

NATIONAL CONFERENCE ON MATERNITY AND CHILD WELFARE.

A CONFERENCE under the auspices of the National Association for the Prevention of Infant Mortality, and presided over by Sir GEORGE NEWMAN, was held at the London Guildhall on July 5th and 6th. It was largely attended by representatives of medical and social welfare organizations and of local authorities. In his address from the chair Sir George Newman said that he doubted whether anyone could point to a voluntary movement which had been taken up so readily, pursued so persistently, and had yielded its results so promptly as that for the saving of child life. He described the fall in the infant death rate during the last thirty years as the result of many factors, but of one above all, namely, the awakening of interest in maternal care on the part of the community. He indicated four lines of further advance: steady continuance of the attack upon preventable mortality; concentration on, and a fuller understanding of, the social causes of mortality and sickness; the development and extension of the care of children of pre-school age; and, finally, an increase of solicitude for the mother. When a woman died in performing the greatest of all physiological functions there should be an adequate inquiry into the cause.

Maternal Mortality and Morbidity.

A discussion on the causes and prevention of maternal mortality was opened by Mr. Eardley Holland, who said that childbirth ranked third as a "killing condition" among women of child-bearing age; it was exceeded by tuberculosis and organic disease of the heart. The puerperal mortality rate had fallen only by a fraction since the early years of the century, a humiliating state of affairs, having in view the improvement which had taken place in general health. Five countries had an appreciably lower mortality than our own—namely, Holland, Denmark, Sweden, Norway, and Italy—the figures ranging from 2.3 to 2.8 per 1,000, as compared with the British figure of rather over 4. By a comprehensive and well-directed effort we might place ourselves on a level with the Scandinavian countries, thus halving our maternal mortality rate, saving the lives of 1,500 mothers a year, and improving the health of an infinitely larger number. It was a significant fact that the Swedish maternal mortality rate had not fallen during the last twenty-five years, and it appeared as though a mortality rate of about 2.5 per 1,000 was the irreducible minimum. Mr. Holland went on to describe the conditions in Sweden, from which he had lately returned. Medical students there, during four months of their curriculum, lived and worked in the maternity hospital. The period of training for midwives was two years, and the training was uniform, being conducted in the big maternity hospitals, and not in a large number of minor training centres as was the case in Great Britain. Midwives in Sweden were educated women, many of them of a high social class. No woman in Sweden, not even the highest lady in the land, was attended at her confinement by a medical practitioner unless there were complications. Even when the doctor administered the anaesthetic, the labour was left entirely to the midwife. Of all the confinements in Sweden 30 per cent. took place in maternity hospitals. Among the differences which Mr. Holland had noted as between the Scandinavian and the British outlook was that the British woman regarded approaching childbirth with fear—indeed, the impression of fear was sown in her heart as a girl when she attended church and heard the prayer for "women in travail, sick persons, and young children"—and he believed that fear affected the function of the uterus and accounted for many painful and lingering labours. In Scandinavian countries, on the other hand, childbirth was regarded as a perfectly natural and even domestic function, largely because of the complete confidence in the obstetric services.

Dr. VEITCH CLARK (M.O.H., Manchester) said that there was likely to be a diminution in the number of those

delayed and difficult labours which occurred as a result of deformities of the pelvis. The great cause of bony deformity was rickets, and from various sources, including school medical examinations, there was evidence that rickets was a disease which the public health administration in this country was eliminating. Dr. Clark pleaded for a subsidized midwifery service. Mr. ALECK BOURNE said that while watching the work of some nurses he had been convinced that the true principles of asepsis had never been learned. Too much antiseptics was sought—in other words, reliance on disinfectants to kill organisms on the hands and appliances—and there was not enough emphasis on cleanliness by washing. The killing power of chemical preparations was perhaps emphasized too much in teaching, and so an excess of confidence in these substances was created. Even the rubber glove was dangerous if the nurse used it in touching objects other than the patient's genital passages, but he had known nurses who seemed to think that the rubber glove *per se* gave complete protection.

A discussion on maternal morbidity, which in some ways overlapped the discussion just reported, was opened by Dr. BECKWITH WHITEHOUSE, who set out certain essential factors in the attainment of a low morbidity rate—namely, that the trained nurse-midwife should be recognized as the most suitable attendant for all normal obstetric cases; that ante-natal supervision ought to be considered as the duty of the medical profession; that ante-natal centres should be set up in all areas, at which medical practitioners might attend and see their own patients as well as those submitted by midwives in the area; that these centres should provide at public cost sterilized obstetric outfits; that panels of obstetric specialists or consultants should be instituted to provide expert opinion if required by a medical practitioner; and that in-patient maternity departments might be made available in all hospitals and infirmaries for the investigation of difficult ante-natal problems. Mr. FRANK COOK (assistant obstetrical surgeon to Guy's Hospital) dealt with the maternal morbidity due to miscarriages and abortions, which he was inclined to think that women as a whole regarded far too light-heartedly; and Professor LOUISE McILROY and Miss ESTHER RICKARDS discussed the advantages of post-natal clinics, the former describing the system which had been practised for four years with excellent results in the obstetric department of the Royal Free Hospital, and which served to link together the obstetric and infant welfare departments.

Reduction of Infant Mortality.

Yet another discussion was on the value of intensive methods in the reduction of infant mortality. Dr. ERIC PRITCHARD gave an account of some investigations into the neo-natal death rate of certain boroughs. The very general decrease in this death rate recorded in recent years was not attributed by those concerned to any one factor, but to a combination of factors, mostly connected with the improved organization of child welfare administration, the greater number and efficiency of health visitors, better housing, and the more satisfactory midwifery service. Dr. S. G. MOORE (M.O.H., Huddersfield) gave an account of the intensive methods adopted in his area, whereby the infant mortality figures in a special district fell from 111 in 1912-14 to just below 70. Dr. HAMILTON WOOD also described certain results in Warwickshire in the same direction, pointing to the value of voluntary effort and co-operation in a rural community. Sir FREDERICK TRUBY KING told the now familiar story of the child welfare movement in New Zealand of which he is the director.

Finally, a discussion was held on the particular problem of the unmarried mother and her child, in the course of which Dr. R. A. LYSER (M.O.H., Hampshire), after mentioning that the mortality rate for illegitimate infants was almost double the general rate, dealt with the social handicaps placed upon the illegitimate child and its mother. He contended that the unmarried mother did not receive fair play. Her condition was certainly better than it was ten years ago, but among religious bodies and some social workers much prejudice still remained. The position of the unmarried mother in England was rather worse than in many other countries, though better than in certain of the American States. Years ago it was quite common

for district nursing associations to make it an unbreakable rule that the district nurse should not be allowed to attend the unmarried mother, and although, through the active help of the Ministry of Health, this rule had been broken down, such concessions as were made were in a grudging spirit, and enormous pressure had to be exercised to secure the entry of these unmarried mothers into institutions. Dr. Lyster contended that such segregation was entirely bad as a general principle, and that a strong effort ought to be made to keep mother and child together in domestic surroundings, the institution being the last resort.

The Guildhall discussions were only the centre of a large amount of activity, and lectures, film displays, and visits to welfare institutions filled up a busy programme.

THE ROBERT JONES BIRTHDAY BOOK.

THE dinner and presentation to Sir Robert Jones on his seventieth birthday, which was reported in our last issue, formed an occasion very unusual in this country. It was singular, in the first place, because only one speech was made and replied to, and in the second because the guest of the evening was presented with a collection of papers written for that occasion by his hosts and brother surgeons. *The Robert Jones Birthday Volume*,¹ as the book is called, contains twenty-five original essays by as many friends and admirers, and a preface by Sir Berkeley Moynihan, which we printed last week at page 30. In making the formal presentation of the book Sir Berkeley simply but eloquently expressed the feeling of all those present, as well as of many colleagues who could not attend.

Sir Robert Jones has endeared himself, by his charming manners and the native kindness of his nature, to everyone who has had to do with him, as much as he has aroused admiration and respect by his surgical knowledge and ability. For a good many years before the war he was highly thought of by orthopaedic surgeons in Europe, and still better appreciated by those in America. The war gave him the opportunity of serving his fellow men on a scale hitherto undreamed of—an opportunity which he seized, with results which have long been celebrated. The work he did for the wounded in every field of battle where the Thomas splint and such-like appliances had been used, and in the 35,000 military orthopaedic beds which were placed under his direction in the United Kingdom, spoke for itself, as his teaching did through the surgeons, both British and American, whom he trained. Only a man of extraordinary tact, power of conciliation, and sweet reasonableness could have done what he did in those eventful years.

Since the armistice he has not rested on his laurels, but has devoted his time and talents to the organization throughout the country of the care and cure of cripples, with a success to which many clinics and hospitals already bear witness.

It is perhaps well that the orthopaedic surgeons of to-day should be reminded that mighty men lived ere Agamemnon, and should be told of the achievements of their predecessors, some of whom made remarkable steps in advance, which often, however, led to little permanent progress, because the time was not ripe till Morton and his followers had abolished pain from the operation table and Lister had abolished suppuration from surgical wounds. Mr. Muirhead Little's opening paper on orthopaedics before Stromeyer should have such an effect, while at the same time it once more brings home to us how fleeting is surgical, and especially orthopaedic, reputation. Among the twenty-two clinical essays in the volume are six by leading surgeons of the European continent and America, one of whom, Dr. Murk Jansen of Leyden, has been so long closely associated with British orthopaedic surgeons that we hardly

¹ *The Robert Jones Birthday Volume: A Collection of Surgical Essays.* Oxford Medical Publications. London: Milford, Oxford University Press. 1928. (Cr. 4to, pp. xii + 434; illustrated. £2 2s. net.)

think of him as a foreigner, since his devoted services to British sailors interned in Holland earned our hearty gratitude. His paper on dissociation of bone growth is a valuable and suggestive contribution to surgical knowledge and pathology. Professor Clarence Starr of Toronto is one of ourselves. He writes a pithy essay on a subject which he has made his own—that of acute infections in bone. He urges once more the importance of early recognition and early treatment of osteomyelitis.

In the scope of this notice it is impossible to do justice to a collection such as this, whose authors are all recognized authorities on orthopaedic subjects, and we can do little more than indicate them and recommend the study of the originals to our readers. Professor Osgood of Boston discusses the relations of intestinal stasis with spinal and sacro-iliac arthritis, a subject which requires much investigation before any exact pathology is possible. Professor Putti describes cases of tumour of the femur and the extensive bone-grafting operations which were necessary to fill the gap left by excision of the growths. Professor Hey Groves draws attention in a practical paper to the possibilities of cure of congenital dislocation of the hip, which ought to be better appreciated by practitioners than they yet seem to be. Professor Nathaniel Allison of Harvard has chosen the open operations for the same deformity as his subject. He is not very hopeful in estimating the results of manipulative reduction, but favours open operation in many cases, or, as a last resort, Lorenz's bifurcation operation. Mr. R. C. Elmslie writes on fibrocystic diseases of the bones, a subject to which he has given much attention. Mr. Thurstan Holland of Liverpool gives us the benefit of an almost unequalled experience and keen observation and judgement in his well-illustrated essay on the accessory bones of the foot and some other conditions. The difficult subject (as regards treatment) of spiral fractures is discussed by Mr. A. Brownlow Mitchell of Belfast, with instructive illustrations. Mr. Harry Platt of Manchester draws upon his large experience of nerve injuries for his essay on nerve complications in injuries of the elbow. Mr. Fairbank's paper on infantile or cervical coxa vara is full of interest, and should give its readers much help in the diagnosis and treatment of this deformity. Mr. McCrae Aitken writes hopefully of the treatment of curvature of the spine, emphasizing the importance of the cultivation of postural reflexes in its correction, as well as plaster jackets. Mr. Rowley Bristow gives a good account of cysts of the semilunar cartilages of the knee, and well sums up the evidence for and against the various theories of their causation without being able to arrive at a positive decision. This paper is illustrated by colour prints of microphotographs as well as by ordinary photographs. Mr. Alwyn Smith of Cardiff offers many points of interest in his paper entitled "Sidelights on knee-joint surgery," as does Mr. McMurray of Liverpool on the diagnosis of internal derangements of the knee. Mr. Blundell Bankart has written a practical paper on dislocations of the shoulder-joint. Dr. Calvé of Berck-Plage writes on infantile vertebral osteochondritis, Sir W. I. de Courey Wheeler on bone grafting in Pott's disease, Mr. Girdlestone on operations for tuberculosis of the hip, and Mr. Laming Evans on astragalectomy, which operation he shows to have been practised as long ago as 1608. The paper of Mr. Naughton Dunn on arthrodesis of the tarsus for deformity, and that of Mr. Trethowan on fracture dislocation of the ankle-joint, are as practical and valuable as might be expected of surgeons of their ability and special experience.

The volume is appropriately wound up with an appreciation of Sir Robert Jones by Sir John Lynn-Thomas, who indicates from first-hand knowledge the part played by his friend in the marvellous development of orthopaedic surgery during and after the war.