

The Midwife.

THE SPECIAL RESPONSIBILITIES OF SANITARY AUTHORITIES IN REGARD TO INFANT WELFARE.*

(Abridged.)

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I desire to draw the attention of this Conference to two points in relation to infant mortality which I think are not easily comprehended. The one is the magnitude of the harm done by ignorance and carelessness during intra-uterine life and shortly after birth; and the second is the extraordinarily encouraging results that have accrued from definite action taken during the past ten or fifteen years in the prevention of infant mortality.

In regard to the first problem it is not altogether easy to give a precise idea of the extent of the harm done to young life. The fact that the infant mortality rate in an unhealthy district varies from 150 to 200 deaths per 1,000 births per annum does not convey very much information, because the statement is an isolated one, and it is somewhat difficult to compare it in its magnitude with anything else.

I would, therefore, draw attention to the method adopted by the Registrar-General in his annual report for 1911, which gives for the first time a tabular statement showing the number of people who died in England and Wales at each age. When such a table is put in chart form a simple and very impressive demonstration is given of the mortality at any one age. In addition to having a chart prepared, I have had a model made, which in a simple way appears to me to bring home the enormous problem of the mortality amongst infants to a layman's mind better than almost any other method I know of. The chart shows the figures for England and Wales, while the model shows the figures for Birmingham only. I can recommend such a model as a very good means of drawing attention locally to this problem.

But all such models have their limitations. The waste of infant life before birth or at birth is not indicated by such a model, and if one takes the figures which have been recently quoted as approximately correct for still-births, miscarriages and abortions as equal in number to the deaths during the first year of life, one has at once to double the great sacrifice of life.

There is still the problem of damage done during the first year of life, causing ill-health in subsequent years. We have little or no means of measuring this other than the opinions of medical men and others who have devoted their lives to a study of the health of young children. At the

end of the first year of life a large number of children are annually launched into their second year in an extremely debilitated and unwholesome condition; indeed, in such a condition that the mortality, as indicated in the model and the diagram, is very heavy in the second and third years of life. But what is even more important is the larger number of children who do not succumb but who are permanently enfeebled by conditions resulting from the same causes as those bringing about mortality in others. Such children one sees every day at our consultations, and within the last few years great attention has been drawn to these conditions at the medical examination of entrants to our public elementary schools.

The second point that I desire to emphasize is the decided improvement which has resulted from defined action. The second diagram shows the rate of infant mortality in England and Wales, and in my own district of Birmingham, and in each case since special public attention has been drawn to the need for concerted action to attack infant mortality, the rate has gone down annually. This is well shown on the black curve on the chart. In order to eliminate the very violent disturbances which take place in the rate of infant mortality due to climatic conditions I have both in the case of England and Wales and in the case of Birmingham subtracted all deaths from gastrointestinal diseases and calculated the rate of mortality on the remainder. This clearly shows that climatic conditions in recent years have not been the cause of the reduction that has taken place.

One cannot get away from the fact that this reduction is very much like that which has followed many other great reforms, *i.e.*, firstly, attention is drawn widely to the problem without much resulting; secondly, one district after another applies remedies; and, thirdly, according as these remedies are efficient the rate of mortality has decreased. The greatest of all remedies has always been and must continue to be the spread of knowledge as to the existence of evil and the reason for the evil. Largely, the reduction which has occurred in nearly all districts is due to the spread of such knowledge. Speaking generally, it is much easier to spread information in country and suburban districts than among the degenerates in the slums of the town. It is also much easier to get good results in the suburban districts of a large town than in the central slum areas.

The prevention of infant mortality must depend on many forces all working together, but of these I am satisfied that the greatest is education in its widest sense. What has been accomplished along these lines is sufficient to encourage us to go on and insist on a continuation of the reduction in mortality which has now set in.

* Read at the National Conference on Infant Mortality, Liverpool, July 1914.

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