

OUTSIDE THE GATES.

WOMEN AND PUBLIC HEALTH.

One of the most useful departments of that great organisation of women, the National Union of Women Workers, is carried on under the Public Health Sectional Committee, which is brought into touch internationally with women interested in the standard of national health, through the International Council of Women.

At its last meeting, the Countess of Aberdeen gave an interesting report with regard to the meetings of the I.C.W. Standing Committee on Public Health at the Hague, of which she is the Convener. She stated that the most important work undertaken by the Committee had been the preparation of the Report on "The Prevention of Tuberculosis and How it can be Effected by the Care and Isolation of Advanced Cases," which had been recently published, price rs. 3d. (including postage).

Other important business at the Hague had been the consideration of the answers received to the questions on Maternity Insurance, (a) State Insurance, (b) Private Schemes. Replies had been received from Great Britain, Germany, the Netherlands, Norway, Sweden, Denmark, and Italy; and a very brief report from Australia to the effect that there were no schemes for maternity insurance in force there, but that every woman in Australia who put in a claim for £5 on the birth of a child was now entitled to receive it.

It was agreed that the publication of these reports should be so arranged that a summary should be made; and a typewritten copy sent to the President of each National Council and to all members of the Public Health Committee.

Dr. Alice Salomon's report on "Mutterschutz und Mutterschaftsversicherung," published by Duncker und Humboldt, Leipzig, in 1908, was recommended to those wishing further to study the subject.

For the coming year, the I.C.W. Standing Committee on Public Health asked that its members would undertake a survey of the causes of bad health in the different countries, and questions to this end would be circulated to the various National Councils.

Lady Aberdeen spoke further of the splendid work done by Dr. Girard-Mangin, in France, particularly among soldiers suffering from tuberculosis, who can now be held to complete their term of service if they attend an agricultural school under supervision. Advanced cases will be cared for by the Red Cross Society. Lady Aberdeen expressed the hope that it might be possible in future for similar arrangements to be made in this country; and recommended Dr. Girard-Mangin's Report, "Rapport sur la Lutte Anti-Tuberculeuse par les Femmes."

The various reports handed in to the I.C.W. Standing Committee on Public Health showed further that the various countries were taking

up more seriously the question of the training of nurses.

Dr. Esther Carling then spoke on Tuberculosis Work. She congratulated the Committee on having gone to the keystone of the matter by attacking the problem of advanced cases. She said that the Report from England on Tuberculosis did not deal at great length with its relation to the Poor Law. In many ways treatment under the Poor Law was exceedingly badly organised. Could not the Committee, she asked, make an appeal to the Women Guardians throughout the country, to endeavour to improve the conditions in Poor Law Infirmaries? She mentioned the extreme dislike of patients to go into them. The necessary sanitary precautions were sometimes not observed; and the nurses were often quite ignorant of them, never having been trained to take these cases. The food is very poor; and the patients will not stay, but soon go away and spread the infection. There are no compulsory powers in England, but these would not be necessary if the infirmaries were more attractive. If advanced cases were treated with curable cases, Dr. Carling thought people would go there more willingly, because consumptive patients were always hopeful, and would think they were going to be cured; but once label them as incurable, and horses will not drag them there.

The well-managed infirmaries suffer from the reputation of the ill-managed; and unless some organised system of improving them can be arrived at, we are losing touch with a valuable side of tuberculosis work.

Then, from another point of view. Say a man dies from phthisis, and the children are seen to be developing consumption, the Poor Law authorities will often send the child to a sanatorium. At the end of a year, the question possibly arises about his going home. The guardians would have kept the child for another year, paying £1 a week for him, but they would not allow any extra grant for nourishment for him at home, or for the other children.

With regard to the provision of isolation, she felt strongly that County Councils and other Authorities who may be contemplating schemes for dealing with tuberculosis should consider this point; that it is a great mistake to provide for advanced cases alone, and to label them under that name, as a very small section of people will go to an institution for the sake only of saving their neighbours.

Another point—There should be opportunities for skilled treatment, artificial pneumothorax, for example. At present there is very little time for this. Dr. Carling expressed the hope that the Report on Tuberculosis might be widely read and effort should be made to improve existing agencies, as well as to think of future possibilities of development.

Miss McGaw supported Dr. Esther Carling's remarks and stated that in Paddington they had one ward for tuberculosis men patients with about 26 beds, but no ward for the women,

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