

tea, bread, butter, and potatoes, and a drop of beer or stout and anything else for breakfast and supper.

I am not going over the whole ground, but will point out the usefulness of yourselves in helping the health authorities to save these children and help them to be brought up in comparative health.

You can help by instruction in the following:—

1st. *Children should be Breast Fed.* You should encourage and insist on this, but there are mothers unfit to suckle their babies (therefore unfit to be mothers), sometimes, however, by accident such as an inflamed or gathered breast or some puerperal mischief this is impossible, even in the healthy and strong, then 2ndly. *Artificial feeding* must take place. Cow's milk properly prepared and properly diluted should be used. 3rd. *Artificial foods* may be added, but not used in place of milk. Condensed milk should never be used.

No child should have starchy food until it is six months old, and then discretion should be used; Arrowroot, Mellin's Food, Neave's Food, or Nestle's Food may be employed. The fact of the matter is that these babies just want watching and feeding in the manner you would feed and nurse a litter of valuable pups. Feeding bottles with long tubes should be abolished. All "Dummy" teats should be burned, and warmth is very much required.

Hand feeding with a spoon should be encouraged and bottles done away with. When you find a feeding bottle *must* be used you should have one with a teat only. Make the bottle into an artificial breast and each feed should be specially prepared. A bottle with a long tube is known as a "baby killer" and it is illegal to use it in America.

Now with regard to *Summer Diarrhoea* or *Infantile Diarrhoea* as it is called, this is enhanced by changes that take place in the milk and probably from the absorption of some fermenting bacteria. You know that poor people in cottages have not sufficient accommodation for keeping it cool, therefore if sterilised milk is not obtained it should be boiled as soon as it is received from the milk contractor. You do not see this form of diarrhoea in the winter months, unless the parents are particularly careless and dirty. This shows that in the hot weather some fermentative changes take place, and which of you has not seen the dirty, sour smelling, curdled milk in a filthy dirty bottle with a long tube, which no woman could clean even if she took the trouble. Would any of you let your favourite kitten or puppy dog take a meal out of this? Well, I trow not! Then why should the human kitten be under worse circumstances? Well, now to give some idea of artificial feeding. I am going to quote from a paper of Dr. Divine. He states that: "Dr. Newsholme, Medical Officer of Health for Brighton, found 62·8 per cent. of the children breast fed, 13·2 per cent. were fed partly on breast and partly by hand and 24 per cent. entirely hand fed. Calculated in three monthly age periods, the percentage of breast fed infants was as follows:—Of infants under three months 82 per cent. were breast fed; of infants aged three to six months 63 per cent.; of infants aged six to nine months 61 per cent. were breast fed; of infants aged nine to twelve months 42 per cent. were

breast fed." Naturally as a child grows older the mother begins to wean it and we cannot complain of this.

Dr. Howarth, Medical Officer of Health for Derby, "found that 63·3 per cent. were breast fed; 19·5 per cent. were hand fed; and 17·3 per cent. were breast fed at first, and afterwards wholly hand fed, or were partly breast fed and partly hand fed, from a very early stage of their existence."

In Blackburn, Dr. Greenwood, Medical Officer of Health, in 1904 "found in children under seven months old, 49·5 per cent. were entirely breast fed, 17·5 per cent. partly at the breast and partly by hand, and 33 per cent. were wholly fed by hand."

Now with regard to the occupation or the employment of married women, we have not many so employed, but it is interesting to know that Brighton has 18·8 per cent.; Derby 9·2 per cent.; and Blackburn 37·9 per cent. of married or widowed females engaged in occupations.

To show the difference of deaths in the old and in the young I have had copied from the Registrar General's last quarterly report the following which elucidates this point:—

MORTALITY AT DIFFERENT AGES.

Of the 129,383 deaths registered last quarter, 41,306 were those of infants under one year of age, 53,838 those of persons aged between one year and sixty years, and 34,239 those of persons aged sixty years and upwards.

Infantile mortality measured by the proportion of deaths under one year of age to registered births was equal to 176 per 1,000, the average in the ten preceding third quarters having been 187.

In the 76 great towns infantile mortality averaged 209 per 1,000 births, being 33 per 1,000 above the proportion in England and Wales as a whole. Among the several towns the lowest proportions were 94 in Hornsey, 110 in Halifax, 135 in Derby, and 137 in Bournemouth and in Devonport; the highest was 267 in Great Yarmouth, 269 in Preston, 275 in Hull, 297 in Aston Manor, 301 in Stockport, 306 in Burnley, and 315 in Grimsby. Among the 142 smaller towns infantile mortality averaged 191 per 1,000 births ranging from 43 in Winchester, 59 in Llanelly, 66 in Chadderton, 75 in Todmorden, 77 in Bacup, 80 in Cheltenham, 81 in Cannock, to 310 in Swinton and Pendlebury, 320 in Doncaster, 332 in Widnes, 341 in Batley, 347 in Loughborough, 361 in South-end-on-Sea, and 426 in Longton. Excluding these 218 towns, infantile mortality in the remainder of England and Wales was in the proportion of 131 per 1,000 births.

Among persons 60 years and upwards the mortality was at the annual rate of 53·1 per 1,000 of the estimated population at this group of ages: this had been the mean rate in the ten preceding third quarters also. In the 76 great towns the mean mortality at this age group was 55·0 per 1,000, the lowest rates being 30·5 in King's Norton, 37·9 in Leyton, 42·7 in Hornsey, and 42·9 in Plymouth; and the highest 70·1 in Bootle, 70·4 in Stockport, 71·7 in Smethwick, 73·7 in Rochdale and 74·5 in Oldham. In the 142 smaller towns the rate averaged 55·1 per 1,000.

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