TROPICAL DISEASES AND PUBLIC HEALTH

SUPERVISION OF PRE-SCHOOL CHILDREN AND PHYSICAL EDUCATION*

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Every one must agree with Dr. Rankin that

"As in the beginning, so now and throughout all time, the first business of government will be the protection of human health and life, and the government that discharges this, its first duty, will guarantee its own greatness and permanency through the development of a vigorous and happy citizenship."

No less an authority than Dr. Chapin makes the statement that dollar for dollar, money spent for child welfare pays larger dividends than that expended for any other phase of public health work. The humiliating revelations of the condition of our drafted men and the invariable statement that these boys were suffering from neglect in childhood confirm the belief that whether from humanitarian impulses or from motives of sheer economic expediency, the nation seeking its own vigor and integrity must first insure the vigor and integrity of its children.

According to Mr. Hoover, the psychology of the war was a development of the herd instinct calling all men from all quarters of the globe to the defense of their own. This instinct finds among the decimated nations a post-war expression in the determined effort to protect their young. Even during the stress and strain of war, England and Belgium, through national supervision of the coming generation, reduced infant mortality to less than the pre-war rates. If such results are possible during years of famine and untold suffering, what may not be accomplished in the more beneficent days of peace?

Nations are awakening to a sense of obligation and responsibility. It is probable that in our own country an adequate

and uniform system of supervision may be devised which will insure to every child a safe entry into the world and the protection of a mother preserved sound, vigorous and able to care for him according to the laws of Nature.

Contributing to this end various experiments are being tried out by government, state and city organizations, in co-operation with the American Red Cross and other philanthropic organizations. By the joint efforts of such groups in North Carolina, Kentucky and other Southern states, it is probable that the county child welfare center will be given a definite and recognized place in the model health unit. In other cases public health instruction may be the outgrowth of the co-ordination of various public health activities around the child welfare center.

More than ever before states are showing their recognition of the need of definite bodies whose function shall be the supervision of the state's children, and are realizing the fact that such work costs money. Nineteen states and the District of Columbia have appointed state commissions to revise and codify all laws pertaining to the interest of their children. Thirty-five states as compared with six before the war have definite child welfare divisions with annual appropriations ranging from \$1,900 to \$150,000. At the recent meeting of the American Child Hygiene Association the Director of the Child Hygiene Division of a state board of health stated that she was presenting to her legislature a budget covering an expenditure of \$700,000 during two years, and she expects to get it. State legislatures are state legislatures and they are not likely to appropriate such sums of money unless returns are in sight. They must be convinced that the protection of their children is good business.

While some states are making these generous appropriations for child welfare work, others are not in a position to finance the work unaided. It is hoped that the coming congress will pass the Sheppard-Towner Maternity Bill, thus insuring to the rural child and the city child an equal

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protection. By the terms of this bill each state will receive annually the sum of \$10,000 for promoting the care of maternity and infancy and in addition, its pro rata of a fund of \$2,000,000 provided the state raises a like amount. This fund is to be increased each year until it reaches the amount of \$4,000,000 and is to be distributed annually like the Smith-Hughes, the Smith-Lever and the good roads appropriations.

With this federal support, the states will be able to aid their counties to secure adequate medical and nursing service for the continued supervision of mothers and young children, especially during pregnancy and the perilous days of early infancy.

Recent reports of the Metropolitan Life Insurance Company emphasize what the experience of Boston, New York, San Francisco and other large cities has demonstrated that the mother supervised during her pregnancy not only produces a markedly stronger, sturdier child, but is herself in sounder condition for later contributions to the community. Prenatal supervision is largely dependent upon a public health nursing service, a necessary part of every child welfare center.

A wistful and unique tribute was recently paid the nurses of a district association by the local undertakers organization, which lamented the decreased number of infant funerals since the installation of the nursing service. In another town the undertakers protested that their business would be seriously menaced unless the nursing service could be abolished.

The nurse enters the home with more of skill and authority than the volunteer worker and with greater intimacy than is possible for the busy doctor. She wins the confidence of the prospective mother and paves the way for the establishment of a permanent child welfare center by the physician of vision and initiative.

PHYSICAL EDUCATION

This brings me to the discussion of the second half of my paper. Before it is possible to discuss physical education it is necessary to decide whom we are to educate and who are to be the educators.

For years now we have plead the ignorance of parents as a prime cause of

the many disasters of early life, with never a word as to who was responsible for the ignorance of these parents. Will there ever be a better time to face the subject squarely and acknowledge that only physicians can give mothers the training they need in order to rear sound, healthy children? There is no more direct route to the head and heart of a woman than by means of her children. In our children's health conferences, whether held in school, church or pool room, we have found mothers keenly responsive to constructive suggestions.

We physicians have evaded the issue on the plea that grown-ups are hopeless and that the salvation of the nation depends upon the education of the rising generation, thus shifting the responsibility upon young, untrained teachers, which is unfair.

I am convinced that it pays to educate the teacher. Doctor Williams told us yesterday that the number of cases of diphtheria and of scarlet fever had been cut in half since the Virginia State Board of Health had begun teaching its teachers. We also have found the teachers eager and helpful in many counties where there were no nurses, themselves watching the examination of every child, listing the more urgent defects and following up the cases until corrective measures were obtained. We have secured better pumps and privies through the aid of the teachers, better placing of desks for children with defective vision or hearing, and have found the warmest interest in the better grading of their children from a physical as well as mental standpoint.

The physician really interested in the welfare of his community will find hearty co-operation from lay organizations. Chambers of commerce will prove invaluable in the control of communicable diseases and in securing clean milk. County agents and home demonstration agents of the Department of Agriculture will preach the gospel of fruits and vegetables versus "hog and hominy"; and will popularize more wholesome cooking. It would be a blessing in disguise if our Southern mothers might be subjected to the shortage of fats confronting the German women during the late war. They would then

learn the art of broiling and baking instead of frying. It is probable that fried food and half cooked starches are more than any other factor responsible for the common complaint of indigestion among Southern children.

Another lay organization whose co-operation physicians will receive for the asking is the Parent-Teacher Association. Through this group we have secured school lunches, scales in many schools, and height and weight charts on the walls of class rooms resulting in monthly reports to parents of physical as well as mental progress of children.

The co-operation of the American Red Cross is too well known to need comment. Their public health nurse is often the connecting link between doctor and community. Even the Red Cross Juniors in one town eagerly supplied extra milk for every child found five pounds or more under weight for his height. Practically every group of men, women and children is awaiting the leadership of the physician who has the will to direct such activities.

We may as well admit that the day is past when stilted didactic lectures or cut and dried facts may be foisted upon a long-suffering public. Observation of any of the newer methods of public health education are proof that the enthusiasm and conviction of the audience are in proportion to that of the leader. It is possible that we have taken ourselves too seriously, if not too scientifically.

For instance, with painstaking skill and exactness we have studied the science of artificial feeding. We have persisted in the inestimable value of the top ounce of cream from each quart bottle of milk only to shift later to modified whole milk. We have fed by body weight and by extent of body surface. We have agonized over caloric feeding. We have passed through the stage of the various sugars. We have agreed that the alkalinity of mothers' milk must be increased by the addition of lime water, only to go to the other extreme and give acid fruit juices instead. Just now we are seeking the elusive vitamins only to be humiliated by Dr. Grenfell's report from the far North that Labrador babies thrive on bread and tea.

The point I want to make is that if we physicians spent as much time and effort instructing our women as we do in concocting substitutes for mothers' milk, practically every baby would be breast fed. Dr. Jacobi was probably not far wrong when he said that more than 90 per cent of the women who are able to bear children are able, with the doctor's help, to nurse them. Are we giving them this help?

We have found it rather pathetic that a mother should be giving her nine months old baby the same formula prepared for her two weeks old baby when she left the hospital. We have found her amazed to learn that the mother who overfeeds her baby is as culpable as the one who underfeeds him, and that her name is legion. She gives up regretfully the family joke concerning Johnny's distended abdomen when she learns its serious import and that she alone is responsible for it. She welcomes suggestions for the more palatable preparation of milk for the child who dislikes it. She begins to compare her child with Mrs. Brown's child. She wants him weighed and measured periodically. She becomes watchful of all the children of the neighborhood for early signs of communicable disease and righteously condemns the less careful mother. She no longer holds "Daddy" responsible for Tommy's enlarged tonsils, his winged scapulae or pronated ankles, and she knows their significance in his later development. In other words, she learns as much and no more of the fundamental principles underlying the rearing of sound, healthy children as her physician is willing to teach her.

The education of children also is dependent upon the attitude of the local doctor who must decide for himself how he can best serve his community. Children are naturally keen and eager to learn, and whether presented by kindergarten or Montessori method, by health chores, clown or poster, a gospel of live and genuine interest will receive the zealous following of every youngster.

A few tooth brushes and gold stars will stimulate tooth brush drills. A horizontal bar, a ball and encouragement in outdoor sports will lure every child to the open. A 5-cent tape line tacked on the wall will in-

spire a demand for scales resulting in monthly reports of physical development side by side with reports of mental progress. When a spirit of competition is established and the youngsters learn the significance of "growing foods," the problem of malnutrition and of the correction of mental and physical defects is well on the way to a practical solution.

Other methods of education are by means of movable clinics for the treatment of defects as tried out by the State Board of Health of North Carolina, and the infant clinics held in rural sections of Minnesota by Dr. Huenekins and the Public Health Association of that State. The Children's Bureau is also endeavoring to interest communities in keeping well children well, and is using for this purpose a large closed truck known as the Child Welfare Special. It is electrically lighted and heated, is equipped with running water and complete camping outfit for a staff of three. It has a moving picture film, slides, projection machine, models, panels and other exhibit material. The interior is enameled white and its appointments are most complete, including cabinets, filing cases and drawers for the storage of supplies. There is also an examination table and a weighing and measuring apparatus. It is manned by a physician, nurse and advance agent, who also serves as clerical assistant.

In co-operation with various state boards of health the Child Welfare Special has interested counties in the welfare of their children and has endeavored to aid in crystallizing this interest into the establishment of permanent centers. It is not necessarily an expensive type of work, especially where there are already public health physicians and local nurses in the field to do the advance and follow up work. While the movable child welfare station is not urged for city work nor yet for work in remote mountain districts, yet it is suggested for the consideration of state boards of health as being a quick, thorough and effective means of reaching their rural population, separated as they are by vast stretches of territory, yet segregated into small towns and communities whose name is legion.

DISCUSSION

Dr. James A. Hayne, State Health Officer, South Carolina.—All that Dr. Bradley has said I agree with thoroughly. I find, though, that what the doctor gives from time to time as the proper feeding of children has varied as Dr. Bradley has said it does. The Bulgarian bacillus was the panacea for all evils about three or four years ago with the pediatricists. They used it for every conceivable disease. I know one case of club foot in my part of the country that was unsuccessfully treated by that method. I find that has lapsed, and the clinic at the Massachusetts General Hospital says that Bulgarian bacillus has but little value in the treatment of children's diseases. So we see one fallacy after another in infant feeding gradually discarded. There is one outstanding method of feeding of infants that will never lose its popularity with the infant: that is, for the mother to nurse her own baby. If she can't do that, then she has no right to have a baby. I think, perhaps, as we advance in civilization we shall have certificates granted to prospective mothers or even those who desire to enter into a relationship where they may become mothers. They should not be allowed to enter into this relationship unless they give personal guarantee that they will nurse their offspring. There is no question in the world that is as dear to my heart as that of improving the children of the South. I say of the South, because I am talking about American children when I speak about children of the South. We talk about this country's being a great melting pot. We say that we assimilate all the nationalities and make them into American citizens. There is only a grain of truth in this. Some people produce in large quantities, but are not producing quality. Quality is produced by the Americans. Now, the South is only two per cent foreign-born, including our negroes, who are good American citizens and have been here mostly for three hundred years. If we can produce and perpetuate the type we have in the South, then America will be benefited and our work will be worth while and the sacrifices we have made in the last war will be worth while.

Dr. Bradley can tell you that when she came to our State very few of the people she met had ever heard of the campaign for child welfare. Now we have an efficient bureau of child welfare. It is entirely too small for the needs of the children, but is a nucleus upon which we can build.

A great trouble about the child is that from the time it is six years old it absolutely enters a new sphere of life and is cut off entirely from its association with the everyday workaday world. And its whole career is molded by what Dr. Claxton has called the "mobile infants," namely, the teachers we have. They are usually well meaning girls of sixteen or eighteen or twenty, with very little information. What little information they have has been derived from the absolutely wrong teaching in the public schools. They are the ones who have to mold the career of these little children we turn over to them, to teach them what they please, to direct them in any way they please. As a consequence they neglect many things that we know are essential to the well being of these children.

Dr. Bradley's traveling clinic is an excellent way of bringing the knowledge of health laws to people who otherwise would never get it. We have a traveling van that shows moving pictures. We have found that a great many people, children and grown people, have never been to a movie even though they live within seventeen miles of the capital of the state. One of the schools the other day took a census of the children, and a large percentage (20) had never seen a moving picture show. That was in a place where we thought every child had been to a movie. You can imagine what a wonderful revelation it is to the child who has never seen a moving picture to have these facts shown to him in an interesting manner. It sticks with them. The teachers of that school told me they never before had their children take such interest in the little talks they were making on hygiene, etc.

They teach hygiene in our graded school system in the fourth and fifth grades. Imagine a child being taught from a dry text book on hygiene when it is in the fifth grade, probably about nine years old, or even eight years old. We have in South Carolina five hundred thousand school children, and that is the beautiful progressive theory they are being brought up under. That is the public school system of the United States, or is of South Carolina.

We believe in the Magna Charta of child's rights, we want to be the Jean Jacques Rousseau in that respect. I believe we should promulgate to the world and hold aloft our banner that the child shall have certain definite rights. I have enumerated those rights a great many times and I am going to do it again. The first right the child has is to be conceived. This is an absolute right, yet it is a right that is absolutely denied to it by a large proportion of the population. Next after being conceived is the right to be born. They don't dare deny the child this right openly, but they do it anyhow and this right is often denied. The next right after it has been conceived and born is that it shall be born in such condition and under such circumstances that it will not be handicapped for life by either the ignorance and poverty of its mother or the dirt and insanitary conditions of the home in which it is born. After the child is born I believe its next right and primary right is to be nursed by the mother. That is an inalienable right that you can not take away from it. If it is nursed by the mother, the mother has the right to demand of the state that she shall be taken care of for a long part of this nursing period so she can devote the hours necessary to the nursing of her child and not be driven by grinding poverty or demands of society or the desire for a decent figure to stop giving this child this inalienable right.

In the pre-school period the child has the right that it shall be guarded against communicable diseases and not have to have measles and scarlet fever, diphtheria and a long train of things we call children's diseases.

After this period it has the right to go to school, has the right to have teachers who know how to teach, has a right to be taught those things that make it a successful citizen. It has a right to properly ventilated, properly cared for schools, so that it will not find the conditions of

the school detrimental to its advance in life and health. After having gone through all these, the state has a right that he be turned out a citizen who will take his place as a wage-earner or producing citizen and not as a parasite, one who will make a nation great, and one who will do away with the Bolshevism and unrest which is now all over the world due to the fact that our children have not been properly brought up.

Miss E. W. Bears, Louisville, Ky.—There were so many interesting things in Dr. Bradley's paper that I wanted to answer as she read that the discussion would be as long as the paper if I took them all. Before I begin the discussion I want to tell Dr. Hayne that there is one place where practical hygiene is taught to the school children, and that is in the City of Louisville under Miss Dolfinger. They are not given a dry book on hygiene; they are given practical lessons which they work out in their English and science classes. The work is being done intensively and the teachers are well trained. The pity of it is that the teachers stay in Louisville and very few go out in the State. Among the children, we doubt very much if in any school in Louisville you will find more than a dozen dirty ears or soiled hands, if you ask the children before 11 o'clock in the morning. I can not vouch for it after recess. They come to school clean.

The problem for rural as well as city work in infant feeding is such a big one that we are only just touching it. It seems to me the public health nurses should be better trained in their work with the mothers, and in their personal touch with the mothers should know more about work. Dr. Sedgwick, for instance, is very successful in getting the mother to feed the baby from the breast. Few nurses know that it is possible to keep up breast feeding, for we give it up very easily. When the mother has not enough milk, the nurse shows her how to fix a formula. It is essential to give more teaching to the nurse along that line. It seems too bad that here in Louisville we can not have one part of the city at least to demonstrate in, where we can reach every baby and do intensive work and show the city how practical it would be for it to take over the welfare work; to reach every baby in the city that is registered. We only get the babies now whose names are sent in by the doctors or by the mothers who know our clinics, and I suppose we reach only a very small percentage.

Then we go on to the school child. Some are woefully neglected. I don't know what we shall do unless we have more public health nurses. One of the most important points brought out by Dr. Bradley is that in Kentucky the children are eating so much fried food. Dr. Veech, in the clinic of the Children's Free Hospital, is teaching the mothers that they must eliminate that sort of feeding. She has now five hundred children under her care. I can vouch for the fact that the mothers of those five hundred children at least know that fried food is not what they should feed the children. I don't know how well they are carrying out instructions. I do know that many children have begun and at least there is a small nucleus for that work, and these mothers are bringing in the neighbors and relatives for instruction. The neighbors are amenable,

ready to receive instruction, if we can bring them to the clinics.

I don't see how the supply of trained nurses or public health nurses we have at present is going to cover the ground. It seems to me that we must start a scheme such as Dr. Knox suggested. A practical nurse should go into the home, meet the mother on her own ground, aid the nurse in her own district, help carry out her teachings, bring the people into the clinics where a trained nurse can reach them. One nurse can not reach all the mothers in her district.

Regarding the willingness of teachers to aid in the work, Dr. Bradley says they are so glad to carry out the work the doctor or nurse gives them to do. In the city or county, in both Jefferson County and in Louisville, we find the teachers eager to learn. The nurse and the health physician do all they can, but we need the support of the entire medical profession.

We are not getting it at present. We are getting a small number of doctors interested enough to help out when we ask them, but it is almost impossible to bring our needs even before the medical profession.

The general practitioner is not in the slightest interested in this work at the present time and unless he stands behind us and lends us more assistance in that way we shall continue to need.

The physicians are not even willing to stand by the nurses in their bedside nursing. We have every day in the week almost some complaint from a physician who does not wish to have bedside nursing done, very often doesn't want the welfare nurse to instruct the mother. One need of the present day is for the physicians to know more about public health work and the far-reaching influence that public health workers have. If they do not actively support, they should at least allow the nurse to go in and instruct the mother. She does not interfere with the physician's orders; rather she carries out his instructions. She does not antagonize the mother against the physician. She must be a tactful person. There are exceptions of course. One of the most important things is to train the private practitioner to the value of public health work among the children.

Mrs. Jane Dahlman, Louisville, Ky.—I want to make a plea for the fathers. A great deal has been said about our mothers and our teachers and the medical profession and the responsibility of each in regard to this huge public health problem, of rearing our children properly, of making them healthy, happy, efficient citizens. Don't you agree with me that the father is also in a large measure responsible? Can not we look to him for help in this matter? Can not we help to educate him? Can not the physicians get the co-operation of the "dads" in this problem? This is likewise a very important thing to do.

Dr. A. T. McCormack, Louisville, Ky.—I believe the physical education of the school child is the most important matter that confronts the people of the United States today. It is the cornerstone, all four corner-stones, on which public health of the future is going to rest. But there is one special note I want to sound to my colleagues in public health work in the matter of public health education. It is: we are to rear a generation of children who will in a few short

years demand of us and our profession more than we are now able to give, and unless we at the same time start to develop and organize a personnel that can respond to their demands, those demands are going to be responded to by some other agency than those that are now producing. The school child who has gone through the eight years of the common school and been given thirty minutes each day in physical development in actual exercises, who has been taught the health habits that he gets from the health chores, from the actual doing of health things every day, for which he receives rewards, and which he does in the form of organized play so that he enjoys it as much as any other game: this child is imbued with thoughts of the necessity of health education on the part of the doctor that we are teaching him in these books.

We are teaching them to call on their doctors for information. We are teaching the children, who are soon going to be grown, to ask their doctors whether they were at the last meeting of the county medical society. We are telling the children that if the doctor is not at the meeting and did not take part in it, the chances are that he is not a competent doctor. When those children become grown and begin to ask those questions, are we dealing fairly with the men who are coming into our profession unless we also train them to respond to this demand? Unless we also place before them the increasing demands the people will ask for? For they are the men who will represent us before the world in this generation we are now talking about.

The co-operation of the physician is easy to obtain in many lines. Miss Williamson, Director of our Bureau of Public Health Nursing, just said to me that she rather resented the suggestion that in this State there was ever any lack of co-operation in her work on the part of the physicians. But she sees a different phase of that co-operation. She goes to the doctor because she wants his help to put in a public health nurse in that county, to help make an organization in the county. She appeals on the highest plane of his interest, and to that of every other citizen to whom she talks. She gets a unanimous response from the profession. At the present time we have no exception to that.

When it comes to individual nurses working in the community, the sort of co-operation is an entirely different thing. That depends upon two factors: first, upon the training of the nurse. If she has learned by experience she is apt to be as individualistic as the doctor is. The nurse who does not secure the co-operation of the doctors in solving the particular problem of the county to which she is assigned is a failure, no matter how much good she does or appears to do. The greatest good she does is to secure the co-operation of the doctors of the county because they are the only ones who will do anything. She must make her contact with the physician who wasn't trained to public health work. She has no idea what she is doing as far as the detail of the work is concerned. She will be his hand-maiden, his partner, his co-operator, in doing certain large and important phases of his job. If she goes to him, comes in contact with him diplomatically, as she ought to do, he understands her usefulness just as he does the x-ray or any other machine of

precision. Then there is not the slightest trouble of getting the co-operation of the vast majority of the profession. That is as important a matter as any other thing we have to do. It is hard to do because you have so many other things to do, too. But the thing I should urge above all other things is to get rid of the idea that it is important to put on a great spectacular job. The important thing for the nurse is to relieve a single case.

We must get the defects of the children corrected. If we can continue to have the co-operation of the Children's Bureau and the Public Health Service and all the other agencies doing this work, it is only a question of time before we shall have an educated teaching force. We are going to continue to have teachers from sixteen to twenty in large numbers, but if that sixteen-year-old girl or eighteen-year-old girl is trained in public health she will be far better able to train the child. When we have gotten the idea across to our educators and to our people that education for us must mean to teach the child, then, as an adult, he will know how to make a living in his natural environment. Education in this State has always tended to teach the child to get away from his environment and go somewhere else.

I want especially to commend to this Section a course in physical education for common schools of Kentucky, prepared jointly by the State Board of Health and the State Board of Education. It has been put on largely through the assistance of the Interdepartmental Social Hygiene Board, which has furnished the funds. In putting this book in circulation and educating our children in the schools we have, I believe, done the best single shot work in tuberculosis that can be done; we have done the best single shot work in venereal disease that can be done, and in any other of the special lines. It is laying the basis on which any special one of them must be built if we are going to make them successful.

Dr. S. W. Welch, Montgomery, Ala.—The thought that is taking hold upon the people, that public health education should be taken up in the public schools of our country, is the saving thought of the day. If we instruct the children in the science of public health and in the manner in which they should live in their first three or four years of school life, the problems which confront the health officer of today will have been solved in this generation, and healthy public health thinking will solve all of the vexatious problems that are delaying the game for those of us who have the work to do.

I want to protest against the criticisms that have been launched against the country doctor during all the sessions of this meeting. If the people knew how much the country doctor knew that he does not tell, I think if they knew how much of the burdens of the community in which he lives he carries in silence, if they knew that he was the best leader, the best adviser, and the poorest paid individual who serves his day and generation, they would sympathize with rather than criticize him. He may be ultra-conservative. It is a fact that he may view with suspicion much that is called new and progressive. But if you take him into your confidence you will find him trustworthy and more capable than you had thought. He is as a rule a philosopher, and he is a far better educated man than the world

ever gives him credit for being. I believe that when the final count is taken in public health matters and in educational matters and in all uplift movements, the country doctor of the South will have the highest place that is going to be accorded to anybody.

I don't think that the witticisms and sarcasms which my distinguished friend from South Carolina, endorsed by my friend from Kentucky, has made against the public school system of the country, will hold water. And I really think if they had to conduct a public school it would not be anything like as good as the one we have. In some respects they are idealists. If we could get all of these things that they have suggested this morning it might be a good thing, but they are looking several generations ahead. I question very much whether, if the children in South Carolina or in Kentucky had all these special advantages suggested, they would know what to do with them. I have understood it took more than one generation to educate a man. The training we are getting in the common schools is probably as good as the children of the fathers of this generation could assimilate. The young women who have consecrated their lives to the development of the minds of the children of today, and are now turning their attention to the development of the bodies of the children of today, deserve more sympathy than criticism.

Dr. Bradley (closing).—Everything Dr. Hayne and other speakers have said is only an additional arraignment of the doctor. Of course mothers, fathers, teachers and the public generally are ignorant. I only ask whose fault is it and who is the only person who can meet the situation? Certainly no parent is intentionally neglectful of his or her children. They are doing the best they know. The teacher also is conscientious and doing more perhaps than any other one person in return for a pittance of a salary.

The nurse of course is the ideal agency for public health education of a community, but it will be many a day before rural counties can afford or can secure enough nurses to go around. Meantime it is surely the business of the physician to share his knowledge and experience with those about him.

For several years before becoming associated with the Children's Bureau I was a private practitioner, specializing in diseases of women and children. I have attended many medical meetings and listened to learned, scientific papers on artificial feeding, and heard many men make the statement that the modern woman would not nurse her baby, out of consideration for her figure, or on account of the pressure of social duties. Yet in my own practice it was rare to find a woman refusing to nurse her baby, while it was a daily occurrence to find women grieving and struggling against their disappearing milk. I feel now that had I done my duty by these women I should have obviated the catastrophe of a bottle feeding by finding out what in their lives prevented the calm, serene regimen necessary to prolonged lactation. You will find the breast-fed baby in the country and the bottle-fed baby in the city, where women are subjected to more of nervous tension and strain. I feel very strongly that the physician with his superior knowledge and training is more responsible than the mother for this much mooted question which is costing the lives of thousands of babies every year.