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EDITORIAL.

MATERNITY AND CHILD WELFARE WORK IN RELATION TO INFANT MORTALITY.

In October, 1920, a Medico-Sociological Committee of the British Medical Association was appointed experimentally by its Council "To consider social and economic questions affecting the public welfare as to which the medical profession has special knowledge; and to take such steps as may be found necessary in order to create or develop public opinion thereon." The original members of the Committee, of which Dr. E. Rowland Fothergill is chairman, selected as the first subject for consideration "The Value of Maternity and Child Welfare in relation to the reduction of Infantile Mortality," and, as empowered by the Council, co-opted as additional members certain persons having a special knowledge of the subject.

The Committee, which has held nine meetings and examined a number of witnesses, has now issued its report. It states :---

"The development of Maternity and Child Welfare work has depended on two main factors—the desire to ameliorate individual suffering, and efforts to increase national efficiency. Both factors were stimulated by the Great War—the discovery of large numbers of men whose low physical standard, it was contended, was due in great measure to insufficient attention in infancy and childhood, and the loss of large numbers of men, rendering it more than ever desirable to rear as well as possible and as many as possible of the present and coming generations "Three stages of development of this work

"Three stages of development of this work may be distinguished in this country. From 1900 to 1914 the period of private effort and permissive legislation. From 1914 to 1918 encouragement by the Government of local effort. Since 1918, the great development of State aid and control."

The mortality rate of infants under one year per 1,000 births has dropped from 149 in 1871-1880 to 80 in 1920; the deaths of infants under one month, which were 41.8 per thousand in 1905, were 40 in 1919, though succeeding

months up to twelve months show a substantial reduction.

The causes of, or factors in, infant mortality are grouped as (a) Inherent "stock" variations, (b) Environmental, and Dr. Brend, who discussed the question with the Committee, is of opinion that a certain number of deaths which occur in the first month are due to prenatal, biological causes, resulting from experiments continually being made by nature. He considers there is a non-preventable infant mortality of from 25 to 30 per 1,000, almost entirely in the first month after birth.

The environmental factors are grouped as (1) Before birth; (2) at birth; (3) after birth, and include the following :—Parental vice, malnutrition or disease of the mother, lack of skilled attendance, defective sanitation, poverty, bad housing, overcrowding, industrial employment of mother, ignorance of mother, lack of breast feeding, atmospheric impurity chiefly due to factory and house smoke.

Amongst the conclusions and recommendations of the Committee are that the educational work amongst the mothers on the racial poisons (alcohol, syphilis and tubercle), and on the influence on infant mortality of pollution of the air by smoke, and other impurities, with the consequent deprivation of sunlight, should be encouraged and extended.

The instruction of the elder girls at school in homecraft and mothercraft should be developed and encouraged.

Every effort should be made to improve the economic position and prospects of midwives and midwifery nurses; and encouragement should be given to them by Local Authorities wherever there is difficulty in securing a sufficient supply. The support of the local doctors, nurses and midwives can, and ought, to be secured. This can be done (a) if it is made quite clear that the sphere of the Centres is educational, preventive, and advisory, and if members of these professions are represented on the Statutory Committee and the Committees controlling the Centres, these representatives being nominated by the local organisations of these professions wherever such exist.



