Society Proceedings

COMING MEETINGS

American Physiological Society, Baltimore, Dec. 27-30.
American Public Health Association, Havana, Cuba, Dec. 4-9.
Southern Surg. and Gynecol. Assn., Washington, D. C., Dec. 12-14.
Western Surg. and Gynecol. Assn., Kansas City, Mo., Dec. 18-19.

AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY

Second Annual Meeting, held in Chicago, Nov. 16-18, 1911

The President, PROF. CHARLES RICHMOND HENDERSON, in the Chair

About 500 people—physicians, nurses, social workers and others interested in infant welfare—attended the opening session. The first meeting was a session of the Section on Nursing and Social Work, over which Miss Lillian D. Wald of New York presided.

Infant Welfare or Milk Stations

Miss MINNIE H. AHRENS, of the Chicago Infant Welfare Society, Miss HARRIET L. LEET, of the Cleveland Babies' Dispensary and Hospital, and MRS. W. H. BARTON, supervisor of the milk stations of the department of health of New York City, read papers on this subject.

DISCUSSION

DR. GEORGE W. GOLER, health commissioner of Rochester, N. Y.: Has not the time come to attack the milk stations instead of supporting them? In building up milk stations, we have been losing sight of the fact that the real duty of the legal authorities is to compel the production of milk that is safe to be used by everyone, as the milk stations at best supply only a small portion of the clean milk that is needed. Cities should no longer have laws that soothe but laws that compel, and their enforcement should be insisted on.

Infant Mortality from the Point of View of District Nursing

Miss M. LOANE, through Miss Foley, presented a paper giving the conclusions from several years' experience in district nursing in various parts of England and discussing the result in infant mortality of illegitimacy, reckless marriages and bad housing, showing that the waste of infant life is not all due to poverty or lack of leisure.

Cooperation in Nursing and Social Work

Miss HIGGINS, secretary of the Associated Charities of Boston: The task of a nurse is to make healthy citizens of good character; the task of the social worker is to make good citizens with healthy bodies. The time was when doctors and the medical group thought they could plaster health on to the individual; now they find that they must work with Nature—exercise, fresh air, good food, etc. The social workers are trying to present an opportunity for the people to benefit themselves and are using encouragement and persuasion to see that the opportunity is taken. They have changed their methods, but the doctors, the nurses and the social workers have not recognized that these changes should bring them more closely together. If the social workers have thought of the community too much, doctors have thought of the community too little. After five years of cooperation in Boston the doctors have said that the social history helps them in medical diagnosis. Social work is also of value in treatment. Social workers can have children sent to the hospitals or persuade people to have operations done which the doctors could not do. This work is also valuable in the after-care. The doctors and the social workers have been trying to find a disease that has no social significance, but it has not been found. Surgery, tuberculosis, debility, venereal diseases, alcoholism, all have their social significance. Of mothers whose parents had been total abstainers, 91 per cent. were able to nurse their infants; of mothers whose fathers had been moderate drinkers, 88 per cent. were able to nurse; of those whose fathers were heavy drinkers, 31 per cent. were able to nurse their children and of those whose fathers were drunkards, only 10 per cent. were able to nurse their children.

DISCUSSION

DR. HENRY B. FAYILL, Chicago: The medical resources known to the world are not sufficiently available to the poor. The difficulty is that the machinery of society has broken down at the point of contact of acquired scientific knowledge and its application to the mass of the people. This is nobody's fault in particular. Up to recently the agency of administration of medical relief by which was included, advice, etc., has been the local physician, who, in that respect has not been a success. Many reasons have contributed to this unfortunate fact—the ignorance of physicians, the multitude of struggling, low-grade physicians, and lack of intelligence and education among the people.

Visiting Obstetric Nursing

MISS CAROLYN C. VAN BLARCOM, executive secretary of the Committee on Prevention of Blindness of the New York Association for the Blind: The problem of infant mortality is to be solved through intelligent motherhood and the keynote of the work is to teach mothers how to care for themselves and their infants. Fifty per cent. of births in this country are attended by midwives who are mostly untrained, ignorant women, and much unnecessary death, blindness, and mental and physical degeneracy result. In England, through the laws creating the Central Midwives Board much improvement has resulted in infant mortality and morbidity. In this country, midwives are neither trained nor supervised, although in New York City a training school has been started in connection with Bellevue Hospital and an attempt has been made to register midwives.

DISCUSSION

DR. RACHELLE S. YARROS of Chicago: The midwife cannot be abolished at the present time. A large proportion of the women of foreign birth demand midwives. The thing to do is to improve the quality of the midwives, possibly by having obstetric nurses or other trained nurses with normal cases. A great need is for the attendance of either physicians or trained nurses at moderate fees for the great middle class.

Other Papers

Among other papers read at this meeting were "The Relation of District Nursing to Infant Mortality," by Miss AMY HUGHES, general superintendent of the Jubilee Institute for Nurses, London, Eng. This paper was read by Helen Scott Hay, superintendent of the Illinois Training School for Nurses; "Rural Problems in the Prevention of Infant Mortality," by Miss ELLA PHILLIPS CRANDALL, Columbia University, New York, and a paper on "Maternity Hospitals," by Miss MARTHA M. RUSSELL, of Sloane Maternity Hospital, and Mrs. REGINALD FOSTER of Baltimore.

In the evening session, which was really the opening session of the meeting, the president of the association, Professor Henderson, read his address.

The Interests of Society in the Protection of the Mother and Child

PROF. CHARLES R. HENDERSON, Chicago: We are not founding a new society but promoting the oldest human social group: the mother and her child, which is more primitive, more fundamental than any other institution in society. First of all, the mother has her rights for which we must stand and invoke all the forces of the constitution, laws and governments. She has the right first to a home, and we must improve our economic conditions so that she may receive adequate support and be surrounded by such physical conditions as to preserve her own health and that of her child in the home as well as in industrial occupations. Before and after confinement she must have rest and must be provided with the necessary means to procure it. Hitherto she has had no resources but charity and the results of scant thrift, and some form of insurance must be found for the deserving cases. The baby has moral rights which should be transferred into legal rights. It has the right to be registered and from the time it is born through all its life it has a right to its name and place in citizenship, for without these all

its other rights are lost or rendered uncertain. They cannot be maintained unless there is registration at the time of its birth. The child of the unmarried mother and the mother herself should be protected by all the power of legislative organization against the neglect of the father, who ought to be sought to the ends of the earth and brought back to the task of supporting the child. The charitable and public and private associations can do much. What we need is someone who is responsible for every dependent child and who stands with the power of the courts back of him to interpret his duty to see that the task is performed to protect the baby's rights. Society also has rights. Eugenics stands for the rights of society, for the rights of the mothers to be healthy and for the rights of the infants to be well born. Society's rights are for the future. The rights of posterity must be protected. Society must have something to say about those who should not be born.

Municipal Measures Against Infant Mortality in Chicago

DR. GEORGE B. YOUNG, commissioner of health of Chicago: Most of the measures in Chicago directed against infant mortality have been aspirations rather than achievements. Complete and accurate registration of births is absolutely necessary before any real beginning can be made to study the causes and the means of preventing infant mortality. At present, 17 per cent. of the milk coming to Chicago is illegal milk, as it is neither pasteurized nor from tuberculin-tested cows. Efforts will be made to amend this and if free milk cannot be provided then the milk obtainable will be as good as can be obtained under ordinary municipal regulation. The methods employed do not try to prevent largely, but try to correct; this is a vital fundamental error; but along lines of correction something has been done; a start has been made in the work of child hygiene. In the beginning, fifteen nurses were provided and they joined hands with various associations for infant welfare already established in the city and better results were obtained by reason of this cooperation. Enough nurses to cover twenty-five of the thirty-nine wards of the city have been provided but in only ten was intensive work done. That this work means something is shown by the fact that the nurses made 38,335 calls and 20,041 revisits. As the result of this work in the last year the reduction in the deaths for the three months, July, August and September, as compared with the year before was 362, of which 311 occurred in the wards covered by the visiting nurses. The diminution in the death-rate was much better in the wards covered intensively. The reduction was 25.41 per cent. as against 15.5 per cent. in the other wards. Various means of an educational nature have been employed in the way of posters in the different languages, leaflets, moving picture shows, etc., and following the lead of New York we have started Little Mothers' Schools in which it is attempted to teach the elements of infant hygiene and care of the baby. It is expected to inaugurate forty-eight of these schools soon. Mothers' conferences have also been begun in the congested foreign districts where the mothers can come and consult the physicians who lecture and explain matters. The health department is willing to do everything possible but it is up to the citizens to say whether the work shall be given proper financial support.

The Illegitimate Child.

DR. H. HASTINGS HART, director of the department of Child Helping, Russell Sage Foundation, New York, presented an elaborate, constructive plan for the prenatal and postnatal care of these infants and their general supervision up to the time of their becoming self-supporting citizens.

In the section of Eugenics, in which great interest was manifested, a number of papers were read and resolutions on certain subjects were reported to the general meeting at the afternoon session.

Eugenics and Infant Mortality

MR. ROSWELL JOHNSON, Bartlesville, Okla.: The movement for universal infant conservation is in direct opposition to the action of natural selection, but no discriminating measures are at present justifiable. The efforts against infant

mortality must be continued. Sexual selection and fecundal selection must take the place of natural selection, the union should be based on worth and fitness for parenthood. Parents of superior stock should be encouraged to have large families. We must look to the physician mainly to exert the proper influence in the interests of sexual and fecundal selection.

The Hereditary Effects of Venereal Diseases and Their Relation to Infant Mortality

DR. PRINCE MORROW, New York: The problem of infant mortality is as much, perhaps more, a biologic than a medical problem. Environmental conditions are important, but the dominant influence must be assigned to the hereditary make-up of the individual. The social diseases have a special significance in relations to eugenics in that they specifically affect the system of generation, producing a race of inferior beings, on account of a lack of "biologic capital."

Hereditary Tuberculosis and Infant Mortality

PROF. H. E. JORDAN of the University of Virginia: The inheritance of a predisposition or tuberculous diathesis is an important fact. There is no basis for the dogma of certain health leagues that tuberculosis is not hereditary in this sense. Prof. Karl Pearson furnishes most cogent proof that the phthisical diathesis is just as hereditary as any human characteristic we know about, and that it is more important than direct infection in families. Despite the vastly greater opportunity for direct infection between husband and wife as against brother and brother, the correlation coefficient in the former case is not more than 0.17 or 0.25 maximum, while in the latter it is from 0.40 to 0.50. The further fact that about 38 per cent. of all tuberculous patients in sanatoriums come from tuberculous families is also significant of the transmission of a predisposition to the disease.

The section on Midwifery was presided over by Dr. Mary Sherwood of Baltimore.

The Midwife Problem and Medical Education

DR. J. WHITRIDGE WILLIAMS, professor of obstetrics in Johns Hopkins University, presented a paper which was read by Dr. Frank W. Lynch of Chicago. Dr. Williams as the result of replies to a questionnaire containing fifty questions sent to teachers in obstetrics in the medical colleges throughout the country draws some conclusions which constitute a severe arraignment of the methods and results of teaching obstetrics in this country. The paper will appear in THE JOURNAL.

DISCUSSION

DR. JOSEPH DELEE, Chicago: The indictment of the medical schools by Dr. Williams is true, but the principal cause is a matter of money. The public does not respect the obstetrician and will not pay him adequately. His standard is not so high as that of the surgeon. This lack of consideration for obstetrics extends through the hospitals and medical schools and the young men will not become either obstetricians or teachers, but go into surgery and gynecology, which are better paid. The elevation of the standard of obstetrics in the opinion of the public first and in the schools afterward is the demand. When the women demand a better standard of service and cease employing midwives better service will be provided. This education of the women can be assisted materially in the women's clubs throughout the country. Maternity hospitals of high class must be established more universally in which nurses and physicians can be practically trained in obstetrics. This will naturally abolish the midwives.

DR. RACHELLE S. YARROS, Chicago: The conclusions of Dr. Williams were true, but the public must demand good work and it will get it. The midwives, objectionable as they are, cannot at present be abolished, I believe; but if they are then lying-in hospitals must be established where the expense is not great and the women educated to go to them in the instances, chiefly among the foreign population, in which they now demand midwives. As a measure of expediency and as an improvement over the midwife I recommend the education of the trained nurse to take care of normal cases, or to work as assistant with the obstetrician.

DR. FRANK LYNCH, Chicago: I believe that a little explanation of some of the conclusions of Dr. Williams is needed to an audience composed largely of laymen. In the medical schools of this country there are men of all grades. Real medicine began, it might be said, only about sixty years ago. Good surgical work began as recently as twenty years back. This paper, making a summary of obstetrics, includes the old and the young teachers and obstetricians, and the young men are in the better position. The paper is true, but the statements must be qualified. Not all graduates go directly into practice; many go into hospital work and get experience. One school in Chicago practically insists on a year of hospital work, for which they give a degree of honor. Until the public knows how to choose a physician there is no hope for good obstetrical teaching. What is wanted is trained men, not operating-rooms. The way to get good teaching is to pay properly equipped men for teaching the young physicians.

Has the Trained, Supervised Midwife Made Good? Shall Midwives be Licensed or Abolished?

DR. JAMES LINCOLN HUNTINGTON, Boston, sketched conditions in foreign countries where they have trained, supervised midwives, as in England and Germany, where the results are said to be unsatisfactory. America has no laws concerning midwifery, but they should be abolished and not licensed. The Boston lying-in hospital with out-patient service, assisted by the public and social workers, seems to have solved the problem.

DISCUSSION

MRS. WILLIAM LOWELL PUTNAM of Boston presented a scheme for assistance in this work by lay women, and described such an organization which is doing good work in Boston.

MRS. UPHAM of the Chicago Lying-In Hospital and Dispensary, also described the work done by an organization of about 500 Chicago women in an educational way along these lines.

DR. GEORGE W. WEBSTER, president of the Illinois State Board of Health: I called the attention of the National Federation of State Boards, in 1904, to the facts disclosed by Dr. Williams. The time devoted to obstetrics in some schools amounts to 150 hours. There are schools in which the time devoted to obstetrics in the entire four years' course is only sixty hours. There are only thirteen states in the Union having laws in any way governing the licensing and control of midwives. In fourteen states the law says that the provisions of the medical practice acts shall not apply to them. In all other states the laws are silent on this subject. I am convinced that the question is not wholly an educational question, but an economic question. In Chicago the services of a midwife may be obtained for \$2.50, and if the service is as good as that of the physician, as Dr. Williams says, they cannot be blamed for accepting the service. We must supply something good at an equally low price. We cannot legislate midwives out of existence any more than we can poverty, drunkenness or crime.

DR. EVANS, New York: The average cost of the attendance of a midwife in New York is from \$5 to \$10. Contrast this with the service rendered by the lying-in hospitals and dispensaries. The 50,000 births attended by midwives would pay for better service for the whole city and allow of the use of this material for teaching purposes.

Schools for Midwives

The paper of DR. S. JOSEPHINE BAKER, director of child hygiene, health department, New York, was read by Miss Carolyn C. Van Blarcom. There are 1,400 midwives registered in New York, but this is probably not half the number practicing. The midwife is usually an ignorant, untrained woman, and the average cost of her services is \$8. Criminal practice among the midwives is on the same footing as in the case of the physician. The laws concerning the midwives' schools in Europe are old and have not kept up with other medical work. Denmark and Germany have advanced. In France midwives are trained but they are not controlled afterward. The school started in New York for the training of

midwives, in connection with Bellevue Hospital, has a six-months' course, three months of which are spent in the house where the midwives are taught obstetrical nursing, how to make a diagnosis, the principles of breast-feeding, cleanliness, etc. The second three months are spent in the homes of patients, where under the supervising nurse or the physician the midwife is taught to apply what she has learned in the school. The idea is to establish more of these schools and legalize their registration and licensing by the state.

DISCUSSION

MISS C. VAN BLARCOM, New York: I do not agree with Dr. Huntington and Dr. Lee; I believe that the English system is going to make for better health of the children and their mothers. I have just returned from a study of the working of the system there. The sentiment there is in favor of training midwives. The movement was started by the London Obstetrical Society thirty years ago, which is significant. It has the support of all the expresidents of the Royal Obstetrical Society, of Dr. Osler and others. The question is one of better care. Two standards of obstetrics are not desirable. The object is not to invade the province of the doctor, but the problem is one of securing adequate attention and care.

DR. C. S. BACON, Chicago: I believe if it is possible to abolish the midwives it would be well. In America each state can institute experiments and the whole country can profit by them. Whatever may be done in Boston or in Massachusetts, I believe that in New York and Chicago the abolition of the midwife is absolutely impossible. As to midwife schools, if this matter is not to be allowed to go without any attention, there must be schools for midwives. It is doubtful whether the medical colleges can go into this work, but a university, which has its medical and other departments, can properly have a department of midwifery.

DR. R. S. YARROS, Chicago: It is important to have something done for the benefit of the people who cannot have regular physicians but must have midwives. It is not alone a question of elevating the standard of obstetrical teaching.

DR. J. W. SCHERESCHESKY of the U. S. Public Health and Marine-Hospital Service introduced a resolution, which was adopted by the section, to the effect that the teaching of obstetrics in the United States is at present inadequate and that no time should be lost in elevating obstetrics to the importance at least accorded to medicine and surgery; investigation of local midwife conditions was urged as a means of obtaining information; that the extension of outdoor obstetrical service be advocated as a method of preventing disease and a high mortality-rate.

(To be continued)

UTAH STATE MEDICAL ASSOCIATION

Annual Meeting, held at Salt Lake City, Oct. 4-5, 1911

The President, DR. FRED W. TAYLOR, in the Chair

The Bacteriology of Diphtheria

DR. R. W. ASHLEY, Salt Lake City: In diphtheria the earlier the diagnosis the better for the patient and the community. A culture taken from the throat will in twelve hours, often less, clear up the diagnosis and indicate the treatment necessary. During the past year in Salt Lake City 25 per cent. of all cases of diphtheria on record at the board of health were discovered by the examination of cultures taken from the throats of children, previously ill, and seeking to obtain permits to return to school. The diagnosis in each case, previously made by the attending physician, was "sore throat" or "tonsillitis." Effective quarantine in all cases should be regulated by bacteriologic examinations, and every patient infected should be isolated until the bacilli have entirely disappeared. In the average case this requires about two weeks. Mild cases do not always remain mild, and every year many children die of diphtheria while being treated for "sore throat" or "tonsillitis." Every case of sore throat should be looked on with suspicion, as a contagious disease, until it is proved otherwise. Cultures taken from the throats