

• ADDRESS

THE ILLEGITIMATE CHILD

A Life Saving Problem

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In order that The Illegitimate Child may share the benefits of the present movement for the prevention of infant mortality, the following program is suggested:

First. That in every city above 50,000 population there be organized a branch of the Association for the Study and Prevention of Infant Mortality, with a wide-awake physician, preferably a pediatricist, as president; an ornamental board of directors composed of men and women of good standing, and a small, well-chosen executive committee, which should include the City Health Officer, a woman physician, a woman representing a social settlement, a man who is a social worker and a business man who can reach the purse strings of the community.

This executive committee should promote the measures here proposed, should finance the movement as far as necessary, should undertake an efficient publicity campaign and should work for the co-operation of all of the agencies involved.

Second. A systematic campaign should be undertaken with expectant mothers who are unmarried.

a. A law should be secured requiring physicians in general practice, superintendents, matrons or nurses of general hospitals, lying-in hospitals, homes for young women, boarding-house keepers, etc., to report every mother of an illegitimate child to the Board of Health as soon as her condition becomes known. The only exception to this rule should be young women residing with parents or relatives who are ready to assume responsibility for them and to give them adequate care.

b. It should be made lawful for the expectant mother to assume a fictitious name for the purpose of registration and

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report (as Mrs. Mary Smith, Mrs. Alice Brown, etc.), in order not to expose her identity; provided that the same name shall be used as long as she is a subject of public record and shall not be changed except to resume her own name.

c. Provide by law that every Board of Health in cities of 50,000 population or more shall appoint visiting nurses for expectant mothers, whose duty it shall be to instruct them as to diet and hygiene, and also as to the duty of nursing their own infants, and, if necessary, to see that suitable and nourishing diet is provided.*

Third. Provide State legislation for a complete birth registration, under penalty; such registration to be checked by antenatal notice previously referred to.

Fourth. Legislation should be secured making it obligatory upon each mother of an illegitimate child to care personally for her child for at least one year and to nurse it at the breast if physically able to do so, for not less than 6 months—disability to be established only on the certificate of two physicians, and making it a penal offense, as in France, for a physician or any other person to advise or persuade such a mother not to nurse her child.

Fifth. Legislation should be secured whereby every mother of an illegitimate child shall be placed on probation during the first year of the life of the child; the probation officer to be the superintendent of the institution in which she is placed, or, if she is not in an institution, the visiting nurse appointed by the Board of Health.

a. It should be the duty of the probation officer to see that the mother nurses her child on the breast for at least six months if found physically able, on medical examination, and that she continues to care for the child personally during the first year, unless mentally defective. It should be the duty of the probation officer, in case the mother fails to perform this duty, to bring the case before the Court, which should have authority to issue such order as may be necessary in the premises, and to punish the mother for contempt in case such order is not obeyed.

b. It should be the duty of the probation officer to take wise measures to secure the future of the infant and the mother by promoting marriage with the father of the child if there appears to be a genuine affection between them and if such marriage seems to be for the interests of the child,

*NOTE.—Such service for expectant mothers is already partially provided in several cities, but, thus far, no comprehensive plan has been adopted.

mother and father; or by restoring the mother to her own home or to relatives; or by securing for her a safe and suitable situation where she can keep her child. The relation of the visiting nurse to the young mother should not be that of an official supervisor, looking down upon her from a lofty height, but should be that of a personal friend, vitally and cordially interested in her welfare. If the young woman is placed out on wages, when the nurse comes to visit her she should not ring the front door bell, hold an interview with the mistress and have the girl called to the parlor, but she should go to the kitchen door and make her call directly upon the girl, holding such communication as may be necessary with the mistress as a separate and distinct matter.

Sixth. Such provision should be made as will assure the ability of the nursing mother to care for her child during the first year of its life, in some one of the following ways:

a. In a suitable institution, to be maintained and administered by the City Board of Health.

b. In a suitable private institution to be approved and licensed by the State Board of Health.

c. In a suitable family boarding place to be approved by the visiting nurse; board to be paid by the mother or father of the child, by relatives or from the public treasury. In some cases the mother may be employed outside, provided opportunity can be given for nursing the child in the middle of the day, and provided the work is not so severe as to interfere with the ability of the mother to nurse the child.

d. In a suitable private family on wages, provided that the family shall be selected by the visiting nurse and that the nurse shall maintain a close and friendly supervision of the mother and infant.

Seventh. The visiting nurse having the mother in hand should co-operate when necessary with other philanthropic agencies, such as the Charity Organization Society, the Children's Home Society, the various rescue homes or foundling asylums, etc.

The Association for Study and Prevention of Infant Mortality should become thoroughly familiar with the purpose, spirit, resources and reliability of these agencies. It should co-operate with the Health Department for their regulation and for the establishment of worthy standards, and should become the agency to which the community may look with confidence for advice and direction with reference to the whole subject.

Let the determining principle of this work be that it is a good thing for the mother and the father of the illegitimate child, as well as the mother and the father of legitimate children, to meet their parental obligations toward their own offspring, as far as practicable, and that it is a demonstrated fact that the chances of the illegitimate child for life will be increased at least 50 per cent if the mother's milk can be assured.

Eighth. In the case of foundling infants, abandoned by the mother, the following principles prevail:

a. Every effort should be made to find the mother and to hold her to her obligation to her own child. This is important for the child, but is also important for the mother. There is little hope for the redemption of a woman who disregards the most sacred obligation that the Creator puts upon her.

b. If the mother cannot be found, the most desirable plan is to secure wet nursing for the child. This is done in a considerable number of institutions by arranging to have a mother divide her milk between her own child and a foster child. There are difficulties in this plan, but it has been successfully carried out by the New York Foundling Hospital, the Chicago Foundlings' Home and other institutions.

Wet nursing is secured by the New York Foundling Hospital, the Nursery and Child's Hospital of New York, St. Vincent's Asylum in Philadelphia and other institutions, by putting infants to board with wet nurses in their own homes. The New York Foundling Hospital is accustomed to keep from 300 to 500 infants on board in this manner. Most of the foster-mothers are Italian women who have lost their own infants, usually at birth. They are paid a nominal compensation of from \$10.00 to \$12.00 per month. The Nursery and Child's Hospital of New York and the St. Vincent's Asylum of Philadelphia also employ Italian women of the same class, and with favorable results. The chief difficulty encountered is the reluctance of the wet nurses to accept infants who are not in good physical condition.

c. A small number of infants are fed by mother's milk drawn from the breast mechanically and administered from a bottle. This method has been used for syphilitic children whom it was not considered safe to put upon the breast.

d. Infants may be boarded out and bottle fed. Great success has been attained with this method by Dr. Chapin, of New York, through the Speedwell Society. This Society has its headquarters at Morristown, N. J., with a local physician

and visiting nurses. Foster homes are selected with care. The infants are subject to daily visitation by the nurses and frequent visitation by the physicians. Only sick infants or infants in an anaemic condition are taken, and the results are reported to be extremely favorable. These good results are obtained by using a thoroughly reliable milk and the highest possible quality of supervision.

e. It is the general verdict of physicians that it is much more difficult to practice bottle feeding successfully in an institution than in a family home. Even in the best institution, and under the most favorable circumstances, it is generally agreed that infants become "hospitalized" after a time and begin to droop.

There are some notable exceptions to this general rule. The Babies' Hospital of New York, under Dr. Emmett Holt; the Babies' Hospital of Newark, N. J., under Dr. Coit; the Children's Institute of Omaha, Nebraska, and a few other institutions, have succeeded in reducing the mortality of bottle-fed infants kept in the institution below the normal rate which prevails in the community at large. This has been accomplished by the employment of head nurses of unusual efficiency, by the employment of a large force of nurses, by securing sanitary conditions which approximate "surgical cleanliness," by securing an absolutely reliable milk supply and by the most constant and skilful medical supervision. To secure such conditions is extremely expensive and requires an amount of devotion which it is hard to secure. The writer is convinced that, taking the community at large, the plan of boarding bottle-fed infants in selected family homes, under competent medical supervision and with an efficient visiting nurse force, is more likely to secure favorable results than the effort to secure the ideal conditions which prevail in the institutions which have been named. In the institution, failure in a single case may expose a whole ward of infants to infection, but when the infants are scattered so that only one is found in a place, the danger of infection or contagion is minimized, and lack of efficiency in one case does not affect others.