

on to go from case to case, septic or not, and does so without harm, in virtue of his careful antiseptics and the use of rubber gloves, so the nurse can arrange her work on similar lines with equal certainty. There would seem to be no incontrovertible argument against the nursing of puerperal fever cases by the District Nurse if her work be suitably arranged and necessary precautions taken.

II.—THE ASPECT OF RESULTS.

Let us now look at the other aspect of the case—the aspect of results.

What is to be hoped for from the District Nurse's influence in maternity work?

I said at the beginning that the problem of how to ensure the supply of *Healthy Children with Healthy Mothers*, instead of the present supply of a dead or degenerate offspring with maternal wrecks, is still before us.

True, something has been attempted for both mother and child by the Midwives' Act, and much good has been done by many organisations in their efforts to reduce infantile mortality by attention to feeding after birth; but after all, in too many instances, the helper steps in too late; the work requires to be done at an earlier stage. For the best results, we must begin with the mother and her *unborn* child.

This is, perhaps, neither time nor place to discuss the question, but I may assume that we shall be agreed that want of nourishment, unsuitable work and unhealthy surroundings, intemperance, and the taking of drugs, and other adverse conditions affecting the mother during pregnancy directly affect the child, and will influence its chances after birth.

In this matter, public opinion, especially amongst the poor, requires to be educated, it requires to be taught that "It is no use locking the stable door after the horse is stolen," that if we wish for a healthy race we must look to the surroundings of the child during its formation: the care of the unborn child is of paramount importance, and this resolves itself into the proper care of the expectant mother.

Public opinion has of late years been much concerned on the question of infantile mortality, and it has come to be fully recognised that at its root lies the question of *defective motherhood*. I do not under-estimate other matters which are of great concern, for they directly affect the health and efficiency of the mother—vast problems are undoubtedly involved—but of all the adverse influences which react to the prejudice of the newborn child none can compare with defective motherhood.

There is no great mystery in this problem; the infant's life depends in the first instance upon the vitality it gets from its mother, and after that upon the proper fulfilment of its needs as to air, food, warmth, and cleanliness, and for these it is dependent upon the health, intelligence, and devotion of its mother, and, indirectly, of its father.

Infantile mortality is a question of the *care of the unborn child* and the *rearing of the infant*, and

its natural solution (as opposed to the artificial, viz., the crèche and artificial food) lies in the *home*, in raising the standard of motherhood, of fatherhood, in the responsibility of parentage.

It is in the *work of education* that I think the District Nurse will play a valuable part; her training fits her for it, and her opportunities are manifest. The influence of a District Nurse upon the expectant mother is fraught with far reaching possibilities; by timely advice and sympathetic help she may influence the fate of that unborn babe, and save it from a life of misery.

Is it too much to hope that the time will come when we shall have *Maternity Nurses associated with every District Home, and, wherever possible, a special Maternity Home?*

The influence for good upon the mothers and the coming generation would be incalculable, and it would go a long way towards solving the problem of infantile mortality or degeneracy.

Midwives' Committees.

The Women's Local Government Society report, on information received from the Central Midwives' Board, that the following English and Welsh counties have appointed women on their Committees:—Beds. 2, Bucks. 2, Cambridgeshire 2, Cornwall 2, Cumberland 4, Hants 3, Lincoln (Lindsey) 3, London 3, Northumberland 3, Somerset 3, East Suffolk 3, West Suffolk 2, Wilts 5, Worcester 5, and Radnor 5.

Women have also been appointed on the Midwives' Committees of the following County Boroughs:—Gateshead 4, Hastings 2, Manchester 1, Oxford 1, Rochdale 2, and Rotherham 3.

How to Bring Up a Baby.

Under the above heading the National League for Physical Education and Improvement, 11, Southampton Row, Holborn, has published an excellent leaflet (Leaflet No. 3), which is very useful as embodying the points which midwives and nurses wish to impress upon their patients, and they would do well to leave a copy behind them with each lying-in case which they attend. It deals in simple language with natural feeding, directions for suckling, directions for weaning and feeding afterwards, artificial feeding, directions for hand-feeding, things to be avoided, and general directions. Single copies cost 1d., or 100 are supplied for 2s. 6d. The teaching given by the midwife during the ten days that she visits the case is more likely to be impressed upon the mother if it is supplemented by printed matter which she can study at her leisure, and refer to at any time.

Forty-eight pupils have been trained at the Edinburgh Royal Maternity Hospital, and the Leith Branch during the past year, a fewer number than in previous years, accounted for by the fact that most of them take six instead of three months' training.

[previous page](#)

[next page](#)