cotton mills in Lancashire and I know what I am talking about. It is absolutely a slur on this country of ours that it should be necessary for a mother to go out and earn her living. A man's wages should be such, that there should be no necessity for any mother to go away and leave her family in order to work.

Dr. H. K. WALLER (Poplar) : I would urge the audience not to allow its judgment on this important subject to be warped by the very one-sided appeal they have heard in the speeches. Both speakers emphasized how frequently the fathers of these children are lazy, of low mentality, casual labourers, unable to earn any but the lowest wages in the least skilled trades. Not unnaturally the wives of such men are commonly but poorly educated and far from healthy and competent mothers. This was indeed noticed by the speaker who quoted the disastrous influence on a baby of even a week-end spent in the parent's care. Moreover, the families of this type are often of great size. Yet almost entirely on the evidence of parental incompetence we have been asked to sanction the multiplication of crèches and nurseries and to press for an indiscriminate State endowment of motherhood. Mrs. Holden has once more produced statistics of a high rate of infant mortality in the families living in the worst class of house, and

has argued that therefore the houses are responsible for the deaths. Professor Karl Pearson's researches have however long ago shown how much more important is the stock from which the inhabitants of these houses are drawn. The speakers have apparently quite overlooked the seriousness of taxing the effective parents with the burden of feeding and keeping alive the children of the inefficient. Sympathy for these unhappy infants must not allow us to overlook the national value of a selective death-rate. I recommend members of the conference to study the Eugenics Laboratory investigations published in the Lecture Series (Camb. Univ. Press).

The CHAIRMAN: I think that Dr. Waller is probably overlooking the necessities of the Empire. Canada and Australia are crying out for men. We cannot maintain our Empire if we do not people it.

Mr. JOHN SYKES (Brighouse): I am afraid the picture painted by Mrs. Holden of the average working man's house in textile areas is overdrawn. Many women go out to work when it is not necessary for the sake of the home that they should go, and both father and mother need to be reminded of their high calling, that the interests of the child are paramount. We are grateful for every service rendered by women during the war, but in the heavy trades especially, we have been mortgaging the future by the strain put upon them physically. It is impossible for the same conditions to continue. In other words, in our infant welfare work we are dealing with effects and not root causes.

Mrs. WILLIAMS (Swansea): I should like to endorse most emphatically the view that no woman who has children should go out to work. There is sufficient money in the country to enable our menfolk to earn sufficient to keep their wives and families in a decent manner. The women during the war came forward in such a manner to help the country that we can never forget them. But it must not be forgotten that many of them went into munition works, not from patriotic reasons, but from love of money. I am very glad that peace has come, because that gives every woman an opportunity to go back into her home to do good work of a national character, to make her children good citizens. This new Education Bill is going to give the child a better and a higher standard to look forward to. I think it is most desirable that the school age limit should be raised. I have been interested in child welfare work for many years, and I have often wondered why it is that children in some homes are made to work in the early morning, during the dinner hour, and again in the evening. The answer is this: It is simply to make things go at home. The child is the best asset that the nation has to-day, and that strikes us all the more

forcibly now that we have lost the flower of the nation on the battlefields of France. But if that is so, let the nation come in and help us to bring that child up as a good citizen and thus make better citizens and a better Empire.

Mrs. W. H. WATSON (Burnley) : Coming as I do from one of the largest cotton weaving centres of the world, a town in which, during the war, 75 per cent. of the workers were married women, I have been particularly interested in the discussion that has taken place. I believe that the employment of married women in the cotton weaving industry is absolutely essential, because the rate of wages, though high for the individual, is abominably inadequate for the maintenance of a family, which is a very different thing. I believe that though it may sound economically unsound, it arises from the fact that cotton weaving is not solely a man's job, but can be performed equally well by a woman, and that is a condition which does not make for a very high rate of wages. I believe that children need "mothering," and that is just what institutions cannot do for them.

Dr. C. W. SALEEBY : Most of us must be grateful for the general line taken by the readers of these papers this afternoon. I do most earnestly trust that those of you who have the necessary qualifications will do for the National Birth Rate Commission what all the witnesses, except Mr. Sidney Webb, have failed to do, namely, give us a scheme for the endowment of motherhood which even looks as if it would work—a scheme which has some kind of "hang together" about it, and which has some kind of recognition of principles. Mr. Sidney Webb gave us something, and he is going to give us more, but I am bound to say that, although some were in favour of it, yet we want something that we can put on paper and that will look possible and reasonable, as if it had been thoroughly and properly thought out. Reference has been made this afternoon to the cotton and other such trades. I know something of Burnley, and I know something of Dundee, and I say that Dundee is a damnable abomination which no one in this country ought to tolerate as it exists to-day. In America, from which country I have just returned, I saw cotton mills where the cotton is produced. I saw clean, sanitary, nice homes, in which the workers live. There was no dirt, there was a very low infant mortality, and very few married women employed. The use of up-to-date machinery was carried to the last point of scientific research, which is going on still further, and I warn the people who are concerned in the cotton industry in this country that the time is not far distant when, especially in Prohibition States like South Carolina and Alabama, their pride and pre-eminence will be taken from them. In conclusion, I should like to quote

a line from Balzac. Balzac was supposed to be a very improper sort of person, but this is what he said about babies : "God lays the child under the mother's heart to teach her that for a long time to come her heart must be its home."

Dr. E. H. T. NASH (M.O.H., Wimbledon) : I should like to sound a note of warning in regard to what I may call the absolute fallacy of the statistics that were quoted this afternoon from Yorkshire. They are absolutely dangerous. They have left out altogether the most important factor, and that is the human factor. I brought this subject forward some years ago in a paper which I wrote, showing how in districts with absolutely the same housing conditions—these happened to be good streets, wide apart, and sanitary in every respect—in one set there was an infant mortality rate of 56 per 1,000 ; in an adjoining district, under just the same conditions, there was an infant mortality of 333 per 1,000. You must take into consideration the human factor, and it is the parents who are responsible for these figures. You must educate a certain section of the present generation of mothers before you are going to get ahead, because this sort of thing is largely due to ignorance. There is another factor which must be taken into consideration, and that is the effect of drink. That is a very important factor, and it is always good to hear Dr. Saleeby emphasize this fact, although one may not agree with all the arguments that he puts forward. But I want to emphasize another point. When I was practising in Lancashire I had an opportunity of studying these matters, and I can say from my experience that the picture which Mrs. Holden drew was the class of picture that you see in nothing but the wastrel homes. You do not see it in the decent working class homes. And a large proportion of it is entirely due to drink. During the war, everyone has seen the effect of the restrictions on the liquor trade, and everyone will see how unfortunate it is that these considerations are not left out in considering such a problem as this. We must get our common-sense balance, and look at things as they are as we go along. It is no good forgetting that we have to deal with practical everyday problems. This conference is trying, and very rightly, to make public the fact that the hardest worker, male or female, is the working man's wife. And we must base all our work on that idea. Do let us get a little balance in these matters, and not run away too much in ideals. We are all working to the same end, but we must go slowly.

The CHAIRMAN : Dr. Scurfield wishes to move the following resolution :

"That this national conference on infant welfare desires to support the Bill now before Parliament for the provision of pensions for widows and wives of disabled men who have children dependent on the m."

Dr. SCURFIELD: It gives me very great pleasure to move this resolution. There have been many expressions of opinion favourable to it from the members of the audience, and I need say very little on the subject. I am one of those people who is very strongly in favour of the mother being enabled to stay at home to "mother" her own children. I do hope that at the end of the war one of the prominent features of our reconstruction schemes will be the ending of this "Dr. Jekyll and Mr. Hyde" business, this dual existence of the woman as "home maker and bread winner." It is an absolutely impossible position. I should like to have read to you the diary of one of these women with six children, who takes some of them to the day nursery every day, and who goes out to work, leaving the other children to be looked after by a neighbour. The only time she has any relief is on Sunday afternoon, when the six children are at the Sunday School, and she has two hours' rest on her bed. I want to point out that this is an impossible life to ask a woman to lead. It may interest you to know that this woman has perfect health, but is reported to be "rather thin." She happens to be strong, but most women break down under the strain.

Day nurseries are not only an unsuitable, but also a costly, form of aiding widows with children. The cost of each child at a day nursery is about 2s. a day. The woman pays about 6d., or less, and Charity and the State provide 1s. 6d. I have very great pleasure in moving this resolution in favour of widows' pensions.

Mrs. H. B. IRVING: I have very great pleasure in seconding this resolution, because for at least two years I have done very little else but advocate this. I was present at the House of Commons just before the Easter recess when the first Bill was introduced into the House of Commons, and if ever a Bill was killed by kindness that one was. Everybody was in favour of it, and that was really the reason why it fell through. There was no opposition, and opposition is so helpful, because it enables the principal points to be effectively brought out. I have seen the draft of the new Bill, and I firmly believe that it will be an accomplished fact within the next six weeks, especially if we have the new Minister of Health at our back. The great danger of infant welfare workers is that they are all for the babies in their own particular centre, but they do not remember that every baby they meet is part of their job just the same. That is why I want the widows protected. If we once realize that mothers should not go to work then we should not urge that work is desirable for them. We have got to go first for widows' pensions, and later on for the endowment of motherhood. But widows' pensions must come first, because

widows are the most neglected people in the whole of this great country.

The resolution was carried unanimously, and the conference was adjourned until July 3.

FIFTH SESSION, JULY 3.

At the opening of the Fifth Session, held on July 3, the chair was occupied by Sir John Kirk, Chairman of the Shaftesbury Society and Ragged School Union, who said :—

I esteem it a great privilege to take even a small part in this influential Conference. I have followed with quickened interest the proceedings of the previous two days, and would congratulate the promoters of National Baby Week upon the success of their well-directed efforts.

I am impressed by the thought that all that has gone before has a direct bearing upon the subject for consideration to-day. But over and above the considerations and suggestions advanced with regard to the ordinary mother and child, one does feel painfully that there are complex issues relative to the unmarried mother and illegitimate child which place the subject upon a somewhat different plane.

Both the voluntary and official provision in the past has had a strong tinge of the penalizing spirit, which must in some way or other be judiciously removed. The unmarried mother has a right to justice on the part of the State and the community. She is often more sinned against than sinning, and has had to bear the major portion of the shame and burden of her lot, while the offending man has escaped, often completely. The subject truly bristles with difficulties to one who, like myself, believes in the sanctity of the marriage tie, in the God-given responsibilities and privileges of parenthood, where father is priest and mother is queen in the domestic circle, and who holds also with good King George that "the glory of the nation lies in the homes of the people."

How can we then best carry out the ideal which was outlined by John Burns, when President of the Local Government Board : "That the parents should be legally wed, the children should be healthily bred, and properly fed and rightly led" ?

Meantime, it is realized as never before that every child counts ; with the present rate of infant mortality and the steadily declining birth-rate it is a matter of natural concern that every little one should have the best conditions possible to enable him to grow up a healthy and useful member of the community.

The claims of Empire may be advanced as an argument for the better care of these young lives. I would, however, rather base my appeal upon the sacred value of human personality and the right of every life to a fair chance of full self-expression. In any event these children are here (whether we wish it or not), some fifty-thousand of them each year, with often untraceable fathers and sadly distraught mothers, and the war-aggravated urgency of their need demands far more adequate public thought and action.

First of all, we have to deal with the prejudice of the fallen girl's own sex. I think for the moment of a little home of the Shaftesbury Society for giving restful change to mothers and babies. On one occasion it got whispered about that a new mother was coming with her unfathered child, and there was a decision at once that if she was admitted all the other mothers would immediately leave; they would not be associated with the "tainted" one. I am not prepared to say how far this antipathy could be removed; but in some discreet way women must learn to tolerate and to uplift their sisters, who, by stress of circumstances, have come to be described as "fallen."

Then there must be, as Dr. Addison told us on Tuesday, a large increase in Maternity Homes, and in Hostels for mothers and children, keeping both together wherever possible, and making the best provision for those children in exceptional cases where for some reason or other there must be separation for a time. I know from recent experience that such cases are by no means rare.

Thank God, the present Poor Law system is doomed. One of my valued workers, herself a guardian, is distressed beyond measure at the dreadfully high death-rate of such babies in a London infirmary. It would almost seem as if instinct taught these young lives that the world did not want them, and they promptly left it. I feel sure we can rely on the new Ministry of Health and on Dr. Janet Campbell to devise some more humane and civilized method of treatment.

I am hoping that when provision of homes is more ample, the Medical Deficiency Act will do something to lessen the number of the unwanted. As a Commissioner in Lunacy I have had some painful examples of this menace to the community in respect of weak-willed, simple-minded girls, who are ever a ready prey to the evil-disposed.

A Roman Catholic priest has told me that the adherents to their faith are warned beforehand of sex problems and dangers, and that young women are banded together in some Purity League which is extremely useful by way of prevention.

In the main I strongly support the Draft Bill prepared and issued by the National Council for the unmarried mother and

child, and hope that co-operation may be found possible with the National Society for the Prevention of Cruelty to Children, and the Salvation Army, which also have somewhat similar proposals for legislative changes. It is obvious that our English law urgently needs amendment to bring it into harmony with the social conscience of the nation. I especially favour the legitimation of the child by the subsequent marriage of its parents, legal provision of adoption, and for prompter and stronger measures to make the father recognize and fulfil his moral responsibility both to mother and child.

Whatever amendments to the law, or fresh social provision are forthcoming, I strongly plead that we preserve the sanctity of marriage as an ideal, and do nothing to encourage, even indirectly, these promiscuous connections. The State must perform its work in such a way as shall fittingly check the continuance of evil courses ; there must be combined with it the resources of science, the sympathy and devotion of Church and social workers, the whole inspired with the divine compassion.

I now call on Lady Nott-Bower to read her paper.

THE DESTITUTE UNMARRIED MOTHER.

By LADY NOTT-BOWER.

The position of the destitute unmarried mother has always been pathetic. During the last four years it has, however, become more tragic than ever before.

There have always been three great difficulties in her way—

(1) To provide for her confinement and period of disability.

(2) To provide care and maintenance for her child.

(3) To obtain a contribution from the father by means of affiliation order.

All these three difficulties have gravely increased during the war.

(1) With Reference to Provision for her Confinement.

If a girl shrank from the degrading surroundings and disgrace of going into the workhouse for her

confinement it was, until recently, fairly easy to arrange for her to enter a home where wholesome surroundings and a good moral influence might unite in helping her to make a new start in life afterwards.

During the last year or more it has become increasingly difficult to get accommodation in any such homes. On all sides social workers are complaining that they cannot find room for their cases, while in many places the increase in the number of such maternity cases is causing grave anxiety.

This anxiety on the part of practical workers must not be confounded with the "War Baby" scare of 1915. These alarmist rumours were circulated mainly by people with no personal experience of social work. The Press took up the cry, and it was mainly owing to the prompt and business-like action of societies which had accurate knowledge, that the foolish exaggerations were disproved. To-day the position is different.

It is the practical workers themselves who are disturbed, because they cannot make provision for many of the cases that come into their hands, except through the Poor Law infirmaries.

It is common knowledge that the Salvation Army Homes have been crowded for months past, and that in certain munition areas it has been recently found necessary to erect special maternity homes.

In the small shelter in which I am personally interested our maternity cases rose from twenty-five in 1917 to over forty in 1918. Probably this year it will be heavier still.

This means that day by day it becomes harder to make provision for these girl-mothers outside the walls of the workhouse.

I may remind all who studied the Report of the Royal Commission on Poor Law how strongly both Majority and Minority Reports agreed as to the evil of sending "first cases" to the workhouse, yet to-day we are driven back to a policy that ten years

ago we united to condemn. It is not the evil of contamination alone, but we who are considering the welfare of both mother and child are forced to realize that the more decent girl in the workhouse infirmary has only one thought—how to escape as soon as possible from her hateful surroundings. This means generally weaning the child and a return to work at the earliest possible moment—a disastrous decision for mother and child both from a physical and a moral standpoint.

(2) Care and Maintenance of Child.

This brings us to the second great difficulty of the present-day mother. Formerly it was not difficult to find a foster-mother, who for about 5s. a week would provide a home that the visitor under the Children Act could reasonably sanction. To-day far fewer women are willing to undertake the somewhat thankless task of acting as foster-mother, and if they can be found, they ask not less than 10s. a week, double the former amount. The earning capacity of the average unmarried mother has risen, but it has not doubled. Those in domestic service (and the majority are still drawn from that class) think themselves fortunate if they can secure from £24 to £26 a year (10s. a week equals £26 per annum). The latter sum barely covers the child's board, leaving no margin at all for clothes, &c., for either of them. Obviously the position is impossible. We must remember that many of these mothers are slack, ill-trained, and weak-willed, sometimes on the border-line of mental deficiency, therefore they will never earn high wages, and yet if they cannot get enough to support themselves and the child what are the alternatives?

Some girls remain helpless and hopeless in the workhouse, unable from the first to find any foster-mothers at all, or at any rate any at a price they have a chance of being able to pay. Some obtain the

promise of employment and then appeal to the Guardians to allow them to go out, leaving the child behind them and paying a fixed sum for its maintenance. This is quite against the regulations of the Poor Law, from the obvious facility for desertion that it affords—but (especially if the girl is of previous good character, and possibly returning to her former employer) it is not infrequently permitted, especially if the employer promises to see that the girl's contribution is regularly paid and due notice given of a change of residence. Sometimes, although not very often, the girl can find work where she may take her child with her, but there are obviously only a very few households where such an arrangement is either suitable or practical. It needs both an exceptional mistress and an exceptional mother to prove a success.

There are therefore many girls who have been in the workhouse or in homes or lying-in hospitals, for their confinements who at the present time are nearly desperate over the problem of finding foster-mothers, or any place to send their children while they return to work.

I do not know when statistics on this point will be available, but the recurrent items in the daily press of "deserted" children—or "bodies" of infants or young children, seem to indicate an increase in the results of such desperation.

A society recently started to deal with the possibility of "adoption of children" has a very large number of applications constantly before it. This however is not altogether a satisfactory solution of the problem either from the moral or legal point of view.

Those who are engaged in dealing with the social evil, either as police women or rescue workers, will tell you that in many cases the history of the prostitute is the history of the girl mother, who has found the

problem of supporting her child in any other profession insoluble.[1]

(3) The Contribution of the Father.

Of course one way of meeting the difficulty would be to bring home to the father his due share of at least the preliminary responsibility of parenthood.

There are two great difficulties with regard to this :—

(*a*) The very large number of girl mothers who have the vaguest knowledge of even the names, far less the addresses of the fathers of their children—or who, if they possess such knowledge, have anything in the nature of "evidence" to support an affiliation claim.

(*b*) The fact that before the birth of the child the father has left the neighbourhood. During the war this has been an added and most serious obstacle to obtaining affiliation orders. Practically all putative fathers have been serving in the Forces, and even in cases where the name, rank and regiment of the man were known, and where there have been letters or other evidence to support the claim, almost invariably the man has gone abroad, or out of reach before the birth of the child, and it is practically impossible to trace him afterwards. In the cases I have personally dealt with during the war, only once have we succeeded in getting a legal contribution from a soldier father, yet frequently we had full particulars and evidence to produce. If we could have taken the case into Court before the man had left the neighbourhood we could have unquestionably obtained an order, which would have done much to help the unfortunate mother. I believe the question of the legal position of the unmarried mother is to be dealt with later in this

[1] But is it not a horrible thought that for any woman the choice of life should be solely between the *Streets* and the *Workhouse*?

conference, but I cannot conclude without expressing my earnest conviction that it ought to be legally possible for a woman, on adducing due evidence of her condition, to obtain an order against the father of her unborn child to provide for her period of incapacity and if necessary for the expenses of her confinement. Also to make it an offence for a man against whom an affiliation order has been made to leave the country without making reasonable arrangements to fulfil his obligations.

Nature has made it much easier for a man to evade parental responsibility than for a woman to do so, but there is little doubt that the present condition of the English law unduly helps the man to shirk his share of the burden whenever he is inclined to do so. Unfortunately this is only too often.

THE ILLEGITIMATE CHILD.

By the Rt. Rev. the BISHOP OF KENSINGTON.

From everything that we have heard this morning of the pathetic and tragic position of the destitute unmarried mother, we need little further evidence of the helpless condition of "the illegitimate child." Before that child is born it has upon it the marks of doom.

We have been reminded by Dr. Routh that "the child's physical and mental condition is mainly the result of the mother's ill-health, and that whilst the maternal death-rate in married mothers is only 3·7 per 1,000 births, it is 6·97 in unmarried mothers; and that the main causes of maternal death in both cases seriously affect the child before or after birth." From the statistics given in his paper the conclusion is reached that "the unmarried mother and her child need the care of the State twice as much as the

married woman, if they are to be saved from this double rate of mortality and morbidity." How many of the 37,157 unmarried mothers and the babies born to them in England and Wales," he asks, "were protected and helped from mid-pregnancy to the end of a six months' lactation? This should be one of our first reconstruction duties." As soon as the child is born the sum of disadvantages which it inherits mounts up with every month and year of its life. It is *unwanted* by its mother in the majority of cases—*disowned* by its father, whose identity except in the rarest instances is unknown, and it has *no home*.

In the case of those who are brought up by the girls' parents and are merged in the family, only very few of these homes are desirable. When the grandparent's home fails through death or lack of means, the child, frequently at the most difficult and critical age, is left homeless. It is true that boarding out often appears to answer well, provided that the child is placed early enough and in a really good home: but under existing conditions such homes are extremely scarce and the expense in most instances is prohibitive.

As time passes, it is evident that the disadvantages under which the child lives are increasingly great. Those children brought up, even in most satisfactory environments, constantly develop, as they grow up, tendencies traceable to their origin—tendencies to dishonesty, untruthfulness and sensuality. In a number of cases there is mental defect and moral obliquity. To this fact there is a mass of testimony from boarding-out committees as well as from social workers.

To this must be added the disadvantage which comes with the knowledge of their parentage. With the consequent injurious effect upon their self-respect, there is often an abnormal craving for notice and affection induced by the lack of the natural relation-

ships of home life. In some cases a bitter feeling is nursed against the mother and the hardship of their circumstances supplies a welcome excuse to themselves for their own failures.

It is but necessary to state a few of these disadvantages in order to realize the measure of the claim which "the illegitimate child" must make upon the community, to which, by no choice of its own, it belongs. How then shall we meet it?

There must be surely general assent to the conclusion that "the unmarried mother and her child need the care of the State twice as much as the married woman." If that care is to be secured THERE MUST BE A GREAT RECONSTRUCTION OF HABITUAL THINKING ON THE SUBJECT.

The fact that the word "child" can be qualified by the term "illegitimate" has been sufficient in the past to reconcile the community to acquiescence in its continuing to support existence in conditions which are terribly unjust. These conditions are not only destructive of physical but of moral health.

Concentrating thought upon the child itself (without reference for the moment to the circumstances of its birth), it must be obvious that the community is false to itself which tolerates the continued existence of conditions of injustice for any of its members. If it tolerates them in the case of the most helpless and defenceless, it cannot for a moment justify its claim to be a Christian community. In dealing with this problem of the "illegitimate child" we must excise from our thought the ideas habitually associated with the word "illegitimate." For us it is A CHILD, whose helplessness is sufficient claim to the fullest measure of protection and care. The claim of the innocent for justice must assuredly receive attention even before the recognition of the need to condemn the guilty to punishment. But to that we cannot as yet be said to have risen.

It is well that everything should be considered which can improve the material conditions under which children are born. It is essential that every provision should be made which medical science can devise for the prevention of ante-natal and neo-natal mortality ; that there should be skilled and intelligent midwives, and that teaching of mothercraft be given by the most enlightened exponents. It is important that a sufficiency of maternity homes and boarding-out establishments should be provided. All these things are laudable and necessary beyond words. But for the solution of the problem of the illegitimate child we must not rest satisfied until we have gone much farther back. Behind the fact of the child and the description of its legal status, there is the cause. Call it *a mistake*. It *is* a tragic mistake. The tragedy is that such a mistake should possibly be made as that any child should be born into the world "unwanted" by its mother, disowned and deserted by its father, or that the society into which it is born should not grant it hospitable welcome. Is the mistake to remain uncorrected from one generation to another? The results of uncorrected mistakes multiply themselves, and the total is huge disaster. The mistake has been in *thinking*. The child is but the externalized form of that wrong-thinking on the part of its parents, which came from minds yielded to selfish, lustful, covetous thoughts. That heritage of wrong-thinking has compassed the child from the moment of its conception, and until that entail is broken by bringing to it clean, true and right thinking, it will suffer. We are rightly anxious to secure hygienic conditions and good environment, but do we sufficiently realize that what we call hereditary tendencies are to be reckoned in terms of parental and race thinking rather than in those which are physical and material?

We shall indeed be ploughing the sands hopelessly unless, beyond all that we plan for prevention of disease and improvement of health, we set ourselves

to correct the mistake so tragically evident in the illegitimate child by attacking the cause in human thinking. The mistake is in the thought that there is any physical necessity to pervert love into lust, to snatch at sensual indulgence instead of exercising self-control, to allow passion to overmaster thought.

The community must accept the responsibility for the standards of thinking which it adopts and encourages and it must not be shocked nor surprised when the results of that thinking manifest themselves in unexpected and unwanted ways. The problem of the illegitimate child is in reality the problem of substituting right-thinking for wrong-thinking by the community on the whole subject of sex relationship. If it be true to assert that we learn by our mistakes, the truth will be understood only by correcting and eliminating the mistake, not by constant repetition.

This particular mistake will not be corrected until it is dealt with by the removal of the wrong-thinking, not by skilful attempts to mitigate its most flagrant and disastrous effects. As was stated in the Report of the Royal Commission on Venereal Diseases, if diseases are to be stamped out, "it will be necessary not only to provide medical means of combating them, but to raise the moral standard and practice of the community as a whole." What is true of particular diseases is specially true of those subtler forms of disease which are the products of perverted thought.

Perhaps it may not be without value to have emphasized considerations which in these conferences upon matters of grave national importance are often forgotten.

No one has ever thrown the emphasis upon man's essential need so luminously as our greatest poet, who assuredly knew human nature in its truth :—

> "In Nature there's no blemish but the mind."

In the full, conscious, vital realization of that

truth we can courageously face all forms of error—and discover that :—

"Good may ever conquer ill
Health walk where pain has trod;
'As a man thinketh, so is he,'
Rise, then, and think with God."

THE LEGAL POSITION OF THE UNMARRIED MOTHER.

By Mr. ROBERT PARR, O.B.E.
National Society for the Prevention of Cruelty to Children.

Perhaps you will allow me to make three remarks by way of note at the start. The Chairman suggested in his remarks that nothing should be done that may tend to increase illegitimacy. In that sentence is the nucleus of a great fear. There are thousands of people to-day who shrink from doing anything for the unmarried mother because they say it will put a premium on illegitimacy. The facts contradict that. In 1876, taking the population of single women and widows at the widest ages—15 to 45—fourteen women out of every thousand were the mothers of illegitimate children. In the year 1917 which is the last record we have, the number was reduced by half, to seven mothers of illegitimate children out of every thousand single, unmarried, and widowed women. Contemporaneously, therefore, with the increasing attention to the question, there has been a fall in the illegitimate birth-rate. The second point by way of note. May we remember before discussing the legal situation that it is not always the bad girl who has a baby. So far, no one seems to have raised the question of sex which is the most important consideration of all. The third point to which reference has already been made is the Mental Deficiency Act. It is

absolutely essential, if we are going to afford protection to women and prevent the birth of undesirable children, that there should be such a storm of public opinion aroused in this country as to shake the Home Office and the Board of Control to their very foundations. To allow feeble-minded girls to roam about the streets and country lanes, and to permit feeble-minded boys to mix with them is to provide the seed of the greatest national disaster that you can imagine. To wait until a mentally deficient girl has reproduced her kind through association with a mentally deficient man and then to hold up our hands in horror, is typical of us as a people.

The legal position of the unmarried mother has been considered for a long time, and it has now crystallized in a suggested Bill which it is hoped to introduce into Parliament before very long; and you may think when you hear a few of the provisions of that measure that something may be done to meet the wishes both of Lady Nott-Bower and of the Bishop of Kensington. It is proposed first of all that every illegitimate child born in this country should be made a ward of Court, that it should be the duty of the Registrar of Births on receiving the necessary notification to communicate with the official of the Court (the collecting officer under the Affiliation Order Act recently passed), that immediately on notification of birth the mother should name the man who is alleged to be the father. The father should be served with a notice and invited to call upon the collecting officer, so that if he admits paternity the child may be registered in his name as well as in that of the mother. It is nothing short of a national scandal that the word "bastard" should be allowed to exist in our language. Brand the father or brand the mother, or brand both, but it is certainly unwise and unfair to brand the child. Now a good many people say, who have heard this provision, it is quite impossible to expect that men

who are served with a notice will call upon the collecting officer or take steps in acknowledging the parenthood of the child. As against that you will perhaps allow me to declare my own experience. For twenty years many cases of illegitimate births have been reported to me, and wherever possible a meeting has been arranged between the woman who is going to have, or has, a baby and the man whom she alleges is the father. And when the position has been put to the father and he has been told in terms, as it was suggested this morning he should be, that it was a scandal to leave a girl in such trouble, he has always done what was necessary. I have never had a case of two people being brought together and talked to sensibly and sympathetically in which we have failed to bring about what is desired—provision for the child. I therefore suggest that in appointing the Collecting Officers of the Court an attempt would have to be made to impart into the rigidity of the law something of the sense of human sympathy. It is proposed further that the placing of the child after birth should be in the hands of the Court through its Collecting Officer, but wherever possible—where the man is willing to pay and proper arrangements can be made—that the child should remain with its mother. Where that is impossible the Court should have a list of recognized foster-mothers, and that list should be prepared in co-operation with the Maternity Centres and Child Welfare Committees. Indeed it will be found possible to obtain the assistance of many of the members of these Committees to do what is necessary in finding homes and in visiting after the children have been placed. It is proposed further that all payments in respect of the child shall be made to the Officer of the Court, and by him to the foster-parent, and incidentally, in case there should be any Officer of the Court here this morning I may say it is proposed that remuneration shall be given them for this extra

duty. It is proposed further that if the parents of the illegitimate child should marry afterwards, the child should be legitimitized as is already done in Scotland. So that you have in the terms of quite a small Bill a scheme, not perfect by any means, but at any rate an attempt to deal with an evil and to do two things. It would stamp out the baby farmer and thus reduce the terrible rate of infant mortality amongst illegitimate children, and it would do more than that; it would save an appalling amount of neglect, for the conditions in which many illegitimate children have been allowed to remain are sometimes appalling. This Bill was drafted by Mr. Clarke Hall, now a Metropolitan Magistrate and for many years standing Counsel of the N.S.P.C.C. Since it has been published another measure has been drafted by Mr. Sherwood. It embodies all the provisions of Mr. Clarke Hall's Bill and goes a little further in certain drafting matter, making provisions that I need not enumerate because they are purely technical, but which lead me to say that this Bill is the better of the two. There should be no competition in this business, and there is certainly none in connection with the National Society that I represent. I am delighted to be able to say to-day that that Bill is a better Bill than ours, and that the attempt which it embodies to give assistance to the unmarried mother will have the support of the National Society and that we will do all in our power to carry that measure. I have stated these facts in order that they may provide points for discussion. It may perhaps be as well to say that a copy of our own Bill has been circulated through all the public bodies of this country and so far, with one or two exceptions in small matters of detail, the response has been entirely favourable. The Medical Officers of Health of our largest cities are supporting it. Dr. Scurfield, Sheffield; Dr. Hope, Liverpool; Dr. Robertson, Birmingham, and many others are doing so, so that we hope that when the Bill is introduced and if,

please God, it passes into law, we shall have made provision for the child, we shall have made conditions better for the mother, we shall have fastened responsibility on the father, and we shall have removed that great scandal of a high rate of infantile mortality and the further scandal of appalling neglect. We crave your support for that Bill.

DISCUSSION.

The CHAIRMAN : The discussion is now open.

Dr. HIGGINS, M.O.H. (St. Pancras) : I think I shall be voicing the feelings of this meeting when I say that we have been highly favoured by the way in which this subject has been put before us. As a Medical Officer of Health I do not propose to say anything at all in regard to the moral aspect of the subject as set forth by the Bishop of Kensington, nor to the social aspect that has been put before us by Mr. Parr, but merely to say a few words about the manner in which the subject can be dealt with under existing powers. Their present powers allow the local sanitary authorities to deal with this problem. The Maternity and Child Welfare Act and the Regulations of the late Local Government Board, and therefore the present rules of the Ministry of Health, allow local authorities to make full provision, subject to approval, for the confinement of women whether married or unmarried, and for the care of the children in so far as such care is needed without any question whether the child is legitimate or illegitimate. In regard to the matter of midwifery, let the local sanitary authorities consider the needs of the women of their district without any consideration on this question of legitimacy. In the first place they have to see that there is a proper provision for midwifery in the homes of the mothers, and midwifery in institutions, and when that has been done they have to see that every mother is able to make use of such provision and is not debarred because of her lack of money. If that is done at any rate the unmarried mothers should not be in lack of proper midwifery facilities. Then, as to the care of the child, we have a similar position. The difficulty here is that if the illegitimate child is singled out as a special class, the tendency of the local authority is to say that it does not seem right that they should do more for the illegitimate children than they do for the legitimate children. That difficulty and many other

similar difficulties I suggest are largely got over by ignoring the question whether the child is legitimate or illegitimate, and considering only the question, "What is the need of the child?" The matter is complicated because so much is already done for illegitimate children by the Boards of Guardians. You will find a proportion of illegitimate children amongst those who are being dealt with by Guardians, and one of the most hopeful methods, I think, of putting the care of the illegitimate child on a satisfactory basis will be the re-consideration of the whole question of necessitous children at present dealt with by the Poor Law. The Boards of Guardians have large institutions in the country for the care of children who lack the support of parents. It is unfortunate that those institutions which, it seems to me, give many children a better chance than they have in some of the worst of our town homes, are not available for the care of the illegitimate children more than they are at present. I understand that the greatest difficulty is the standard which has been set up, whereby if an illegitimate child is to be dealt with by the Board of Guardians, then the mother must go into the workhouse. That is a hopeless position. As to what the local authority should do clearly two lines of action are open. One is that provision should be made for the illegitimate child in institutions, preferably in institutions where the mother can come home at night when she returns from her work, and the other is to subsidize good foster mothers in looking after the children. The difficulty in regard to the latter method, I believe, is to obtain sufficient suitable foster mothers, but I believe that this is very largely due to the fact that in looking for a foster mother for her illegitimate child, the mother has to go with an insufficient amount of money in her hand. If the local authorities would deal with this matter by suitably subsidizing foster mothers who are caring for illegitimate children, then with the money which the mother herself is able to contribute such a sum will be put before the good foster mother as will make it possible for her to take the child and care for it. In a number of cases it should be possible for the foster mother to have the care of the child and also for the mother to lodge in her house and thereby be brought into proper touch with the child. In spite of all the difficulties there are respecting foster mothers, and in spite of all the difficulties which have been caused in the case of unsuitable foster mothers, I think that there is very little doubt that such money as is available for this purpose will be spent in a more economical way if used for paying suitable working women to look after the children than if it is spent in providing institutions.

Dr. E. NASH (M.O.H. Wimbledon): In my opinion the key

to the situation is the mother love, so it is imperative to keep the mother and child together for twelve months if possible. I would also call attention to the difficulty in dealing with the cases of weak mentality.

Lady HARRIS (Paddington) : I only want to say a very few words about the hostels, because I think we were the first to start them in Danvers Street. We started with a large house and three acres of ground, because we felt there was such a splendid opportunity to teach the girls gardening. But the gardening part has not succeeded, because you need two years in which to learn, and we could not support the girls and the children while the former were learning. Out of forty-five girls we have had eight or ten who have gone to domestic service with their children, and they are doing very well. Of course, we have had some failures, but only one girl has gone wrong again, and all the rest of the girls are keeping themselves and their children. There are plenty of openings now for them. I believe that one of the mistakes has been in thinking laundry work was the one and only cure. I hope that many more of these hostels will be established. We keep the girls for a year or nine months breast feeding, and then they begin to go out and earn small wages at first. At the end of the year we guarantee them a place where they go out with their child.

Mr. JOHN A. GUY (Bradford) : In the Report of the Registrar General for the year 1842, the following striking remarks were made : "The proportion of illegitimate children cannot serve as a standard of morality : nevertheless a remarkable frequency of such children is without doubt in many respects a great evil. The invariable fact that the mortality among the illegitimate is far greater than among the legitimate, and that many more of them are stillborn, shows clearly enough how much more unfavourable their position is from the first. Who can doubt that their bringing up is much harder and more difficult ? That the existence of a class of men, bound to society by few or no family ties, is not a matter of indifference to the State ? The great majority of foundlings are illegitimate, which of itself shows how little, as a general rule, the mothers can or will care for these children. It is beyond doubt that fewer illegitimate children grow up to maturity ; that they get through the world with more trouble than children born in wedlock ; that more of them are poor and that therefore more of them become criminals. Illegitimacy is in itself an evil to a man, and the State should seek to diminish the number of these births, and carefully inquire to what circumstances any increase is to be ascribed."

These words to my mind sum up the problem of the illegiti-

mate child. It is a problem which has to be tackled not only during the period of the expectancy of the mother, not only during the first years of the child's life, but during the whole time of development of the child until it becomes a self-supporting and self-respecting unit of society. We have to take a very wide view of our responsibilities with respect to these children, responsibilities which can only be met by various public authorities working closely in co-operation, remembering that the end of all our public work is to rear a better race of intelligent, useful and good-living citizens.

The Health Committee must make provision for expectant motherhood and for the earliest years of the child's life. It cannot deal with this alone ; it must enlist every agency calculated to uplift the mother and better the child ; it must have a clear understanding and work in association with the Rescue Societies and the many excellent agencies for influencing the mother ; it has to see to the future provision for the mother and the child. At this early period of the child's life, it is better on every ground that the mother should remain with the infant, but too often in these cases economic circumstances will prevent this. The care and supervision of the infant must then not be allowed to be a matter of chance ; definite provision must be made by the authorities for its maintenance and nurture. Up to two years there is no serious objection—if the mothers cannot be with the infants—that the children should be housed in properly equipped and arranged hostels and nurseries ; this would be infinitely better than putting the children out as "nurse children" to the care of professional "minders," in unsatisfactory homes, subject only to the transitory visitation of an infant life protection visitor. After two years of age such institutional upbringing must be abandoned and the life of the illegitimate child has to be as nearly as possible approximated to that of a legitimate child living with its family. I know of no better arrangements to attain this end than by the setting up of cottage homes for these children. In Bradford we have had these homes for many years. We may pass along a street where there is a cottage home ; it does not differ from any of the other houses in the street ; it is thought to be inhabited by a widow with five or six children who attend the ordinary elementary schools ; the children call the lady mother, and an ordinary home life is led. This is a cottage home managed really by a foster mother maintained by public authority, and the results of this continued care and training of these children fully justify the expenditure involved, for the children have been reared in the atmosphere of the home. One alteration I would ask, however, in these arrangements is that these homes should be maintained and managed by the Education Authority, and I

trust that the day is not far distant now when this desirable change will be made. With the institution by the Education Authority of Nursery Schools, it seems to me that there should have also been given power to maintain cottage homes for unprovided children. If this power were now given, the Education Committee and Health Committee could act closely together to arrange a complete scheme for the care and training of illegitimate children. These are the sort of ideas on the subject we have in Bradford: we are working on it now and we hope that our scheme will be in working order within a few months.

Miss Biggs (Birmingham): As Head of the Children's Department in the biggest provincial Union, I am brought into daily contact with this problem of the unmarried woman and her illegitimate child, and my experience leads me to the conviction that the only really effectual kind of rescue work is the development of a family life. In the city where I am working, there is an Association which is actively engaged in working the two systems—the institutional system and the outside system, under which girls and their babies are visited in their homes or lodgings. The percentage of girls who give birth to a second illegitimate child is said to be much higher among those who have passed through the institution than among those who have been supervised outside in their own homes or in lodgings. It is my belief, moreover, that the number of mentally deficient unmarried mothers is over-rated. The illegitimate child is more often the child of parents in the prime and vigour of youth. The love of the unmarried mother for her child is as deep and real as the love of the married mother, and it is up to us to provide facilities for developing that mother love by giving these girls opportunities of living with their children. I agree with Mr. Parr in wishing to make all illegitimate children wards of an appointed authority, and having made them wards, I would then provide for their support by obtaining an affiliation order, if possible; if this is impossible, I would give the mother State assistance under supervision. I say under supervision, because I think this most important. It would be a deterrent as far as the production of a second illegitimate child is concerned. With regard to the first illegitimate child, the only effectual deterrent method must be a radical one, that, as the Bishop of Kensington rightly said, of educating every adolescent boy and girl in right ideas of sex, and providing suitable houses so that parents may have a reasonable chance to train their children in habits of decency and modesty.

Mrs. Howe Martyn (Middlesex County Council): Speaking as a member of a Public Authority, I realize that the duty of those Authorities is to put the child first. As a Councillor I

have had more requests to find homes for these children than all other requests put together. Why should we not begin by refusing to brand it as it is branded at present, and let us learn to talk about the child of illegitimate parents? Several speakers have pointed out the legal rights of the child in these matters, but these rights will not be fully recognized and fully exercised until there is a much more widespread and healthy public opinion on these matters. It may be to the interest of the child, as I believe it is, to keep it with its mother for twelve months, but I doubt in a great many cases whether it will be to the permanent benefit of the child always to be kept with its mother. How is its innocence to be protected in that case when it grows up and learns of its parentage? I think that in many of these cases, especially with the sensitive children, the kindest thing the community can do is to find some foster parents who will adopt it. We must get the laws of adoption, of course, altered before that can be satisfactorily done. With regard to the draft Bill, I think that registration before birth should be provided for, so that those children whose mothers unfortunately die at their birth shall have some legal protection, far better at any rate than they have at present. I am very much opposed to the cases being tried *in camera*, for I do not think that treating them in this way will do any good. If the father cannot be found, surely we can do as they have done in Norway—find out all the men that the woman has known and make them all share the financial responsibility of paternity.

Miss SWAISLAND (Women's Police Service): I would like just to say a few words from my experience as a woman police. We have found that there is a tremendous need for homes or hostels where young babies can be taken either with or without their mothers. We were driven by sheer necessity to open such a home of our own, and have already had over two hundred applications, though we cannot take more than twenty babies. It is much easier to find a place for a child of two or three years old. I agree with everything that has been said as to the necessity of keeping the mother and child together. But there are cases in which this does not seem altogether feasible. You have cases, for instance, where girls who were in good posts have the chance to return to these posts after their confinement and who are anxious to do so if they can find, for a time, a home for their babies, and it seems to me that very often if a girl can return to her old mistress who takes a sympathetic interest in her that that may be the means of helping her to redeem her character. It seems to me that we want a great deal of elasticity, we want practically to judge each case on its own merits. I consider that mothers admitted to hostels ought to be paid from the day that they enter if they

do work in the hostel. Out of the wages that they receive, they should pay back a certain amount for their baby's keep, but the girl ought to feel that she can earn money from the day that she begins again to do honest work. Then there is the very difficult question of the children of married women. I refer, of course, to women who have been unfaithful to their husbands while they were abroad. That is a very great problem, looked at from the point of view of the child. I suppose we all unite in saying there is less excuse for the married woman having gone astray in this war than in the case of the unmarried, but at the same time the child is just as innocent. And very often on the husband's return he will receive the wife again, but he won't take the child. That may be perfectly natural, but it is a question that we ought to consider—what is to be done with the children of the married mother?

Mr. J. WALKER (Rugby): I am sure we all deplore the fact that we have illegitimate children in our midst. What I think we ought to strive at is to see if we cannot bring something forward to deter young men taking advantage of young women. One of the things I would like to suggest is that we should make all children born, no matter whether legitimate or illegitimate, equal before the law. Now the position of the illegitimate child in the eyes of the law has been an anomalous one. A child, if it happens to be born illegitimate, has no rights of succession as the law at present stands. As it stands a man who happens to be a little higher in the social scale may take advantage of a young woman lower in the social scale. If a child is born to them it has no right before the law to any property that the father has, and that, to my way of thinking, is wrong. It is the child of its father, and as the child of its father it should have an equal right before the law. That would not be detrimental to the sanctity of marriage.

Mrs. DE WESSELOW (Epsom): There is one matter on which I should like to join issue with what has been said. Don't let us cover the country with hostels for unmarried mothers. How are you to manage these hostels? It is a tremendous responsibility. If you collect the mothers in these hostels without any moral and spiritual supervision, they may prove disastrous. It has been so, and it may be so again. The mother leaves her work, she is responsible to no one, nobody supervises her, and probably she gets into further trouble. I consider that hostels are very advisable in the case of the many girls who must be looked upon as not mentally but morally deficient. For these cases you do want supervision, control, and protection. You must give them an interest in life, and creative work to do, not leave them at large. And if you can get them to submit to this kindly and sympathetic control, you will do

more than anything else to keep them in the right way. But for the ordinary case, for the girl who wants to build up her life again, though it may be difficult to attain under present conditions, we ought to reproduce home conditions when they are away from their own homes. We ought to keep a register of what one could call approved houses, mothers' houses where mother and baby can have a home. Attached to each there should be a house mother, who would look after the baby by day, and the mother will have it at night. The difficulty of getting foster mothers is the dislike of Government interference. What I would suggest is that the house-mother should be under the supervision of the health visitor, acting for the local Maternity and Infant Welfare Authority and also of the District Nursing Association. By these means the baby will be kept well, and under a wise and sympathetic supervision the mother will be kept with her child. The house-mother would receive an adequate subsidy for the work she would be doing. The reason for not leaving the mother in her own home is that her example may be bad for her younger sisters, and that is a matter that should be considered.

Miss K. E. WILLIAMS (Hanwell): Illegitimate children are mostly born in institutions or Poor Law infirmaries, or lying-in hospitals, and I would suggest that the authorities should not allow the women to go away with their children so soon after birth, and also without having somewhere definite to go to. I know of many strong, healthy young mothers, deserted by the fathers, who have had to look for a room to go to, and the rent asked is too great for them to pay. They have to go out and work, and leave the baby in the charge of some one else. Now that is cruel in the case of the mother in whom the mother instinct has remained. They have to pay from ten to fifteen shillings and even more for their little ones to be looked after. No girl can do it at such an early age—perhaps a fortnight or three weeks after the birth of the child.

Miss E. M. VANCE (St. Pancras): From my thirty years' experience as a Poor-Law Guardian, I consider that you who are Guardians have been particularly cruel in the secretion of the fact that the Local Government Board gave you power to deal with this question since 1914. A speaker asked what you are to do to keep hold of the mothers. Now, is it not common sense to say that if a woman is so brutal as to desert her baby, she is the sort of woman to put in a home? There are no hard-and-fast rules that you can adopt that will meet each and every particular case. Whilst there may be one mother who will be good and try to be good, there may be half a dozen others who don't want to be and who don't care. My particular point is that whilst the grass is growing the kine are starving. What are

you to do now to make things better? We have now the Ministry of Health, but we know that a Government machine is the hardest to move.

Miss SPACKMAN (Harpenden Board of Guardians): There are a great many points that come before us as Guardians that have barely been touched upon this morning. Only in a very small way have the difficulties been touched upon with regard to the women who repeatedly call for our assistance when they have any illegitimate children, and we have to be with them and help them. I think it is a mistake that Guardians cannot pay the women who remain in their institutions for the work which they do there. If we were able to do this we should have far less difficulty in inducing the women to remain with us. I particularly refer, of course, to women who are unable to face the world and its temptations. In the workhouse with which I have to do I know of at least three women whom we are inducing by all our powers to remain with us. You may say "horrible," and it grieves us greatly to keep them, but they are not safe in the world, and it is for their own good we try to keep them with us. Their children are well cared for, though they are under the Guardians. We think the parents should have every opportunity of seeing their children, and we do our best to keep the babies with their mothers in their early infancy.

Mr. EASTMAN (Hull): For twenty-five years I have been a Guardian of the Poor, and I hold the Deputy-Chairmanship of a very large workhouse, the one in which I myself spent my boyhood days. Therefore I know what I am talking about, and I want to challenge some of the things that have been said with regard to the Maternity Wards of our workhouses. From what one has heard to-day one would think that the Maternity Wards are hateful places and that the girls in them are animated by one desire and that is to escape from the hateful surroundings of the Maternity Ward. I can only say that that is not true of my workhouse. Our Maternity Ward there is the brightest spot in the whole place. In my opinion we make a great mistake in devoting so much time to the effects instead of dealing with the causes. I believe with the Bishop of Kensington that this is a moral question, a spiritual question. Whilst we are dealing with the effects, we should not lose sight of the importance of removing the conditions that cause them, and I am convinced that the results which will follow will pay us for the time and the energy we devote to the work. I am most desirous that the welfare of the child should receive our attention, but I also believe that we should enlist the support of the Labour Movement and of workers with visionary ideals, that they should combine upon a united attack upon the causes of the difficul-

ties which arise from illegitimacy. If the conditions of the workhouse are hateful, then the blame must not rest with the "hateful Guardians" for allowing such a condition of things to exist. I blame the hateful electors who have not the sense to see that those men and women are returned who represent their views with regard to the proper treatment of the poor.

Mr. PERCIVAL (Tynemouth) : I feel it necessary to say something in defence of Boards of Guardians. One must remember that all the failures are not due to the Poor Law system, but to bad administration. I am amazed that the Board of Guardians on which Lady Nott-Bower serves should permit such a condition of affairs to exist to-day. May I tell you what the practice is in our union? When a girl is admitted to the Maternity Ward, the first thing they do is to classify her and to keep her away from association with the women of ill-repute. An officer immediately starts to find the putative father of the child, and arrange if it is desirable that they should be married. And this is done successfully in many cases. Supposing it is neither desirable nor practicable for the marriage to take place, the mother is cared for under proper conditions in the institution. When the time comes for her to go out, she is not left to choose between permanent residence in the workhouse and earning her living on the streets. If she is a respectable maid-servant and has, as often happens, a situation to go back to, she goes there ; if not the Guardians do their best and generally succeed in getting a situation for her where the conditions are good. They also find a good foster parent for the child.

The CHAIRMAN : It may save time if I now ask Lady Nott-Bower to reply to the criticism we have just had.

Lady NOTT-BOWER : Reference has been made to the use I made of the words "hateful surroundings" in their application to the workhouse, but those of you who have followed my paper will see that what I said was that the decent girl never forgets the position in which she is placed, and has only one thought, and that is how to escape from her hateful surroundings as soon as possible. After twelve years on a London Board, I maintain that this is true. The decent girl is not anxious to leave because there is not every physical comfort provided for her, but because the position surrounding any decent woman in child-bed in the workhouse is hateful. It will always be regarded as hateful when you consider that she thinks it a disgrace to enter the workhouse, and a disgrace to be provided for by other people's money when she ought to be otherwise provided for to begin with. That is the first reason for my saying that the surroundings are hateful to the decent girl. Then, secondly, it is not possible in the Maternity Ward

itself to separate the respectable girl in her first fall from the degraded woman, the mother of many illegitimate children, and therefore the surroundings must be hateful to any woman who may be said to have any self-respect and sense of decency left. You may do what you can in the bigger workhouses to segregate your cases, but in the smaller it is practically impossible to keep the better class girls absolutely apart from the contaminating surroundings of other women, and that is why I allude to them as hateful surroundings. The perpetual company of unmoral women or of those who have had several illegitimate children is hateful to those who have only fallen once.

Dr. W. E. HENDERSON (C.M.O., Westmorland): In the county of Westmorland is a hostel which, thanks to the voluntary work of the Carlisle Diocesan Rescue Society, is achieving physical and moral reconstruction of the unmarried mother, and where the sweet doctrine of the "second chance" is carried out. And yet the conscientious objector has come along and in the attitude of the Elder Brother says we were subsidizing vice and that *he* would not touch this work for a king's ransom. Yes, but suppose he did it for *the* King's ransom. This Conference has been looking grim facts in the face. All of us must join up for the advance each in her or his fitting place. And do not let us worry over the conscientious objector to baby welfare work. Nearly always he is an elderly bachelor who has never been inside a welfare centre. His raw material is not babies, only annual reports, and these reports tell about the surface extension of the work, seldom do they chronicle the depth and quality of the work. This objector to helping to save infant life is a great upholder of the doctrine of the survival of the fittest. Now the application of this doctrine to infant mortality is not only brutal, it is inaccurate. Babies do not die by Nature's contriving but by man's mishandling of child environment and child nurture.

Mr. SHERWOOD (Recorder of Worcester): May I correct the statement made by the lady from Middlesex, who spoke so well, that the Bill proposes to violate the principle of the Open Court? It provides, quite reasonably, that where the putative father in response to invitation meets the Collecting Officer who is, mind you, to be an impartial officer, acting in the interests of the child, and not as a partisan either of the father or of the mother, the method adopted will be this: if, in the private interview, the putative father admits paternity, he will be told, "Very well, then, there is no need for more publicity than is involved in the registration of the order in the Court and the entering of the father's and mother's names in the register." There is no reason why, if the man consents

and the amount of payment is agreed, there should be any publicity, but in case of dispute then the open Court and no other means will determine the question. I venture to agree with Mr. Justice Darling, and have written articles in the same sense in supporting the open Court; this Bill does not violate that principle. The underlying idea of the Bill is this: that the interest of the child is the concern of the community; the machinery has for its object the getting at the truth at the earliest stage. There is a saying by Pascal, but being a bad French scholar I will not try to quote it in his very words; it is very pithy and untranslatable, and its implication is this: the real value of things is to be sought in their first beginnings. If the mother will give the name of a putative father before the child is born, or soon after, she is more likely to tell the truth; and, on the other hand, the putative father, if he be the real father, is more likely to admit it, than when time has gone on and the feelings have hardened, and when, especially after the birth of the child, the possibility of blackmail on the part of the mother and of perjury on the part of the father becomes greater, and when it is easier to make assertions and denials with less chance of being refuted effectively. Mr. Parr has made a very valuable contribution as to his experience which agrees with mine, that the father, upon the whole, is in the early history of the child's origin more likely to admit the truth than at a later stage. I speak as a practising barrister who has been engaged in proceedings of this class, and as a judge who has tried appeals in bastardy cases. As to the Bill, Mr. Parr has given me too much credit. Mr. Clarke Hall's Bill was admirable, but he saw that it was necessary to develop it and work out the machinery. Mr. Clarke Hall and I are very old friends, and I have not tried to improve upon him, but to carry out his ideas at his request. We have not had all that fulness of opportunity to discuss the details which we both wished. If there is anything in my draft of his Bill to which Mr. Clarke Hall may object, or if there is anything in it which he thinks might be improved, so much the worse for my work. I can only hope that I may have the opportunity of discussing its details again with Mr. Clarke Hall to see if we cannot very much improve that draft. One word more. The Bill contains the great principle of *legitimatio per subsequens matrimonium* which will secure for England and Wales a law which exists in Scotland and indeed in all the countries of Western Christendom, except England, Wales and Ireland. In Scotland and Christendom generally the civil law obtains which agrees with the canon law; we (England, Wales and Ireland) stand aloof. I could tell you an interesting history of the way in which this isolation arose, also of the strange state of affairs under which,

until Henry VIII, there were two laws : the one of the Church recognizing the legitimacy of the child whose parents were married after its birth, a law that applied to personal property ; the other, the law as to land or real estate laid down by the Barons, which did not regard a child as legitimate, for the purpose of heirship, whose parents were married after its birth. Even then our law as to inheritance of land was peculiar to ourselves. The object of the Bill is simply therefore to restore the civil law and canon law of the Church which previously prevailed everywhere else in Christendom. I do not claim perfection for the Bill, but the great thing is to secure that the subject shall be discussed. I thank you for listening to me, and I think that I have had my three minutes.

Dr. James Patterson (Maidenhead) ; Almost invariably when the question of the illegitimate child is discussed you will have a large proportion of the time taken up with what is called stone throwing at the defaulting father who is almost invariably held up to ridicule, scorn and opprobrium. I hold no brief for the defaulting father, but those who indulge in detailed stories of what fathers have done in getting out of their obligations should also remember that there is another side to the question, and that many a man has been ruined in life by the trickery of women who have led him astray. The fault is not invariably on the side of the male. Then when you come to discuss the question of the illegitimate child, it is only towards the end of the discussion that the child emerges ; you address it thus figuratively, " Thou child of sin, thou hast no right here ; get away into a home out of sight, a hostel, a foster mother, anywhere ! " Now, that child and every child that is born has by natural law the inalienable right to a mother's love. And you do not get it in your institutions, you do not get it from your foster mother. Yet I contend that that child should have the same rights and the same opportunities as if the mother had been married and the man died before the child was born. If you take that as the principle for dealing with the illegitimate child, I think the problem can be satisfactorily settled. I protest that it will not be settled by keeping the mother and the child separate, and the child in a hostel out of sight.

Mr. C. Stuart Brown (Morley) pleaded for a more sympathetic feeling of responsibility amongst public bodies and the people who constitute them.

Mrs. H. B. Irving : I feel that this problem is not to be solved until we are really and sincerely desirous of devoting attention to, and admit the importance of, right thinking. I think the remark applies to everything. As a nation we are not thinking right at the present time. About a year ago I drew

attention to certain practices going on amongst Boards of Guardians with regard to the treatment of the unmarried mother and the illegitimate child. Half the many letters I received stated very deliberately that these women could not have too harsh treatment. If a nation feels like that, things will not be put right until we have altered our public opinion. At present, more than half the cases of the unmarried mothers come under the Poor Law Guardians. They can act at this moment and do everything that is necessary to help the mother and the child. They have power from the Local Government Board. The mother is not bound to stay in the workhouse with the child. I know in some cases they send the mother out and keep the child. There are many Boards of Guardians that are not doing it, and if they did we should not be having the trouble at the present time. They are at liberty to put the mother and child in hostels. Until the electors let these people know that it is the will of the people that the illegitimate child and the unmarried mother are to be protected they are not going to do so.

Miss MORSON (Malvern): Those who are attending this great Conference are the people who are vitally interested in this question. What I do feel so strongly is that we want to get to those who are not here, and with that view I would wish that the verbatim report of this Conference could be sent to all the local authorities, County Councils, and to all the other public bodies concerned, and especially to the Chairmen of the County Councils. Many of the County Councils have most enlightened Chairmen, many have others who are very much the reverse. County Councils, of course, have innumerable difficulties to overcome, but they do want speeding up in this slow country of ours. They are in many instances, though not in all, the most difficult bodies to get to move that ever existed. Then let us remember, too, that England is a country which differs as almost no other country does in geographical conditions. What may be perfectly suitable in one area is absolutely unsuitable in another. Do not condemn the maternity hostels wholesale because they may have been found unsuitable in one or more places, but let the authorities consider the conditions and needs of their own particular areas, and do not let us forget to bombard public bodies all over the country with all we have listened to and heard about to-day.

Miss BEAVAN (Liverpool): I am very much interested in this question from the point of view of the child's health, and from that point of view we all know that it is absolutely essential that the mother should be with the baby and that the mother should breast-feed her baby. To that end I suggest to you that one great remedy would be the endowment of motherhood. Not

long ago it was my duty to attend to and look after an infant in a home at Liverpool. The child was in a very wasted condition, and the doctor turned to give me instructions as to what was to be done for the child. What he said was this: "My prescription in a case of this kind is the endowment of motherhood. Why not give the money that is now being devoted to making this child well, or that would be spent in keeping it in an institution, to the mother that she may stay at home and look after the baby herself?" That led to an experiment and it is of the results which have followed that experiment in Liverpool that I want to tell you. The Child Welfare Association which I represent has been subsidizing a certain number of mothers—thirty in all up to the present time. In every case, with one exception, the experiment has been entirely successful. In that arrangement of giving subsidies to mothers, the medical officer of health has been co-operating and we have received a grant. It is on the lines of the endowment of motherhood; I feel certain that we shall bring about the issue we desire.

Dr. A. R. DUNNE (Doncaster): As a doctor I rejoice that the Bishop of Kensington has emphasized the moral aspect of the case while not deprecating the schemes of Local Authorities. The mother's love for her child will redeem her if she has a chance given her. There must be no separation of mother and child. Further, the illegitimate child is the product of the union of a man and woman, and through the result of union the care and upbringing of the illegitimate child fall on the mother, her share in its conception must not be overlooked. Now women are emancipated socially and politically, let them regard their unfortunate sister more sympathetically. They—the women—evince to these poor women and their offspring a spirit which is harder in tone than men do. I ask from the women a kinder and more Christian outlook to their sisters.

The CHAIRMAN: We have had a most interesting discussion, and the readers of the papers will now have the opportunity to reply. I therefore first call upon the Lord Bishop of Kensington.

The LORD BISHOP OF KENSINGTON: I do not wish to add anything more, because I have tried to say all I had to say as distinctly as possible. Everything I have listened to this morning convinces me that it is on right thinking that we have to lay all our emphasis. If we are going to overlook that we are going to neglect the greatest force for good—the power ot right thought. Do not misunderstand me when I say right thought—I mean our own thought linked with Divine Thought. That is the only right thought of which man here is capable, that is the only sovereign power in the solution of all problems. All the environment that we can devise, all the other expedients,

good as they are, which we can suggest—unless with it all the child has at once brought to bear upon it the power of right thought, then the child is to remain handicapped. Until society itself gets its ordinary thinking, which for the most part has been sympathetic, burked by what I call low material thinking, sacrilized, then society itself will not achieve that for which it aspires. Here we have a problem brought before us, and it is well that we should face facts. They may be cold facts, but unless the country faces this one in the spirit in which we have faced it this morning, we shall go on *ad infinitum* piling up different kinds of remedies to deal with a problem which certainly will not be solved until the greatest force which is available for man is applied to it. I am deeply grateful to you for having allowed me to bring before you these considerations, and I thank you very much.

Lady NOTT-BOWER: This, I am afraid, is a Conference at which the longer we talk the further we get away from what was said in the papers. I would like to point out as an evidence of this that there are several people who have suggested that I have said things in my paper which certainly I cannot find in it myself. One thing is, I do want hostels, but the hostel I suggested was a working hostel which is the only practical method. I do not want to keep these girls apart from their children. I do not want a hostel for unmarried mothers only. It could be a hostel where mothers and children are allowed to be together, with widows or mothers in charge. I do not want to see them badged with anything that will militate against their doing good work. The other point is in regard to Boards of Guardians. I do say that many Boards of Guardians are allowing the girls to go out, leaving their children behind them without any sort of safeguard. This is against the regulations. Guardians are primarily elected as Poor Law Guardians and it is their duty to carry out the law. We have been told that some of the workers in this great warfare are visionaries. Very well, let the visionaries drop. The great balm will be the Bishop's vitalizing force, the root principle which alone will put all things right. We want more emulation, working up to the best. We want to get to the root cause of all the trouble. Then we can solve the problem. We can never solve it after all the evils have taken place.

Mr. ROBERT PARR: With the root principles of right thought of which the Lord Bishop is one of the most forcible exponents, and which he has embodied in his logical and sensible speech, we all agree. But may I take his statement a little further and say that until we reach the ideal—and we are reaching it, there is no doubt about it—until we reach this ideal when people are able to think for themselves, you and I who have sound

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With the Secretary's compliments and thanks. in anticipation of a notice.

National League for Health, Maternity
and Child Welfare.

4, Tavistock Square,
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With the Secretary's compliments
and thanks.

judgment must help to think for them, and that is the point I put before you this morning. One or two questions have arisen in connection with the Bill of which I spoke. A great deal has been said about hostels, Boards of Guardians and so on. But it is obvious, is it not, that all the remedies indicated to-day have been sectional. Getting the people in hostels, helping the mother and baby, all these things are splendid, but they are only small contributions to the great ideal of keeping up to date Boards of Guardians. These Boards are splendid. I speak not as representing a town but as representing a nation, and that is why I am able to speak to you, perhaps, with a little more knowledge than if I represented only a small organization. The N.S.P.C.C. represents and has connections with every town and village in the country, and I can say the Boards of Guardians are splendid even where their powers are limited. Now with regard to the Bill. If you could introduce a system of making these children wards of Court you would be able to use a hostel where it existed and co-operate with Boards of Guardians and with maternity centres. Instead of dealing with illegitimate children in sections according to the enlightenment of the place, you would deal with the whole. One other point. The passing of such a Bill as this would do more to create right thinking than anything that has happened in connection with this subject. When thirty-five years ago there was no law for the prevention of cruelty to children, fifty-four per cent. of the cases inquired into were cases of cruelty past belief. Last year the proportion was 7 per cent. A reduction in that time of from 54 to 7 per cent. in these cases proved the value of the existence of the law, and such a Bill as the one I have outlined will lead to right thinking. The question was raised by one of the speakers, "What if the unmarried mother dies?" Mr. Sherwood has made provision for that. If the mother dies before the completion of the inquiry, her child will be looked after and the man will be dealt with in the same way. Mr. Sherwood has dealt with the point raised regarding conducting the inquiries *in camera*. But I take the case a little farther and say that in my judgment no inquiry respecting any affiliation order should be heard in any Court either under the new system or under the existing one without the presence of a woman on the bench. We have a Bill now in the House of Lords which proposes to give women the right to sit on the bench and probably before long we shall have the best women to consider with men all questions of affiliation. A gentleman raised the question of inheritance as regards the rights of the illegitimate child. That is the most difficult point of all. Mr. Sherwood has drafted an admirable clause in his Bill, as I saw from a note

in the *Times* a day or two ago. Finally, when we are thinking of this question, let us remember that the external and departmental things are contributing to one thing and that is the good of the child. If we think of the child we shall not go wrong. I want for those children who are frequently born to the greatest disaster under existing conditions, that they shall have that love that is theirs by nature, for they are born as members of a great State and should be kept with their mothers. For as Swinburne said :—

> "The World has no such flower in any land
> And no such pearl has any gulf or sea."

Mr. BENJAMIN BROADBENT proposed a vote of thanks to the chairman and speakers, which was carried unanimously and the Conference then adjourned till 2.30 p.m.

SIXTH AND CONCLUDING SESSION, JULY 3RD.

The Sixth and concluding Session was held on the afternoon of Thursday, July 3. The Chair was occupied by Mrs. H. A. L. Fisher (wife of the Minister of Education).

The CHAIRMAN : I think there is one lesson which I have laid to heart from attending the extraordinarily interesting meeting we have had this morning, and that is this : over and above the distinguished ladies and gentlemen who have so kindly been reading papers for us, there are here a large number of persons, also distinguished and kind, who are extremely anxious to lay their views before such an appreciative and intelligent audience as the present, and therefore, as Chairman, I feel it my duty not to stand between the speakers and the audience one moment longer than I can possibly help. There is only one thing I will say, and it is that those of us who have been working, as we have all been working in different degrees at the difficult, important and none the less interesting problems that have been under discussion, cannot fail to have been very much encouraged by the evidence before us of the real ferment of ideas that is obviously going on on this subject. There is necessarily among us a certain amount of difference of opinion as to the cause and the effects and the right measures to adopt, but those who have listened to the discussion and have been watching public opinion lately are realizing that there is gradually coming to be a fairly strong common measure of agreement amongst people working at the question. And out of that common measure of agreement we all hope for definite progress towards getting something definite done. There may

be differences in the methods we suggest, and possibly difficulties in the way of dealing with the questions which we have been considering, but I feel sure all the real hard workers amongst us cannot fail to have been very much encouraged by the drift there is towards really definitely getting things done, and by the evidence there is of how much is already being done. Above all there is a spirit of hopefulness manifested that encourages us all to pursue our work with vigour. I now call upon Mrs. Gotto to read her paper.

PARENTAL RESPONSIBILITIES IN RELATION TO ILLEGITIMACY.

By Mrs. GOTTO, O.B.E.

(*Vice-Chairman, National Council for the Unmarried Mother and her Child.*)

A GREAT many of the essential points in this problem were touched upon this morning, so you will forgive me if I revert once or twice to points that have already been dealt with in order to gain a clear survey of the whole position. During the past fifteen or twenty years the civilized countries of Europe and America, as well as our Dominions overseas, have all been considering the problems of child and infant welfare and of maternity. The general progress has been very considerable and we are rather apt to congratulate ourselves that England is not behindhand. When we come to consider illegitimate maternity however, and compare conditions with those obtaining in these countries, we find that England occupies a lower place among the English-speaking countries than it does in general infant welfare. The whole trend of work during these last years has been, first, care for child welfare, then a step further, care for infant welfare, now a further step, the care of expectant motherhood; and if we look overseas we shall see in several parts of our own Dominions and in many of the States of America that one step further still has been taken—care in selection for parenthood. We are all realizing that we have to go back to the very beginning of

things if our country's main capital, healthy citizens, is to be preserved to it. The general principle in infant care, in maternal care, and in parental care is that it should not differentiate between the types of children or the types of maternity. It does not help the community to realize a certain standard to which they consider maternity should attain and allow one section of maternity to sink below that standard. If we consider that certain minimum requirements are essential to the citizens of the future, we must see that these minimum requirements, as far as the community can provide them, are provided for all future citizens irrespective of the circumstances under which their birth takes place. It is from that point of view we should perhaps consider the question. In considering motherhood as a whole, or as I prefer it, parenthood as a whole, we consider the unmarried mother only and not the unmarried father, and I do not think this problem can be considered as a whole unless the responsibility of parenthood is recognized to be equally shared, not only *biologically* which we all recognize, but *socially* which we do not at present recognize. Now the feeling that has withheld a great many people of knowledge, good feeling and some social experience from taking an active part in the movement for better conditions has been the fear that in giving "privileges" to unmarried motherhood we shall be encouraging illegitimacy. That point has been very well replied to in an earlier paper. But I just want by one or two figures to supplement the statements that the contrary has been conclusively proved. In Queensland an Act was passed in 1905 which provided nursing homes, financial provision for confinement, and infant welfare expenses for the first two months of life, and thereafter enforced the father's responsibility. Yet there has been a decrease during the last ten years of the percentage of unmarried motherhood. In 1911 the percentage of illegitimate maternity compared with the whole maternity was 6·4,

and in 1915 it fell to 5·41; a steady decrease. In Western Australia the total births in 1913 numbered 9,233, of which 412 were illegitimate, a percentage of 4·415. In 1917 the total births numbered 7,882 and illegitimates numbered 327, or a percentage of 4·15 of the whole. There again you have a steady fall. Taking the whole of Australia for the ten years, you have a fall from 6·24 to 5·12, so that we need not fear that we are going to encourage illegitimate maternity by levelling up the general standard of maternity and including in that standard unmarried maternity.

One of the difficulties which is shown very clearly in other contributions is the need for classifying for the purpose of clear thinking the groups from which unmarried mothers are drawn. It is perfectly true, an elastic system is needed, and many points of disagreement arise because we each try to fit in some section or provision a class of unmarried mother that does not belong to that type of provision. Unmarried mothers may perhaps be usefully grouped in the following sections. One group has developed considerably since the war. There are no exact numbers available, but they must amount to many hundreds in all, and are to my mind among the most tragic figures in this country. I allude, of course, to the victims of bigamous marriages that have been contracted during the war. There is absolutely no provision at present for these girls. A number of them come from very good middle class and lower middle class families, and their position is appalling under the present law and present social conditions; in some way it should be regularized by law. Now they have no right to bear the man's name. They bore his child, and neither the child nor they have any position other than that of the ordinary unmarried mother and the illegitimate child. Everybody apparently realizes that this is an extremely unjust tone to take, but nothing to rectify it has yet been done.

Secondly, there is a large group of normal girls who have incurred the responsibilities of maternity under promise of marriage. We have to realize that in quite a number of different social groups in this country it is the fashion in those groups for marriage only to take place before the birth of the child, and after the potential parents have satisfied themselves that marriage will lead to children. Consider the position of the girls who have been brought up in the villages and in the districts where that social tradition obtains being transferred to the town, having those traditions still in their minds, expecting the men promising marriage to be forced to fulfil those promises, as they are in the fishing villages and in the weaving and the mining districts. They are a far easier prey to the man who does not intend, and never did intend, to keep his promise, and the amount of social delinquency involved with these girls is a very different amount from that of the frankly unmoral type of girl. Here you have another group that need different treatment. There is no reason to consider that a girl belonging to it would make an unfit mother for her child, or that such a girl should not exercise all the responsibilities of motherhood and bring up that child, Nor is there any reason to think, from the purely eugenic point of view, that the child has less than average good inheritance from that mother, because there is no conscious moral delinquency on the part of the girl. Then, again, you have the difficult group of the married women who have had illegitimate children. There have been considerably larger numbers during the last five years. Women have been placed under conditions of very great stress and temptation. Sometimes the errors of which they have been guilty have been committed because of the temperament of the woman; sometimes, but less often, I think, under economic stress. But the fact remains. You now have a group of children in the community for whom adoption and

foster motherhood seems the only possible way of dealing with them. It is to be hoped that in the future the rôle the foster mother will play in the life of the illegitimate child will be far more circumscribed than it is at present.

Personally I should like to see adoption by approved persons, under proper legal safeguards, the usual method of caring for the children of married women by men other than their husbands. The foster mother would then only be needed for the care of those children whose mothers were either owing to unfit character, or bad physical health, unsuitable in the interests of the child to have the entire charge of it.

In all cases of normal unmarried motherhood the only social, economic and sound solution is to keep the mother and child together. As the result of a very interesting investigation that was made regarding over 5,000 cases of unmarried mothers, it was found that approximately 84 per cent. of the number who were normally intelligent were drawn from country districts and incurred risks which led to unmarried motherhood after they had been resident for some time in the town.

To come to the mentally defective group. They need quite a different method of treatment from the others; the issue seems very often to be confused in considering this question of unmarried maternity by our behaving as if the far greater proportion of unmarried mothers were mentally defective. I do not think that is the experience of those who are dealing at first hand with this subject, except those who are doing so in the denominational homes. It may be perfectly true that in some of those homes there is a tendency to secure a higher proportion of mentally defective girls, partly perhaps because the opportunities offered for training and for future prospects in the community offered by those homes are not such as appeal to the more intelligent girls. The mentally defective, according to the report on the recent investigations of

Dr. Wright, in America, work out approximately at 22 per cent., so that it is a considerable proportion, though it is by no means the whole! We have in this country the machinery. The Mental Deficiency Act could be applied far more effectively than it has been during the past four years, and it is for the local authorities and public opinion in the country as a whole to see that the provisions of that Act are adequately applied. There are two other groups; these are the women who are in a physically diseased condition, and for that reason are not fitted to take care of their children after birth, and there is this very group that I think all of us want to see included in the Mental Deficiency Act by an amendment, and that is the frankly morally defective group. To deal with those who belong to it we must have the law to help us.

As you see there are seven different groups of unmarried mothers and each of these need appropriate provision. Many of us want to treat the normal unmarried mothers, according to the general standard of maternity accepted by the community, and consider that it is to the national interest if the mother is normal, to return her to the community as a self-respecting, self-supporting citizen as soon as possible after she has exercised the functions of maternity. We want influences brought to bear on her which will not lead to her reincurring these responsibilities in the unmarried condition, But I think that all those who have first-hand experience will agree when I say that it is not the normal girl who does incur that risk twice over. It is your abnormal girl who should be dealt with by other methods. To reduce the large number of girls who become unmarried mothers, I do not see any way except that presented by the Bishop of Kensington; to raise the general moral standard. It cannot assist the community to wreak their vengeance for the present low moral standard on the very small proportion of the women who are accepting and

living under a low moral standard, who have incurred the responsibility of maternity! It is my firm belief that it is the better among the normal girls living under a lax moral standard who incur the responsibility of maternity. And this for three reasons: they are usually young girls; they come from the country, they are not so sophisticated as their town sisters, and they do not know the use of contraceptives to the extent that the ordinary girl understands them. Therefore, they incur those risks, and unlike the girls who are less conscientious they do not forgo the responsibility once they know they have incurred it. Those of us who have been in close touch with this stratum of womanhood know how extraordinarily easy it is for many of them to avoid the responsibility of maternity after they have learned that they are likely to incur it, and we must realize that most of those who become mothers *prefer* to allow nature to take its course. Therefore we are taking a very heavy responsibility indeed when we make the conditions of normal unmarried maternity so bad that we encourage abortion, that we encourage bad practices of all kinds, and drive those girls too often to tragedy, to child murder with its appalling sequel of the death sentence. Is that the right way to deal with the problem? We all realize that it is not. We must raise the general moral standard or we must penalize *all* who fall from the moral standard. But we do neither. We do not raise the moral standard, or have hitherto only taken a few steps to do it, and only penalize those whom we can catch, through their maternity, and that is not fair.

To summarize the practical steps recommended. They fall into two groups—social and legal. Other papers show that local authorities could make provision for motherhood and unmarried motherhood in their areas. They *can*, but there is nothing to say that they *must*. It is for public opinion and the local social organizations to see that they do. We know

that they can, but they can only provide 50 per cent. of the expenses, and the remainder of the expenses has to be provided by the people themselves. Therefore, socially, we have to do three things. We have to see: that the permissive powers given by the Government are carried out to the utmost limit of their capacity in each area; that we have adequate provision for maternity, and personally I do not want unmarried maternity labelled apart from other maternity, but adequate provision made for maternity in every area. Thirdly, we want adequate provision made for the mother who leaves the Maternity Hospital during the nursing period; and here again I want every mother, say she is a young widow or deserted mother who at present has no pension, to have the same facilities of hostel nursing accommodation as your unmarried mother, because it is no easier for your deserted wife to find accommodation with her young baby, if she has to support herself and it, than it is for your unmarried mother. I should like the whole standard of maternity and infant care made uniform in every locality, and have hostels where nursing mothers can go during the nursing period; and that these hostels should be arranged in such a way as to provide training in skilled work for those women who have not a sufficiently skilful employment that enables them to earn enough to maintain themselves and their children. After that there should be other hostels with day nurseries attached to them in which working mothers can live, paying their own board and lodging, doing their own work and looking after their children, up to the age of two or three years—during the time they are off their work.

On the legal side. We want to wipe off the shameful stain of England as the only country in the civilized world where the marriage of the parents subsequently to the birth of a child does not legitimize the child. Even in Rome it was the case, and we have gone back on it. Secondly, that the expectant mother having

clearly understood her condition, and named the putative father before the birth of the child, should have her case first heard *in camera* in the interests both of the father and of the mother, and also of the child, and that only in those cases where the fatherhood is disputed should the case go into the open Court. I think there was a misunderstanding on that point this morning. There is no wish to retain disputed cases *in camera*, but cases in which there is no dispute should be *in camera* in the interests of the parties concerned. Thirdly, that it should be the duty of the State to establish the paternity and not the mother's, and in the event of the State not establishing paternity that the State should take the place of the father and take that share in the expense of the child's maintenance. This has been done, and done successfully in Norway. It has been done successfully in two of our Dominions. If the State knows it has itself to assume responsibility if it does not establish paternity, it takes a great deal of trouble to find the father and it is generally successful. Secondly, the amount of maintenance to be assessed should not be decided by Statute, but should be left to the discretion of the magistrate, that he may consider the capacity to pay of both parents in making an allotment of the amount due to the child. Thirdly, in order to be able to adopt illegitimate children of married women, and of mothers unfit to care for their own children, we want a law of adoption which will protect the rights of the adopting parents and of the adopted child. Fourthly, to improve the position with regard to inheritance. At the present moment if the mother of an illegitimate child dies intestate, or if an illegitimate child dies intestate, neither of them has rights of inheritance from each other; there are numbers of legal anomalies of that kind I could quote which ought to be put right. Although there is a great deal to be done and it can be done immediately both on the social side and on the legal side, the real solution must await a

change of heart, a change in the attitude of the general public towards the whole problem. We must realize that it is not conforming to our common sense or high ideals to drag a small section of the community in the mud as we are dragging unmarried maternity in the mud at the present moment.

CRIMINAL ABORTION AND ABORTIFACIENTS, WITH SPECIAL REFERENCE TO ILLEGITIMACY.

By WILLIAM F. J. WHITLEY, M.D., D.P.H.

Medical Officer of Health, Borough of Swindon.

Many of you will remember studying with close interest the maps published prior to the war in the supplement of the Annual Report of the Medical Officer of the Local Government Board depicting graphically the various rates of infant mortality in the several counties of England and Wales. Regularly and consistently it was found that certain areas were always coloured black. Included amongst these were Lancashire, the West Riding of Yorkshire, Durham, Northumberland, Nottingham, Stafford, and Glamorgan. It will be noted that all these counties are intensive coal-mining districts.

From a superficial examination the conclusion might be arrived at that coal-mining *per se* exerted a baneful effect upon the infant death-rate. It must be remembered that wherever coal-mining is carried on on an intensive scale, there industry springs up, and a multitude of social evils advances with it.

In Lancashire there is the problem of married women labour in the exotic atmosphere of the cotton mills. In the West Riding of Yorkshire the same problem, in less poisonous degree, exists in the woollen mills, but in the remaining counties this

question of female labour does not operate to the same degree; in some counties, for instance in Northumberland and Durham, practically not at all.

The explanation of these phenomena must be largely speculative. Many social factors, such as housing, sanitation, poverty, intemperance, and syphilis all make their contribution, but those who know Lancashire and Yorkshire intimately know also that there is a strong desire amongst women to avoid pregnancy in order that they may continue at work. Whilst the working of a mother in a large factory is an undoubted evil, there is some probability that its influence is overrated, and that it masks the unknown factor which is common to all these counties.

With increasing experience there is much to indicate that the unknown quantities in this equation are criminal abortion and syphilis. In such an audience as this, and with the limited time at my disposal, it is difficult to speak in more than general terms, whilst by publicity one may circulate that information which it is desired to suppress. As we are met here with a common and united interest, it may be useful to consider for a moment a classification of criminal abortion. Three types may be regarded:—

(1) That produced or attempted by means of drastic purgation.

(2) Those produced or attempted by the ingestion of drugs, having a real or supposed specific action upon the fœtus or the muscular walls of the uterus.

(3) Those produced or attempted by mechanical interference.

Coincidently this order of classification may be regarded as an index of the degree of criminality involved, and it will be noticed that emphasis is placed upon the word "attempted" abortion. Excluding for the moment the moral aspect of the question, the abortion which is attempted but which does not prove successful is probably more serious and far reaching in its results than the one which is accomplished. In

the one case life is utterly destroyed; in the other it is maimed and disfigured from its very inception, and a puny undeveloped infant, devoid of resistive power, is often the result, which, if it should survive, is but to establish a pathological existence and perhaps perpetuate a race of degenerates.

It is necessary to say a few words upon each of these methods :—

(1) Abortion produced or attempted by means of Violent Purgation.

It is unnecessary to capitulate the various drugs which are in common use for this purpose. I have indicated them previously in a paper read before the Society of Medical Officers of Health in February, 1915, but the great difficulty seems to be in impressing the medical profession that such methods meet with any degree of success. It is very disconcerting to realize how common this custom is, and with what persistency women who find themselves pregnant will ingest cathartic drugs day after day and week after week until they have reduced themselves to such a physical condition that abortion frequently results. This is a method used in conjunction with other means, of which one very common and popular habit is to jump from a height or fall down stairs. As a matter of routine many women at the approach of their menstrual period will resort to violent purgation.

(2) Abortion produced or attempted by Drugs having a real or supposed Poisonous Action upon the Fœtus itself, or the Uterine Muscle.

There can be no difference of opinion concerning the efficacy of the chief substances employed in this group, and those who resort to them are either grossly ignorant or wholly depraved. The great stand-by of all abortionists in this group was, of course, diachylon.

Fortunately, however, this substance is now a scheduled poison, and I believe I was fortunate enough to secure the first successful prosecution under the new Order. Although diachylon was the principal agent employed under this classification, there are other medicinal substances employed whose legitimate use is that of uterine stimulation, and some alteration in the law regarding counter prescribing will need to be brought about before this is put an end to.

(3) Abortion produced or attempted by Mechanical Interference.

It is difficult to speak with anything like precision upon this classification. Experience teaches one, however, that the heading may be subdivided into two groups :—

(1) The comparatively poor woman who, in desperation, resorts to an untrained and ignorant practitioner.

(2) The woman, possibly in many cases in affluent circumstances, who resorts to a highly trained and unscrupulous individual possessed of the requisite knowledge of aseptic surgery and anatomy, which renders the operation a comparatively safe procedure.

The question may be asked as to what bearing this has upon the subject of illegitimacy. The answer to that question is that in the vast majority of cases it is illegitimacy which produces the abortionmonger and provides him with a trade, and it may be safely asserted that in practically every case of illegitimacy one or more of these three methods has been given a trial.

During the war there has been an appreciable increase in the illegitimate rate. Along with this there is a second disturbing element—namely, the production of a married species of illegitimacy, which is quite as large as the unmarried rate. This latter, however, may be trusted to right itself once the conditions of peace become established again.

We are told by many good people that much progress has been made in the general reduction of the illegitimate birth rate. This is pointed out as an indication of a more favourable standard of morality. It is really surprising that intelligent people can so delude themselves. Coincidently, the general birth rate is decreasing, and this too from the same cause, namely, the use of contraceptives, and unfortunately, criminal abortion and contraceptives are closely allied.

As practical people a discussion on the best means of preventing these faults will be much more profitable than a recapitulation of sordid details. It is at this moment that I should like to make a strong and vigorous appeal on behalf of the unmarried mother. In this matter I would urge all who are interested in this great work to study the psychological aspect of sex. In the past we have been accustomed to view the unmarried mother as a social outcast.

The following points may be emphasized: Whatever may be the extent of her sin, in every case the woman pays. The law, unwritten or otherwise, which so cruelly condemns the unmarried mother, and allows her partner to go free, is neither just nor consistent. It takes no account whatever of the indisputable fact that in ninety-nine cases out of every hundred the woman is a passive instrument; imagine, then, the state of mind of any girl finding herself in such circumstances, bereft, in too many cases, of all friends, and, unable to appeal for sympathy and guidance. She becomes an easy victim to any process, however illegal it may be, which gives hope of freeing her from such a position.

The following suggestions are put forward for your consideration in this matter, which come at a time when the new Ministry of Health is being established:—

(1) The compulsory notification of every abortion and miscarriage to the local Sanitary Authority, and

the examination of every fœtus born, in a pathological laboratory to be established in every area.

(2) The appointment of the local Medical Officer of Health as the Registrar of all Births and Deaths.

(3) Every coroner should be a legally qualified medical practitioner and should become a member of the staff of the local Health Authority.

This is an important matter, and its full significance must have been realized by every Medical Officer of Health, and all those engaged in this work.

(4) Absolute suppression of all advertisements dealing with sexual weaknesses and complaints. I believe this is already contemplated, but as an example I may quote the following very pregnant statistics.

In a certain town with which I am familiar, and which is a modern one containing no slums, and where employment has been constant and regular for some years past, I gathered the following information: In 1911 the infant mortality-rate was 110 per 1,000 births, whilst the number of deaths from prematurity was twenty-nine. In 1912 the infant mortality-rate was 105, and the deaths from prematurity thirty-three. In 1913 the infant mortality-rate was 117, and the deaths from prematurity thirty-two. In 1914 the infant death-rate was 104, and the deaths from prematurity sixty-one. You will notice that within a period of twelve months the number of deaths from prematurity suddenly rose from thirty-two to sixty-one, almost double. Inquiry revealed circumstantial evidence of unusual interest. For some months I had observed the occasional appearance in one or other of the local weekly journals of the following advertisement:—

> "Married Ladies' Adviser and Correspondent; stamped addressed envelope for particulars. Address Mrs. —— . Established many years."

A stamped addressed envelope was forwarded, and per return of post a printed sheet together with

a personal letter, written by hand, was received. The letter read as follows :—

> "Dear Madam,—Kindly read enclosed list. What is needed sent promptly. If correctives are required to bring on monthly courses will send (if you wish) herbs, powders, also information—5s. Done well for others.—
> Yours faithfully, E. W."

The printed sheet contained the following statements .—

> "State time of suppression, if long not entertained. Nothing hurtful, nothing illegal, strict confidence. Will such as derive benefit kindly pass on address to a friend. Goods sent to married ladies only."

On searching the public newspaper files for the last four years, I found that this advertisement did not appear in the columns of the local press before May, 1913, whilst from that date onwards until May 16, 1914, it appeared regularly and continuously week by week, after which the advertisements were only occasional. This would appear to suggest that the advertiser contemplated a systematic attack upon the town and entered into a contract with one of the newspaper proprietors for twelve months' continuous advertising. This town is perhaps the most isolated of its size in the country. Its communications with other large centres are remote and difficult. It is geographically cut off from the rest of England. Until recently it has probably been more free from the attacks of abortionists than any other town of its size.

It is seldom such an example can be found. Is it not a significant fact that within nineteen months of the commencement of this advertisement the number of infant deaths from immaturity should be almost doubled? I do not wish to strain this unduly. It is possible there may be other factors, but you will, I am sure, apportion to the evidence its natural value.

In a surrounding urban area, quite close to this borough, and in which these newspapers circulate, it

was found that the number of deaths from prematurity in the year 1913 was seven, and in the year 1914 was thirteen. This, of course, may be a coincidence. If so, then it is a suggestive one.

(5) Absolute prohibition of all counter prescribing by unqualified practitioners, the same procedure being adopted as in the case of venereal disease.

Finally, in my opinion, the best safeguard against illegitimacy is the absolute destruction of that system which drives the unfortunate unmarried mother into the wards of the workhouse for her confinement. Such a procedure brands the woman as an outcast, and embitters the soul of the child, should it survive. In my opinion, if we desire earnestly to regenerate these girls, we should teach them to be mothers in the loftiest and highest sense of the word.

In conclusion I should like to quote a few words from a little pamphlet by Helen R. MacDonald, on Mothers' Pensions, which was circulated at this Conference last year.

> "The man or woman can get over a season of lack of wealth, but child poverty, it stunts their physical growth, it scars their souls; they never get over it; the child cradled in hunger and reared in want carries some of that early bitterness to the grave."

Too frequently is the illegitimate child condemned to this sentence, and in the rebuilding of the world's structure, this is one of the problems which we ought seriously to consider.

THE UNWANTED BABE.

By Commissioner ADELAIDE COX,
Of The Salvation Army.

I speak at the end of an interesting, instructive and inspiring conference. Our pity has alternated with indignation by the facts that have been brought to our notice.

A former speaker has very effectively dealt with the case for the destitute unmarried mother, and now I am to speak for the unwanted babe, surely the most pathetic human being that exists.

It will be readily understood how impossible it will be for me, with the limited time at my disposal, to deal *fully* with the various points mentioned in my synopsis, and I have therefore decided that it will be best to give a few facts gathered in my experience as a Salvation Army officer, and for so many years connected with the Women's Social Department, that will illustrate as well as emphasize those points.

Before Birth.

Poor baby! I was about to remark, but shall I not rather say—*dear* baby? For I think we are all agreed that to regard the illegitimate babe as an object of pity is not enough; it is *that* depth of feeling which receives it, as it were, into our very hearts, that will stir us to such action as is necessary if its pre-natal and ante-natal existence is to be adequately provided for.

Shall we first consider some of the most common disadvantages which obtain before the birth of these infants? For instance, the young, unmarried woman who finds she is about to become a mother, can enjoy none of the attendant sweets of anticipation that are experienced by the married mother; generally speaking there can be little or no preparation—often

neither circumstances nor means will permit; there can be no happy discussion with husband, mother and sisters of the expected event. The anticipation is enveloped in shame, and the young mother's one great anxiety is—How can she hide it?

A law which stands for righteousness and justice, brings a penalty down upon the woman who is already full of fear with the thought of bringing the infant into the world upon whom, because of inefficient law, a stigma must rest to the end of its days; to say nothing of the inadequate provision for its existence of which she is only too truly conscious as the responsibility forces itself upon her. I do not quarrel with the law that *protects* the life of the infant, but with the part of it that makes the after life of the child so difficult.

The all-absorbing question for the mother is, what can she do? Where can she go?

In one of our large cities a young, friendless woman (she had no one belonging to her to whom she could turn) was in a situation as domestic. She was not mentally deficient, but weak and ignorant of the world. She became friendly with one who took advantage of her. The mistress was not particularly interested in her, being engrossed in her own family affairs. The young woman neared the time of her confinement. Two or three days later the mother of the mistress grumbled at the maid, told her if she was ill she ought to go to the workhouse, and said this several times, still apparently not noticing what was wrong with her. A few mornings afterwards the young woman tried to get up and dress herself as usual, but could not manage it; she seems to have gone off in a swoon or faint, and remembered nothing more. When she came to herself she was lying on the floor with her newly-born babe. She pulled herself up, crawled to the other side of the room to fetch a wrap, put the baby in the bed and covered it with wrap and pillows. She dressed herself as well as she could, went downstairs, and tried to light the fire and go

about her work as usual. When the mistress's mother came down she found her sitting in a chair, and was again very angry with her, telling her that she should go to the workhouse if she was as ill as she appeared to be. While they were at breakfast the girl crawled upstairs, put the baby—now dead—in her box, which she fastened and left in her room. Then, what could she do? Half dazed she tried to think. At last she made her way to an old situation where she had lived previously for five years. She remembered that there was a tool-house at the bottom of the garden, so she went in and sat down on some rubbish. Here she fell asleep from sheer exhaustion. Presently the old house-dog came sniffing round the toolhouse door, and, finding Mary, went back to the house, wagging his tail with delight. This brought the master—and you know the rest. I reckon that dog was the most sympathetic creature in the whole story. She was charged with the wilful murder of her child.

Incidentally, I may add that the father of the child was never traced—the young woman had to bear her sorrow, shame, and consequent trouble alone; with, however, such help as we were able to give her.

And in similar instances the illegitimate babe is the victim of physical and moral abnormality, which frequently leads to its destruction. In the city where this occurred we received from the Court three young women charged with the wilful murder of their infants that year.

Somehow or other we ought to be able to avoid this kind of tragedy. I suggest we can only do it by proper provision for the care and oversight of the young mother from *the earliest stages of her maternity*, and by making such provision widely known.

It is not merely a question of where she can go for her confinement, but it is the proper care of her from the very beginning of her discovery which is of such vital importance to the unborn infant. We

must have *more* suitable places to receive these mothers as soon as necessary, and offer the care they need till baby comes and afterwards. In the city to which I have already referred, where those three cases of infant murder through neglect came about, we have now added a special maternity home and lying-in hospital wing.

Before there was any thought of the Government giving us the help that was arranged last year through Lord Downham's Maternity and Child Welfare Bill, Mrs. Bramwell Booth had, in spite of a tremendous financial struggle, worked very hard through our various homes and centres to provide for and assist the unmarried mother and her child. And to-day we are extending our borders rapidly in order to care for an even larger number. Mrs. Booth feels with us all that they are the most needy, and that the babes are not "encumbrances," as some would call them, but rather, next to the grace of God, a great lever to uplift the young mother.

After Birth.

Now let me add some remarks concerning the illegitimate child that survives. Since the opening of our London maternity work, we have had 5,629 illegitimate births in our Maternity Hospital at Clapton. This figure, of course, is quite separate from the number of such infants who come to us with their mothers from the various infirmaries. and apart from the babes of poor married mothers who have been welcomed there, in blocks reserved for their exclusive use. The total number of unmarried mothers assisted by us in the United Kingdom, is, roughly speaking, over 15,000 since our work for the unmarried mother and her child started. We are dealing with such cases throughout the world in an increasing volume.

We all know that the mother's shame, and loss of

caste—if I may so put it—falls upon the infant. We find this frequently in the family life, where, as in some instances, the eldest was not born in wedlock, and where, sad to relate, the sting as well as the stigma is often forced upon the child by its parents. But how pathetic is the case of the little one that hardly dares make its existence known, whose very cry must be hushed, and whose presence must be banished—anywhere, so long as it is out of sight.

As I speak I think of a young woman who, wronged and deserted, had turned to her sister in her extremity for sympathy and shelter. Her request to be allowed to remain in her home until baby should be born was refused; the disgrace upon the family could not be forgiven. Another sister, although very poor herself, at length was prevailed upon to take her in. Baby came, and when only four days old the mother, wrapping it up as best she could within the folds of her own ragged garments, tramped the weary miles, begging her food as she went, and arrived at the end of a two days and two nights march at the door of one of our Homes, in a starving condition, with her feet sore and blistered. The look of weariness depicted on her features was the expression of an aching heart. She was received at once, and given food and a change of garments. The poor baby, who was wrapped in the remnant of an old coat, was also welcomed and cared for, and when it was given back to its mother, washed and dressed in clean things, she burst into tears of gratitude.

Yes, it is when the young mother is faced with the problem of earning for two instead of one (and in many instances the latter has been a struggle), the baby very really begins its life of suffering.

We came across the case of a child left day after day, whose mother went out to work in the early morning, returning at midday and at night. Baby was securely fastened in bed, and simply left alone all those hours, and this up to the age of nearly two

years. Questioned about it, the answer was: "Oh, she's a good little thing, she's always the same; she never says a word." *That* was perfectly true, for she did not show signs of talking or walking; her faculties and physical powers were totally undeveloped.

I have said that the unmarried mother is frequently unable to earn sufficient even for herself, therefore if baby is to be provided for, some help must be forthcoming.

The irresponsibility of the father of the child is an appalling fact. He can go free, and does, in many instances. As the law of our land stands at present, it is easy for him to disappear, or evade justice, and after his death there is no provision for payment (if such has been levied upon him), the order being cancelled.

In this connection the Salvation Army has an Affiliation Department, and I am grateful to be able to say that through its agency we have, up to the present, paid over for the children of mothers under our care, without any deduction for expenses, £19,611 12s. Most of these cases of affiliation were those in which the mothers had difficulty in obtaining the fathers' support for the children. The majority were able to secure the money without obtaining an Order of the Court, but while this is advantageous in some respects, it has drawbacks, especially now that the new Bastardy Law Amendment Act has been passed, as the additional allowance now obtainable, I understand, cannot be secured unless an Order of the Court has been previously granted or obtained. In saying this, I do not want to overlook the decided advantage that this additional allowance is to those who are able to draw it.

At the same time I am sorry that such a large number of illegitimate children are debarred from this increased help owing to the clause to which I have referred.

We cannot lose sight of the fact that these little

ones are, in numberless instances, deprived of the ordinary home life, which is invaluable to them from every standpoint. I wish it were possible for every unmarried mother who is capable of being a suitable guardian of her child to have its entire care. This would be the natural law, which is always the right law. We of the Salvation Army strongly advocate that mother and child should be helped together. And even when the mother must go out to earn their support, we still endeavour to keep them together.

Mrs. Gotto very kindly presided at the opening ceremony of our first Mothers' Hostel, where our officers care for baby during the day, and mother and child are together when mother returns from her work at night.

I feel that these Hostels and Homes will have a great effect upon the child's future. It is in these early years that the right or wrong impressions are indelibly stamped upon these little ones, and can right impressions be better assured than by good moral, physical, and spiritual influences and environments for them and their mothers?

Only the other day I called in at one of these Homes, and saw some of the happy little tots—one bright little one sitting in the tiny baby's chair, another playing ball about the room, another in the nurse's arms—all so delightfully unconscious of the anxiety of older heads and hearts concerning them. If some one did not step in, what would be the future before them?

It is in the proper care of the children that the future strength of our nation lies. The illegitimate children, as well as the others, have abilities and possibilities. We would, in association with others who are doing similar work, seek with all our powers to lessen the stigma which, from no fault of their own, attaches to them, as well as to work to the end that "prevention is better than cure." So let us rise to our responsibility—a religious as well as a

national responsibility—in response to their helpless cry, and do away for ever with the idea of "the unwanted babe."

DISCUSSION.

Miss Amy Hughes (Queen Victoria's Jubilee Institute for Nurses): I do not think there are any points that have been raised with which we are not all in accord. I just want to emphasize and to point out that as a former nurse belonging to the Queen's Nurses' Association I, and the Queen's Nurses who are now working throughout the country both as midwives and as district nurses, thoroughly understand and appreciate the various points that have been raised. I feel that if we are to get a higher standard of morality of life generally, the questions that are being dealt with under the Ministry of Health will help us enormously. What are you to expect when I have found, as a district nurse, on being sent by the doctor to attend a mother with a newly-born child, that the confinement took place in a little house of four rooms with a little backyard. There was a little narrow parlour in the front and a kitchen at the back. Upstairs there was a bedroom where the mother and her baby and husband were, and had to sleep. In the other room there was a big double bed in which eight children slept every day and every night. Now, what chance have such children of being brought up in a right way, and when there was no possibility of getting another home? I have never forgotten what the wife of an old clergyman said to me: "It is impossible to develop things properly under the present conditions, because it is so difficult to draw the line where indecency begins and where immorality begins." Then, with regard to mental deficiency, what chance have such children, if I may venture to say so, under present conditions, to develop healthy mental and physical powers? I went to see two little girls of 8 and 4 who were being inspected for the Board of Guardians by a Queen's Nurse. They were in a perfectly respectable and happy home. After having seen those children, I asked about their history. The nurse who was responsible for their care told me that the father of the elder child was in a lunatic asylum, and the Guardians thought the mother must be dead. The child had been at the home for a very long time, but she was hopelessly mentally deficient, and nobody knew who the father of the second child was. Now, I would ask you, is it right to put those children in the ordinary working man's home without extra supervision, and not have them watched in case they develop any tendency to mental deficiency? Ought they not to be watched before trouble arises, and before sexual

instincts assert themselves? I only mention this case as an instance of some of the practical work that is being done by the Queen's Nurses who know the conditions under which the people live. With regard to what has been said about abortion, I could tell you of the things I have myself seen, of medicines being taken and things done to secure it, but I will not. The practice is not only followed in the case of the unwanted baby of the unmarried women, but also in the case of married women who feel that they have not the time to have more children. The suggestions that have been made about arrangements being made that will enable mothers to have a better chance will do a very great deal in the direction of raising the standard of home life for them. I feel that a great responsibility rests on all district nurses, because of the influence they have over other people. In a book published some years ago on poverty generally, there was a statement made that where the district nurse entered a home, the standard of living was raised. That is only because the people accept them as their friends, not as inspectors.

Dr. LEESON (Twickenham): If you remove the shame and sorrow that hovers around the unwanted baby what are you going to do for society? You are opening the flood-gates to immorality, and you are going to take away that one restraint that impels self-discipline and recognizes consequences which, fortunately, weighs with most people. What was my best guide, what enabled me to walk right? This simple fact. I had a loving mother, but an inflexible mother when occasion required. The greatest factor for the reconstruction of the future is the family bond. If you weaken the family bond and bring in all this miserable State motherhood and all that sort of thing you are to bring down an avalanche upon your head. Now there was one thing I wished to say. We have an ever-increasing flood of feeble-minded and degenerate children, and if you want to have your heart-strings rent, go and see those 200 poor, wretched creatures in Wandsworth Asylum. I believe it is largely due to those measures which are used in regard to birth control of which Dr. Whitley spoke to us so eloquently.

Miss BURNSIDE (Hertfordshire): I want to emphasize what Miss Hughes has said, and, in addition, to speak from the point of view of the midwife's influence in connection with the care of the unmarried woman before the birth of her child, and also afterwards. There is nobody, I think, who can influence a woman towards loving a child better than the midwife, and I am speaking from my own experience as a practising midwife in Somerset. It always has struck me as so odd that illegitimate children were called love children.

But there is another point which I have not heard anybody mention to-day, and that is that nobody seems to attempt to make the father love the child. Why should not an attempt be made to get hold of the man, and get him to love the child? If you were to go to him with it, and get him to nurse it a little, I think you would probably do a great deal to get into his body and his mind that the child was as much his as the mother's, and very often you might save them both from further trouble in that direction. We have also heard much about the foster mother and the mother of the child being unable to earn enough money to keep it. Now, in our county I meet that in many cases by the Milk Order. I give enough milk to the mother, even if she is on board and lodgings, and in this way you can meet the question of support, and provide the infant with the proper food that it ought to have. With regard to abortion, the midwife, perhaps, comes in contact with that earlier almost than anybody else, and we have had, I am sorry to say, quite as much of it in the country as you have in the towns. For several years I have looked out for the special parishes in our county in which it is practised, and it can often be traced to one woman. It is not a question by any means only of illegitimate children; I am sorry to say that it is quite as much the unwanted child of the married woman. There, again, I think the midwife can influence the women better than anybody else. But the newspapers, and especially the Sunday ones, are responsible for these advertisements. As a private monthly nurse, I should also like to tell you that amongst the educated classes as soon as a baby is born, it is a common thing for both parents to receive the most horrible literature. So that it is not only by stopping the advertisements that appear in the newspapers, but also by stopping the people from sending these advertisements by post, that you can deal with this evil.

Dr. W. E. Henderson (C.M.O. Westmorland): We must get back to first principles in the *prevention* of all these sorrowful facts. We must begin with the young, and teach them the facts of life. And this point was splendidly put by Miss Norah March and the Bishop of Kensington.

We have in the past, somehow or other, by our mishandling of the child, made virtue appear stodgy, and vice, by comparison, alluring. Now we have to reverse the whole thing, and teach the child that life is a great big thing, a great adventure, and that inchastity and intemperance, by comparison are mean and base and petty.

The thing to do is to develop self-discipline from within by character building rather than impose discipline from without.

This is the plan followed in the Cheery Brotherhood of

the Scouts, and, as a medical officer of health, I welcome this fine movement.

Mr. NORMAN HARRISON: I have been trying during the past three days to find out what has been the trend of thought, the under-current in everybody's mind, and it seems to me to have been twofold. In the first place remarkable emphasis has been placed, especially by the women speakers, on the economics underlying the problems of infant welfare and motherhood. Women speakers especially have driven home the fact that you cannot have good motherhood and healthy babyhood whilst you have the parents living in unhealthy houses upon inadequate wages, working long hours with insufficient sleep. That seems to me to have been the point which needs emphasizing in connection with the problem discussed this afternoon. Not one of the speakers has touched upon the unmarried woman who is driven upon the streets in order to augment her extremely small income. I suppose that in this City of London there must be thousands of business houses, cafés, canteens, refreshment and other places where the girls are paid inadequate wages, with the result that many of them are driven to resort to other means in order to increase their income. You will often find the same thing with the widow mother. The economic solution is the only one which I can see is to help that side of the problem. The other trend of thought is that everybody is agreed, from Dr. Addison downwards, that we must have a greater spread of knowledge regarding public health matters among the vast general public. It seems to me that this Conference is to be absolutely useless unless everybody who has been here goes back to their own part of the country and tells the people with whom they come in contact, and who have not had the opportunity to come here and listen to the speakers, the things which they have heard here and the new lines along which Infant Welfare work is now to be conducted. We do not want the Conference to be useless. We want it to do a great amount of good; but there must be that word of mouth, that individual preaching of the ideals and knowledge which we have been fortunate in obtaining at this Conference.

Mrs. WILLIAMS (Swansea Board of Guardians): This afternoon Commissioner Adelaide Cox told us in her closing remarks that prevention is better than cure, and that was the first time I have heard anybody allude to that. I absolutely agree with her, for we have a great deal of preventive work to do. But who is to do that preventive work? I think it should be the parents, and I am afraid that we have been lacking in that respect. We women ought to make up our minds that we must talk to our girls, and ask the fathers to speak to the boys.

If we all do that a great deal of the immorality throughout the length and breadth of our land will be done away with. There is much educative work to be done, some of which is already being carried out by our school teachers, but there is a great deal more to be done. The extension of the school age will help in that, especially as it will afford an opportunity to give our girls an advanced course in mothercraft. But if we are going to give them these educational facilities we must make up our minds that we shall have to do away with bad housing, as it has had more to do with immorality than anything else. Now that we women have the power, and the weapon, let us use it in sending the right people to Parliament to see to it that all these evils are swept away.

The CHAIRMAN: Mrs. Gotto is obliged to go in order to attend another meeting, and with your permision I will ask her to exercise her right to reply to the discussion.

Mrs. GOTTO: To reply to some of the very interesting points that have been raised. First one of the speakers made a very emphatic statement regarding the enormous difference between men and women in their sex life. Women have a large maternal instinct, but surely if we think along those lines we shall be a little adrift at this moment. I do not see how we can explain by maternal instincts the low moral standard which we see among the upper middle-class young married women of the present day. Mention was also made of abortions. I want to throw out a suggestion which, although it is rather off the point, must be considered at a Conference such as this. As you know from what has followed from Dr. Whitley, the authorities are taking the strongest possible measures against these practices, but do you not think that relative to the knowledge that exists in some sections of the community as to the conduct of married life, the best treatment we could have in the direction of elevating the moral standard of our married men and women would be adequate instruction clearly given on the normal conduct of married life. It is the extraordinary ignorance that exists of those intimate questions which is the root of a great deal of the present evil. Then it was really refreshing to hear the, may I say, early Victorian or Georgian arguments that were stated against us to-day. I think if it requires a very large brain to see that it is easier and more effective to condemn a small section of womanhood for incurring the responsibilities of maternity than to educate our young boys and girls in the responsibilities of manhood and womanhood, to raise the whole standard of conduct and require an equal standard between man and woman, which is what we have been working for—if it takes only a small brain and a big heart to see that it is better to do these things than to condemn

a small section of womanhood, then I am rather glad we have got big hearts and small brains. With regard to the Milk Order (that is an excellent point) but I think it is a sounder and saner solution of the difficulty that the single woman in maintaining her child should obtain a share of the necessary support from the unmarried father rather than get it in that way. Of course, I am quite in agreement with having any measure we can get towards securing support for the child until we get the real solution by bringing joint responsibility home to the father and the mother and to recognize that the problem of unmarried fatherhood is one that requires our consideration. It would certainly give the mother a closer link with the child and it might have a similar influence on the father. It is necessary that we should have a solution of the whole problem. In that connection we must not omit remedial measures as regards the mentally defective unmarried father and mother. It is one of the biggest factors in connection with the workhouse population that we have mentally defective parents. Mr. Harrison, I think, said that a large number of the unmarried mothers of children became professional prostitutes. My experience, and I think you will have it fully endorsed by others, is quite different. My experience is that your normal unmarried mother does not resort to this means of earning her living, and that it is not in a great many cases economic pressure that is the cause of unmarried maternity. The other point I wanted to emphasize is that we all of us do realize that we have to go right back to the instruction of the young as the real solution of all these problems.

Dr. SALEEBY: I know I am doing what is desired by those who have worked hardest at this matter when I suggest that you should say that it is the opinion of this Conference that early legislation is desirable on the lines of the Bill prepared by the National Council for the Unmarried Mother and her Child, supported by the National Society for the Prevention of Cruelty to Children. I am quite confident that such an expression of your opinion would help to expedite such legislation. I will not take up your time by saying anything in support of the suggestion, because I know you will all readily agree to it.

The CHAIRMAN: We are not having a resolution. What Dr. Saleeby suggests is an expression of your opinion to be conveyed from this Conference and it is necessary that your opinion should be expressed somehow.

Unanimous assent was given by the delegates to Dr. Saleeby's suggestion.

Mrs. HAWKEN (Southend): I have greatly enjoyed all the speeches, and during the whole of the time the thought that has been most insistent in my mind has been what are we to

take back to the various towns we come from as the immediate propaganda work that we are to engage in to secure the ends which we all so ardently desire. There is something that we can all do at once. We all of course agree that legislation is needed as well as many other things, but I want some concrete idea to be the outcome of our consultations. Might I suggest that we concentrate our efforts in the meantime in directing the attention of our mothers and fathers to the importance of teaching their children right, early in life, the true facts of life from a clean source. Now, I venture to suggest this because I have taken my courage is in both hands and spoken to the mothers in my own town. It has taken a great deal of moral courage, if I may say so, and I have been tremendously encouraged with the result. The women have listened breathlessly when they have been told the way in which to phrase their teaching and herein lies the difficulty. Many mothers would take upon themselves this responsibility, but they have not the remotest idea of what to say about it and the fathers are in the same position. There is an admirable little pamphlet* all workers can get and from it they can see how to phrase their teaching. The root of the whole thing lies in the control of the thought. If we could get that deep down into our consciences, we should be able to point out to all those among whom we are working that the great remedy for most evils is to bring up the children in an atmosphere of pure thinking, for actions do not come other than as the result of thought.

Mrs. A. G. WHITTING (Day Servants' Hostel): I should like to tell you my experience in connection with the Day Servants' Hostel, the first one started for mothers and babies, and the first one too where mothers could earn enough to support both themselves and their babies. It was started at Chelsea eight years ago, and is still in existence. My principal object in speaking is to answer the speaker who regarded any movement for assisting and relieving the unmarried mother as something that would lead everybody into an awful abyss. During the eight years the Hostel has been in existence, I know only of one girl who has made the same mistake in her life again, and she happened to be a girl whom we had to dismiss after three months. I attribute our success first and foremost to the fact that we have kept the mothers and babies together, so that the mother has had the opportunity of having the God-given dis-

* Some thoughts for wives and mothers and some teaching to be given to children by parents who find it difficult to put their own thoughts into words. Published by the National League for Health, Maternity and Child Welfare, 4, Tavistock Square, London, W.C. 1. Price 5d. post free.

cipline in her relation to the child. Secondly our success is in large measure due to the fact that our girls have lived in an atmosphere of freedom which seems to me to be the only kind of atmosphere that builds character better than any kind of artificial restriction and penalty. Thirdly we have classified the girls. I should like those who are promoting legislation on this subject to urge that it is not enough that the girls should receive their money through the Court. We all thought it would be so much better if they received the money straight from the man, but the Court does not hold itself responsible for the payment and if the man does not choose to pay, the Court will do nothing to compel him to do so. The position of the girl then is no better than if she were receiving the money from the man. I would urge that the money should be paid not through the Court but, if possible, through the Post Office or through some other agency which has nothing of the Court atmosphere about it, and that the agency, whatever it may be, should make itself responsible for the man sending the money.

Dr. SCOTT (M.O.H., Plympton): I should hardly have ventured to have sent in my name to address the Conference but for a request made from the Chair that some one should say something of what is being done in the country. With regard to Devon, the county has been mapped out into districts. Clinics have been established in some of these, arrangements have been made by which cases may be taken into the Maternity Homes, and there is no differentiation made between the expectant mothers of legitimate or illegitimate children. There is also an arrangement for care at convalescent homes or other institutions to enable the mother and child to be restored to normal health. Supplies of milk are granted on the recommendation of the health visitor. Generally speaking, with regard to the problem of illegitimacy, the position is not so bad in the country or rural districts as it is in the towns. In the rural localities the child, although not immediately welcomed, is yet given a kindly and careful bringing up either by the mother or by the mother's mother, and lives as one of the members of the family. As an outcome of the discussion this afternoon, I leave the Conference in a great dilemma. It occurs to me that the more you do to make the case of the unmarried woman easy, the more you do to promote an increase of the illegitimate births. I say that with this qualification, that unless you make some provision by which the man can be followed up, no matter where he goes, from one part of the world even to another, and that until he is found, the State should contribute towards the cost of the child until it can earn its own living. The State should also take the other way of punishing the man who commits the crime. Unless by legisla-

tion you can punish the man sufficiently or make him pay the penalty he ought to bear, it seems to me you make the case of the man quite easy. Unless you go for the man himself, you are going to promote illegitimacy rather than decrease it.

Mrs. JEWELL (Barnstaple Board of Guardians): The unwanted baby and the unfortunate girl are dear to my heart. I think it is the duty of the mothers to educate their daughters when they are young. They should teach them the responsibilities of motherhood and the dangers they encounter. If the daughters were taught the risks they run at weak moments, there would not be so many unwanted babies. We in Barnstaple have splendid maternity centres and rescue workers, a shelter for preventive work and creches for the children. They do the work excellently, and there is not much immorality there. I only wish that mothers would learn to do their share of the preventive work. Then they would set a noble example. I feel that we have learned a great deal from this most excellent Conference.

Mrs. PAINTE (Stepney): My opinion is that the workers should have proper homes in the first place, and a sufficient share of the wealth they produce to keep themselves and bring up their children in a decent manner, so that when they grow older they do not get into trouble. At present they have not, in the majority of instances, decent homes, and that is the principal cause of the trouble. There is no place for the mother tohave comfort whe n her time of trouble comes, and she has little time or accommodation for giving her children the care and attention they need. Let us get on with the housing question first, for I think that is the root of most of the evils to which reference has been made.

The CHAIRMAN: The officials and most of the delegates have got to go. We all wish we could prolong this Conference for another hour, we have enjoyed ourselves so much. Morally and mentally we have learned a good deal. We have benefitted from the interchange of opinions one with another regarding the various experiments that are being made, and we have received that great stimulus which one can only get from a comparison of the results of our work with those of others who are working along the same lines. I wish we could go on longer, but it is my duty to say that we must now close.

A vote of thanks to the Chairman terminated the Conference.

National Association for the Prevention of Infant Mortality and for the Welfare of Infancy.

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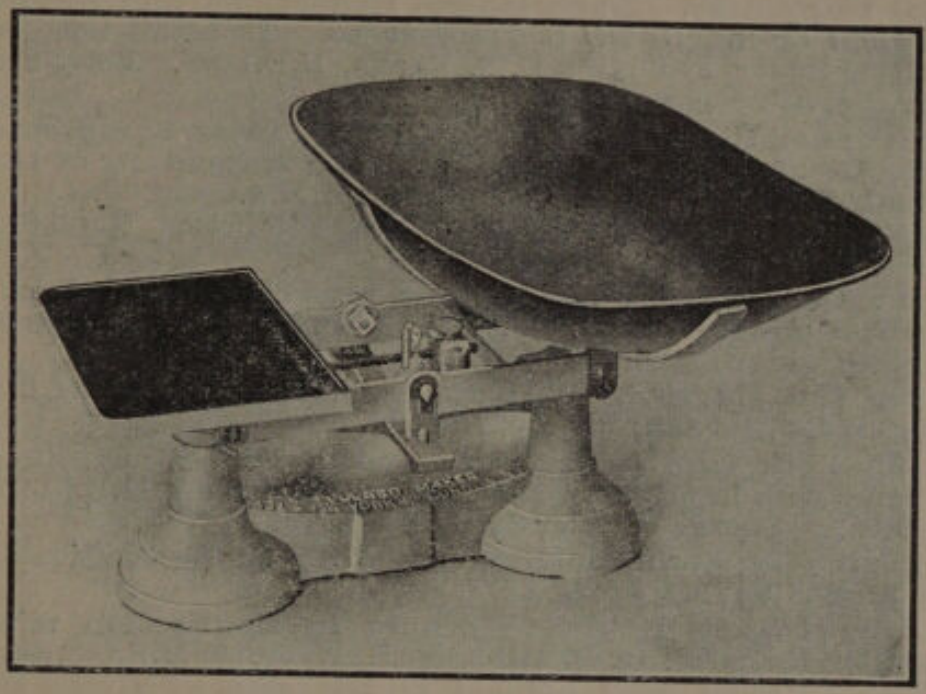

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