

The Midwife.

CONFERENCE ON INFANT WELFARE.

The Report of the proceedings of the Second English-speaking Conference on Infant Welfare, held at the Central Hall, Westminster, on July 5th, 6th, and 7th, is now published (price 2s. 6d.) by the National League for Health, Maternity, and Child Welfare, for the National Association for the Prevention of Infant Mortality, 117, Piccadilly, W.1., and contains many interesting papers, and the discussions upon them.

We note an interesting point put forward by Miss M. E. Broadbent, a member of the Metropolitan Asylums Board, and Chairman of the Infirmary Visiting Committee of the St. Marylebone Board of Guardians, in a paper on "Accommodation for Mothers and Infants under the Poor Law," namely, that "owing to the statutory view that childbirth in a healthy woman is a normal process, the maternity wards have usually been attached to the workhouse and not to the Infirmary, where the buildings are separate, and where this arrangement exists, only those patients whose cases show some complication, or who are suffering from some form of disease, would be sent to the Infirmary or Hospital. Another regulation, taking the same view, has not allowed the Guardians to admit the healthy wife of an able-bodied man until labour is imminent, when the case becomes one of 'sudden and urgent necessity,' which over-rides the regulations."

Miss Broadbent referred to the "settlement laws" under which the Guardians work, which are very little known even to the Guardians themselves, and which she considers are often the cause of the dislike of the Poor Law. Her impression is that "the so-called 'pauper taint' has much of its origin in the quite natural dislike to the searching and often inquisitorial investigation which is made by the Relieving Officers, especially in the case of a birth, to determine the legal settlement. The laws are exceedingly complicated, but, put very briefly, settlement is acquired by birth or residence, and an illegitimate child, born in a Poor Law Institution, will take the settlement of the Parish in which it is born, unless it can be proved within a certain time in what place the mother's settlement is. This necessitates communication with the relatives and local Poor Law authorities, and in the case of a girl who has left her native place in order to hide her condition, the hardship is sometimes very great. . . .

"The Guardians are making experiments in different parts of the country with a view to removing the care of sickness from its present connection with the Poor Law, and in one town the Poor Law Infirmary has become the Municipal Hospital. In another it is being linked up with the general hospital, with admission through an Almoner instead of through the Relieving Officer, while, in still another, provision is made for the

admission to the maternity wards of married women whose husbands arrange to pay approximately the full cost of their maintenance.

"The whole question of the future of the Poor Law and of the organisation of the accommodation for maternity cases is in suspense, and great variations of practice exist in different towns, and even in neighbouring Boroughs of London. The present position is undoubtedly anomalous, and it would seem very desirable that the various bodies, official and voluntary, which are making provision for maternity beds, should be co-ordinated, and should agree to work on the same principles with regard to conditions for admission and payment."

Several questions were asked in the discussion on this paper by Mrs. Breckinridge (Director of Child Hygiene, American Committee for Devastated France), who enquired: (1) What provision is made in England for the treatment of the eyes to prevent *ophthalmia neonatorum*; (2) What provision is made for handling unmarried mothers who go on having children; and (3) What proportion of the unmarried mothers in this country are feeble-minded?

Miss Broadbent thought the questions far too difficult to answer without notice, but it was elicited by the Chairman that there is no prophylactic prevention in regard to *ophthalmia neonatorum* enforced by law.

Dr. H. Scurfield said: "The answer is, there is no regular provision. The custom varies in the different lying-in hospitals in this country. At one hospital they will use the nitrate of silver solution, and in another they will not. . . . It is quite certain that a great number of the *ophthalmia neonatorum* cases are preventable."

Later in the session Dr. Scurfield (late M.O.H., Sheffield) moved a resolution, which was carried unanimously:—

"That this Conference is of opinion that a great deal of unnecessary loss of sight is still being caused by the failure to secure adequate preventive measures and prompt skilled treatment for *ophthalmia neonatorum*, and urges the Ministry of Health to institute an inquiry into the causes of such failure."

The Central Midwives' Board visits with severe censure, and in bad cases with removal from the Roll, any infringement of the Rule that in cases of discharge from the eyes of an infant, however slight, a midwife shall advise the relatives to call in medical assistance, and shall herself notify the Local Supervising Authority. But in most of the American States the adoption of prophylactic measures at the birth of the child are enforced by law, under penalty, and it is claimed that *ophthalmia neonatorum*, and possible consequent blindness, is thus prevented.

On the other hand, medical opinion is by no means unanimous as to the desirability of employing prophylactics as a routine measure.

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