CONTRIBUTIONS FROM THE LONDON CONFERENCE ON INFANT MORTALITY.

THE WETNURSE PROBLEM.*

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THE wetnurse problem, at first sight, seems simple and separate from other social problems which come to our attention but on closer study it is found to be connected with many of the great problems of the day, such as that of infant mortality, the social question, and the problem of illegitimate children.

That there is a wetnurse problem is shown by the fact that out of eighty physicians who answered a circular letter sent to them by the writer, only eight did not use wetnurses at all. Most of the seventy-two remaining physicians used six or more a year and one has used on an average of twenty-five a year in his private practice for the past two and a half years. Wetnurses are used extensively in the United States both in hospital work and private practice. Breast milk is often necessary to save a baby's life and in such instances must be obtained quickly. The phase of the problem which interests the practicing physician is "how can one be obtained." The writer has traveled many miles and spent many hours in the past hunting for wetnurses. This time was wasted in many instances and it seemed to him that if some central agency or directory could be established it would serve the double purpose of bringing the demand and supply together. This was by no means an original idea. It was found, on enquiry, that an attempt had been made in the year 1900 to have wetnurses register at the Directory for trained nurses in Boston, but that none had ever registered. This attempt was unsuccessful as have been other similar attempts that have come to the writer's notice. The explanation is simple because the majority of women who wish to become wetnurses are destitute and cannot afford to wait for a position because they need money immediately for their bread and butter. They have, therefore, to wean the baby, put it out to board, and go to work.

There is a wetnurse agency in the city of New York run by private individuals, where wetnurses can be obtained by paying a fee of ten to twenty-five dollars. These agents also take an unknown per cent. of the wetnurse's first month's wages. The babies are placed out to board and the writer has been told, on good authority, that a large percentage of them die. Although wetnurses obtained in this manner may be satisfactory to the families, and a great deal of trouble may be saved, no right-minded person who knows the facts should allow the

baby to be separated from the mother for selfish reasons or her own convenience.

The following is a description of the essentials for a Directory and Home for wetnurses:—First, the directory should be run in connection with some babies' hospital where the problems of breast feeding are understood, and secondly, there should be no charge for the board of the wetnurses because they are nearly all destitute. The average length of time that they have to wait for a position is fourteen days, and they could not afford to wait so long if they were not given free board and lodging for themselves and babies. The natural result when such an opportunity is afforded, is that more women are able and willing to wetnurse.

February 1, 1910 a Directory for Wetnurses was opened in Boston under the supervision of the Massachusetts Babies' Hospital. A moderate sized house was selected, with a kitchen, sitting-room, and five bedrooms, four of which were fitted to accommodate two wetnurses apiece and their babies, while the fifth was for the matron. The next problem was to find wetnurses so that when the demand came there would be a supply. This was accomplished in two ways:—First, the majority of wetnurses were obtained through the various maternity hospitals in the city of Boston. One of the serious problems of these hospitals is to look after the destitute mothers and babies in such a manner that they will not be dependent on charity after ceasing to be obstetrical cases. This is impossible, in many instances. The mothers and babies either have to shift for themselves and are probably separated, or else they remain in the hospital and exclude other worthy cases. As there are very few occupations open to a mother with a newborn baby, wetnursing is preeminently fitted to these cases. The maternity hospitals, therefore, find the Directory a valuable adjunct to their work, because it supplements the social work that they are trying to do. Most of the wetnurses are glad of the opportunity for honest work and very few have to be urged.

Second:—Eight thousand postal cards were sent to physicians in New England stating that wetnurses might be obtained from the Directory and requesting them to send any women who were suitable to become wetnurses to the Directory. This was intended to create a demand as well as a supply. A fee of ten dollars was paid to the Directory for supplying the wetnurse, and eight dollars a week to the wetnurse in wages. The baby accompanied the mother in every instance.

REQUIREMENTS FOR ADMISSION TO THE DIRECTORY.

Before a wetnurse is formally admitted to the Directory, the following tests and examinations are made. A complete physical examination of the mother and the baby, including the hair, mouth, throat, heart, lungs, breasts, glands, skin and bones is made to exclude contagious diseases, tuberculosis and syphilis. The mother's blood is

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taken for a Wassermann reaction, and finally a smear is taken of any vaginal secretion and examined for gonococci (it is probable that the gonococcus complement-fixation test will eventually be performed on all cases.) If all these examinations are satisfactory, the woman is admitted and is ready for a position. During the three years that the Directory has been running, it has passed one hundred and forty-seven wetnurses. Seven others were not accepted, two because of tuberculosis, one gonorrhoea, and four syphilis (one of these women had a perfectly normal physical examination but was found to be specific by the Wassermann test). Five other women passed the physical examination but were unsuitable for wetnurses because of insufficient breast-milk. The wetnurses are only allowed to go to a household in which the family practitioner guarantees that there is no danger to the health of the wetnurse or her baby.

FINANCES.

Originally, a fee of ten dollars was charged by the Directory for supplying wetnurses, the income from this fee was used to pay the running expenses, the balance being raised by private subscription. Although some people could not afford to pay the full fee, many others were willing to pay more, consequently this year, (1913) the fee to the Directory was raised to twenty dollars. It is hoped that this, with an additional source of income in the sale of drawn breast-milk at 25 cents an ounce, will pay nearly all the expenses, and the Directory will eventually become self-supporting. During the past year about 60 quarts of drawn breast-milk were sold to families in which a few ounces were needed to tide over a critical period. There is no doubt that the facility in obtaining this breast-milk in small amounts saved many babies' lives. The average expenses for running the Directory has been about 1300 dollars a year. This includes the board and lodging of the wetnurses, the salary of the matron (but not the salary of the social worker) and other incidental expenses.

Up to date the majority of the wetnurses have been primiparae, their ages varying from between eighteen and thirty years. Among the occupations represented were ladies' maid, mill operatives, and school girls. Eighty-five per cent. of them were single (of the 125 single women, five were subsequently married under the care of the Directory).

The writer anticipated that there would be a large demand for wetnurses during the fall and summer months, and was surprised to find a steady, though less marked demand throughout the rest of the year. Many wetnurses received a position the first day they were admitted to the Directory, but this was not encouraged because the Directory desired to teach them some of the principles of the care of their own babies before they were sent out to a position. They were also taught light housework.

The wetnurses were not allowed to take a position in any instance without their babies, and the Directory has been able to accomplish a great deal, both for the women and their babies by living up to this rule. It was made for two reasons: First, it is well known that the amount of milk secreted in the normal breast depends in a great part on the demand put upon it. Usually when it is necessary to get a wetnurse, the sick baby is so feeble that it is only able to take small amounts of milk. Thus, the demand being reduced the milk tends to dry up. When a wetnurse is sent from the Directory she understands that the sick baby is to be nursed first and that her own child can have what is left. She has frequently been able to completely nurse both babies without any help from the bottle. Secondly, she is usually happier when she has her baby with her, and is thus more easily handled. And lastly, New York has found that when babies are separated from their mothers, a large percentage of them die. While of the babies that have been under the care of the Directory, there has not been a single death up to date. The principal factor which is responsible for these results is that the baby is kept with its mother.

During the period of wetnursing the growth of the mother's character is often remarkable; the nature of her work allows her a great deal of time with her baby, and, as a result, she develops the responsibility of motherhood. She comes to the Directory burdened with the shame of her position and without any hope for the future. She finds that other people have been in a similar position, and, with the help of the Directory, have found a new start in life. In some cases she sees in the love and anxiety of the mother of the sick baby an example, and as a result, her own sense of motherhood begins to develop. Self-respect comes quickly, because she is earning her living honestly. In this connection, too much credit cannot be given to the encouragement, guidance and tact of the social worker, Miss Fenstadt.

After the first position is ended, she always comes back to the Directory either for another position, or for advice for her future. Sometimes she is able to wetnurse in several families, and most of the women have saved from fifty to three hundred dollars with which to start in life. If the mother is separated from the baby before the maternal instinct is developed she is apt to desert it at the earliest opportunity. The baby must then be turned over to an institution and become a public charge.

The social worker takes an important part in the work of the Directory. She tries to learn the woman's true story, becomes her friend, confidante and adviser. She is often able to get a settlement from the child's father. After the period of wetnursing is finished, she finds her a position, with the baby, if possible, and, if not, finds a suitable home for the baby where the mother can see it daily. She keeps in close touch

with the mother and helps her in every way possible. The following cases illustrate some of the problems with which the social worker has to deal:—

CASE 1. Annie came to the Massachusetts Babies' Hospital directly from a hospital where maternity cases are taken, but where there is no social worker to look out for the unmarried mother. At first she told an untrue story, saying she was married and that her husband had deserted her. After short acquaintance with the social worker, she volunteered the truth.

She left her home in Nova Scotia three years ago and since then has been employed at housework in private families, earning \$5.00 a week up to three months before her confinement. This money had all been spent on clothes and pleasures. The man had paid her board and confinement expenses but later disappeared.

As Annie had no place to go she was taken to the Directory. At first she objected to wet-nursing, but after a few days was very happy in her surroundings. After the usual physical examinations, she was employed as a wetnurse at the hospital. Investigation proved that Annie had been employed in a number of different homes, but had not stayed over three months at one time in any place, as she usually left because she wanted more freedom than she was allowed, so that no one wanted to employ her again.

A letter was sent to the priest in her home town, who replied that Annie was the oldest of a large family and was needed in her own home. Her parents were poor, but had a comfortable home and were able to provide for their daughter.

The father of the child was located. Marriage was impossible as the man was but a boy of seventeen. He offered to take the responsibility of the baby and pay \$3.00 a week for its board, in order to let the girl go home so that her disgrace would not be discovered.

The girl was induced to write and tell her story to her mother. The social worker also wrote to the mother, suggesting that she take the girl home with her baby. After considerable correspondence the mother consented to take her daughter and baby home. The man signed a bond for which his employer is surety, to pay \$3.00 a week for the support of the child. Annie's earnings as a wetnurse enabled her to save enough money to pay her travelling expenses and to buy necessary clothing for herself and the baby.

For more than a year the man has paid \$3.00 a week, one of which has been sent to the home in Nova Scotia, to provide clothing for the baby; two have been put in the bank to provide for the baby's education. For a year Annie has been living happily in her home. Her mother reports that she is a much better woman and has no desire to return to the old life.

CASE 2. Mary did chamber work in hotels for nearly five years and spent her money as fast as she earned it. She was smart and capable, but drifted along with her associates.

When she found that she was pregnant her first thought was of abortion. She failed to accomplish this and finally applied to a Children's Agency which placed her in a maternity home a few days before her baby was born.

An effort was made to locate the man, after the case was referred to the Massachusetts Babies' Hospital. It was found that he had left his place of work and had not been heard from since.

Mary earned enough money while wet-nursing to make it possible for her to take a course in dress-making. She was encouraged in this as she had shown a liking for needle work while she was at the Directory. She is now earning her living as a seamstress, going out by the day and at times taking work home. In this case the baby was boarded away from its mother, but Mary paid \$3.00 a week regularly for the baby's board, and goes to see the child once a week. We hope in the near future that her earnings will be enough to enable her to have the baby live with her. She is living with her relatives, saving her money, and making every effort to improve herself and showing a steady growth of character.

CASE 3. Louise is a Finnish girl who came to America about five years ago and was employed in a physician's home in a small town in Massachusetts, earning \$3.00 a week. Most of this money she sent to her family in Finland.

One day Louise notified her employer that she was to be married to a young man, who had been calling on her regularly for over a year. The employer arranged to have the marriage take place at her home but the young man never appeared. It was found that Louise was pregnant and she was sent to a maternity home for her confinement. When her baby was a month old, Louise was sent to the Massachusetts Babies' Hospital to become a wetnurse.

The girl was of an unusual type and highly recommended by her employer who said that as she was a girl with high ideals she would gladly employ her again even with her baby.

The man was located and arrested under the old Bastardy Law, and a settlement of \$300 made. This was banked for the baby. The girl was sent to several families as a wet nurse and was able to save \$250 from her earnings. This has been put in the bank for the baby.

Louise refused to go back to her old community where she was known and was, therefore, placed with her baby in a family near Boston where they report that she is doing satisfactory work and earning \$5.00 a week. She is still a sad girl, but she is a good mother, and means to give the boy as good an education as possible.

SUMMARY.

The wetnurse problem can be solved by establishing such a directory as has been outlined above. It is probable that such an institution can become self-supporting. The secret of success lies in widely advertising the fact that wet-nurses can be obtained quickly, and in giving the prospective wetnurse a place where she can live without expense until she obtains a position. Infant mortality can be lowered to a minimum by insisting that the mother and baby are not separated. The directory for wetnurses gives these babies an opportunity in life which they could not get otherwise, and makes it possible to save the lives of many babies that would otherwise have died.