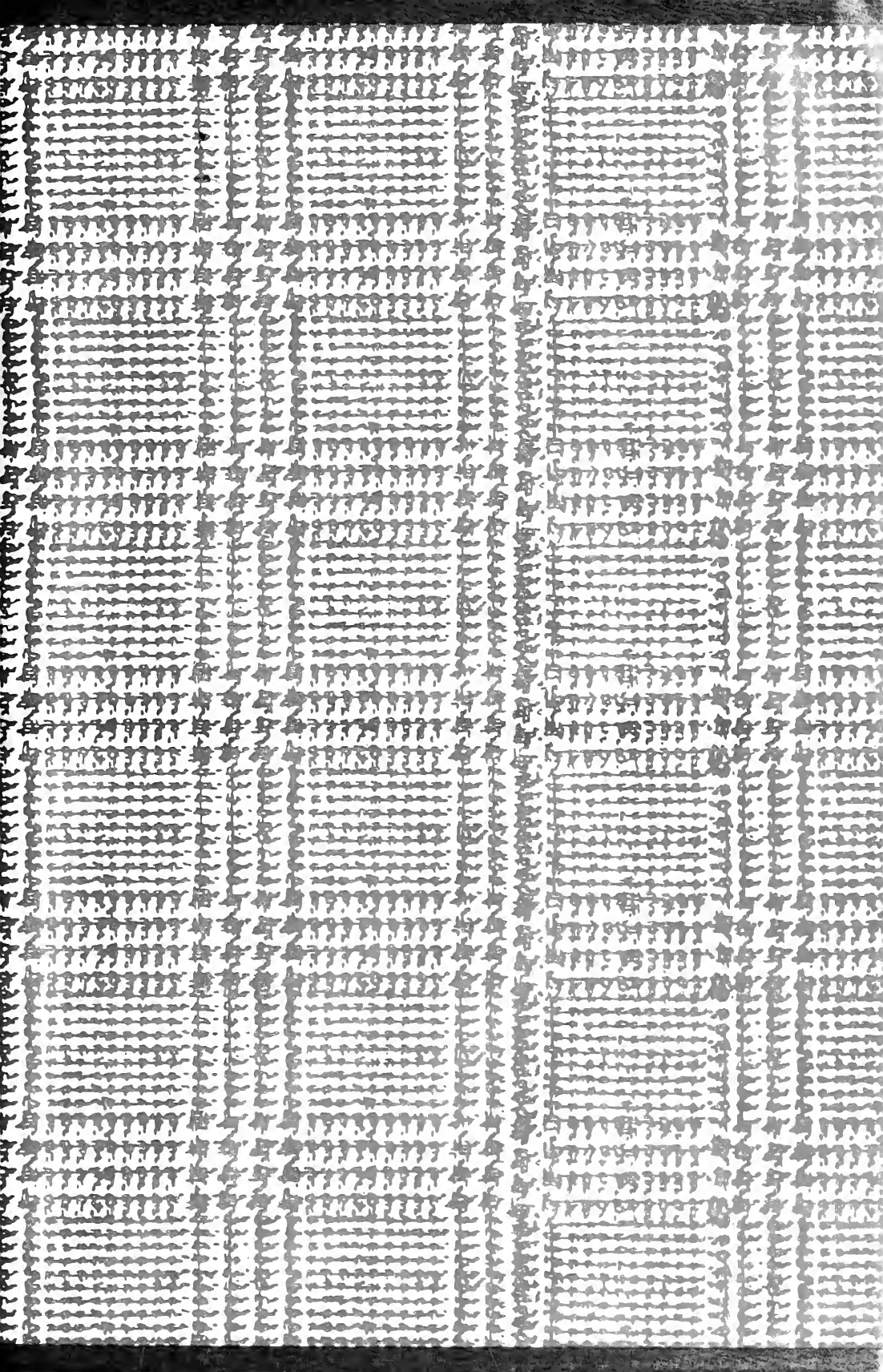


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No. 13.—SAVING SIGHT A CIVIC DUTY

SAVING SIGHT A CIVIC DUTY

A DEMONSTRATION BY THE PUBLIC HEALTH DEPARTMENT OF BUFFALO OF HOW A TYPICAL CITY CONSERVES THE VISION OF ITS FUTURE CITIZENS

DECEMBER, 1917

NATIONAL COMMITTEE *for the* PREVENTION *of* BLINDNESS, Inc.
130 EAST TWENTY-SECOND STREET, NEW YORK

NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS

130 EAST TWENTY-SECOND STREET, NEW YORK

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Buffalo Baby Contest—1917. A group of happy mothers with their 100 per cent. babies

SAVING SIGHT A CIVIC DUTY

A DEMONSTRATION BY THE PUBLIC HEALTH DEPARTMENT OF BUFFALO OF HOW A TYPICAL CITY CONSERVES THE VISION OF ITS FUTURE CITIZENS

BY

WINIFRED HATHAWAY, Secretary

NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS,—SECRETARY, NEW YORK STATE COMMITTEE FOR THE PREVENTION OF BLINDNESS

DECEMBER, 1917

130 EAST TWENTY-SECOND STREET
NEW YORK CITY

INTRODUCTION

"Why is it that Buffalo has so few cases of ophthalmia neonatorum?" is a question so frequently asked the Buffalo Department of Health that a few explanatory remarks by the Health Commissioner may serve as a preface to the survey of Buffalo so ably conducted by the National Committee for the Prevention of Blindness.

What success Buffalo has attained in the reduction of the number of cases of ophthalmia neonatorum has been brought about by the application and enforcement of the following:

1. **Midwifery Law.**—In 1885 a law was enacted creating a Board of Midwifery Examiners and prohibiting any one from practising midwifery without a diploma and license from this Board. Before such a license was granted every applicant was required to show satisfactory evidence of obstetric knowledge, and also to pass a rigid examination. Every woman who was found practising midwifery without such a license was immediately prosecuted, and a midwife having a license, but whose work showed that she was incompetent, negligent, or otherwise obtaining unusually bad results, was tried upon charges by this Board of Midwifery, and, if convicted, her license was revoked. The Board of Midwifery was appointed by the County Judge and vacancies were also filled by him; all the findings of this Board regarding revocation of license had to be confirmed by the County Judge in order to obtain the effect of law. This resulted in the elimination of illegal or unlicensed midwives and also did away with the so-called "handy women," found in many communities caring for obstetrical cases. In other words, it placed the practice of obstetrics in the hands of duly qualified physicians and duly qualified and licensed midwives.

2. **Puerperal Sepsis.**—Midwives are required to report all cases of puerperal septicæmia: these are immediately investigated by the Health Department, as are also deaths of mothers

and infants occurring at this period. Such investigations either form a basis of charges against the midwife for incompetency and revocation of license, or absolve the midwife of neglect.

3. **Credé's Method.**—The Buffalo Department of Health absolutely insists upon every midwife using a 1 per cent. solution of silver nitrate in the eyes of every new-born baby immediately after birth. This is likewise required of physicians. In order to permit of no excuse, small vials of the silver solution are furnished gratis by the Department. Birth certificates contain the question as to whether this or any other preventive for ophthalmia neonatorum has been used. It is required that all "sore eyes" in the new-born be immediately reported to the Department. Such cases are straightway investigated by the Department's physician, and if a family physician is already in attendance, he is requested to keep the Department informed of the progress.

4. **Midwives to Call Physicians.**—Whenever a midwife has a difficult case, such as excessive hemorrhage, prolonged labor, instrumental interference, or anything else of an unusual or abnormal nature, she must call a physician.

5. **Report Blanks.**—In addition to the birth certificate the midwife must file a detailed report on blanks furnished of all cases where medical help was required, giving the date and hour of arrival and departure of midwife and physician, reasons for calling a physician, and results as to mother and child.

6. **Visiting Nurses.**—Whenever a midwife files a certificate with the Health Department, the nurse from the Bureau of Child Hygiene immediately visits the case, makes an investigation, and reports upon the condition of the mother and child. At first this procedure led to the charge of discrimination against midwives and finally resulted in the practice that many physicians' cases are likewise investigated. The question of handling physician's cases is naturally an extremely delicate one, requiring unusual tact on the part of the Department. Our method of procedure is to telephone the attending physician, informing him of our intentions, and asking him whether he has any objections to a visit from our nurse. In nearly all instances such visits are welcomed by the attending physician, who usually states that a nurse can

give many detailed instructions which the families are more apt to follow than if he had given them, or for which he might not have the time. Those physicians who object usually consent when they learn that our nurse's visit in no way interferes with their work. One of our strictest standing orders is that the nurse must not comment in any manner upon the work of the physician or midwife.

7. Smears.—One of the principal duties of the visiting nurse, and one which in every instance is obligatory, is to make smears of all sore eyes, and likewise smears of the lochia, whenever indications seem to warrant it. These smears are immediately examined in our laboratory and the findings made known to those interested.

8. Medical Supervision of All Sore Eyes.—Even when the bacteriologic results show that the sore eyes are of a simple or benign character, the case is watched by the visiting nurse, and whenever the smears show any serious condition, or whenever the clinical indications show such a condition, the Department's physician watches and treats the case, unless the family physician is in attendance. In this manner we have prevented serious results, and we are positive that we have saved the sight of many who would otherwise have been condemned to a life of darkness.

9. Prompt Filing of Birth Certificates.—Early in the history of our Department of Vital Statistics we made it obligatory upon physicians and midwives to file birth certificates within five days after birth. We consider this a reasonable period, because it gives the attendant sufficient time to secure the necessary data, even the given name of the infant, and yet is soon enough so as not to be overlooked or forgotten by the obstetrician. When we put our visiting nurse on this work this old custom was likewise found to be of immense benefit, for the reason that if any trouble occurs, either to the mother or the child, it is usually manifested by the time the nurse visits the case.

10. Conclusions.—We may thus summarize the work for the prevention of ophthalmia neonatorum in Buffalo as follows:

By the persistent application, through many years, of the procedure above detailed, excellent results have been attained. Original methods have been improved upon as scientific investi-

gation disclosed better ones. We have learned that nothing can be accomplished without legal authority and enforced penalties. And, finally, we believe it has been demonstrated that there is value in prophylaxis, for Buffalo is getting results by the elimination of ophthalmia neonatorum and the prevention of blindness.

FRANCIS E. FRONCZAK, A.M., M.D., D.S.V.P.,
Health Commissioner, Buffalo, N. Y.

WHAT BUFFALO IS DOING TO CONSERVE THE SIGHT OF HER FUTURE CITIZENS

Conservation of sight is but one of the many problems of vital interest to the Department of Health of any city or town; yet its importance is more and more acknowledged by the guardians of public weal. Typical of an efficient method in the solution of this problem of sight saving closely connected with many other phases of community welfare, the city of Buffalo has made the study of how best to conserve the sight of the citizens of the future an important part of the general health program. That it is given due consideration is evident from results.

A few moments spent in the Bureau of Child Hygiene of the Department of Health will convince one of the efficiency of the methods employed. Thus, the routine system of handling a case of ophthalmia neonatorum is announced by the ringing of the telephone bell—"Bureau of Child Hygiene—Yes? A case of babies' sore eyes? Are you the midwife in charge? Name and address of patient, please: Moretti, 247 X Street, third floor back —is that correct? The doctor will be there in half an hour. Be sure to send in your verification card. Good-by."

"F—— 478. Dr. Ross? Bureau of Child Hygiene speaking: A case of babies' sore eyes—Moretti, 247 X Street, third floor back. Yes, that is correct. You will be there in half an hour? Thank you. Verification card will follow. Good-by."

"E—— 2754, please. Bureau of Child Hygiene speaking: Miss Amston, please. Yes—Miss Amston? Case of babies' sore eyes in your midwife district. Report at 247 X Street, third floor back —Moretti—and see if Dr. Ross needs assistance. Good-by."

Again the telephone acts as a swift means of communication between the Department of Health and the school.

"Bureau of Child Hygiene—Yes, Miss Rose, from what school are you reporting? Many children needing attention this morning? One suspicious eye case? Yes, it is hard to tell the difference between follicular conjunctivitis and trachoma in the first stages. You excluded the boy? That was best. Is this the day for the visit of the medical inspector? No? Then please get in touch with him immediately and have him see the boy at once. Good-by."

Nor does Buffalo forget that the sight of boys and girls between the ages of fourteen and sixteen needs attention, particularly when it is necessary for them to enter the field of industry.

"Bureau of Child Hygiene speaking: Yes, Mrs. Hagan, I remember your boy's case; working papers refused on account of nearsightedness. He has glasses now? That's fine; bring him in tomorrow at ten; the medical inspector will be here then, and if all is well, we'll get the papers right out. Yes, tomorrow, Thursday at ten. Good-by."

Thus the Department of Health of Buffalo keeps in intimate touch with every phase of the work of saving the sight of her children. It has taken time and thought and infinite patience to reach the present stage of efficiency, but step by step the problem has been thought out and met squarely, and the steps are as interesting as the results.

The first great work of the Department of Health was to establish in 1910 a Bureau of Child Hygiene, with administrative offices in the central building, the function of which, as Dr. Fronczak, the Health Commissioner, has so well put it, is "to conserve the present generation, and as well discount the deficiencies of the coming one."

The personnel of this Bureau was most carefully considered. Special interest in and knowledge of children had to be combined with administrative ability. That the Assistant Health Commissioner filled these two requirements was particularly fortunate, since his position in the Department of Health would keep the Bureau of Child Hygiene in close touch with every other activity. A supervising nurse was selected with equal care; likewise the remainder of the staff.

The work of this Bureau was arranged to include Infant Wel-

fare, Supervision of Midwives, Supervision of Children's Institutions, Medical School Inspection, School Nursing, and Supervision of Child Labor.

When the Bureau of Child Hygiene had become firmly established, Buffalo wisely reviewed her resources to find opportunity for greater service. She carefully considered the needs of that part of her population that could not afford to pay for necessary care and treatment. To obtain a clear understanding of the situation and to prevent overlapping of activities, a conference was arranged to include the Department of Health, the Department of the Poor, the Charity Organization Society, and other various philanthropic bodies of the city.

The first decision reached was that a city the size of Buffalo (475,000 inhabitants) needed more than one health center. The Charity Organization Society had already divided the city into five districts for the administration of its work. The Department of Health accepted the experience of this body and immediately laid plans for a health center in each of these divisions. This health center was, in reality, to be a miniature Board of Health, with the exception of such departments as needed no duplication.

Previous to this time ten city physicians attended the indigent poor, at a salary ranging from $200 to $500 a year. This financial inadequacy made the city work merely an incident in the general practice, and in many cases of urgent and immediate need, the city physicians were away, attending their own patients. These were replaced by five physicians, appointed under civil service regulation, to devote their entire time to city work. Of these, two were selected who could speak the languages of the leading foreign population, Polish and Italian, and were placed in these respective districts. The acceptance of a city office of this nature precludes private practice. The physician must make his headquarters at the health center assigned to him, hold regular office hours, make home and hospital calls, and supervise the admission, care, and discharge of city cases in city hospitals.

It was decided that the work of the health centers should include the following:*

1. A Medical Clinic for general treatment.

* Annual Report, Department of Health, City of Buffalo, New York, 1916.

A Typical Scene in a Buffalo Clinic

2. A Prenatal Clinic, where expectant mothers are guided through pregnancy, to secure healthy children and safe confinement.

3. A Well Baby Clinic, where the nutrition and well-being of children under two years of age are supervised and the mothers instructed.

4. A Sick Baby Clinic, where sick babies are treated.

5. A Nose, Throat, Eye, Ear, and Skin Clinic.

6. Free Dental Clinic, with full-time staff for school children in two health centers, in addition to the city's free dental service at the University of Buffalo.

With these two strongholds, a Bureau of Child Hygiene and Health Centers, added to the regular departments, Buffalo began her present crusade for the welfare of her children.

The work of the health centers will be considered first:

HEALTH CENTERS

1. MEDICAL CLINICS

At these clinics all cases are treated except venereal diseases, which are referred to the Urological Hospital, and tuberculosis cases, which may be treated in the health centers or be referred to the Tuberculosis Society Dispensary or to the Municipal Hospital for treatment and disposition, according to their character, incipient cases being directed to the J. N. Adam Memorial Hospital at Perrysburg, New York.

The conservation of sight in children should begin with the parents: it is a well-known fact that certain eye diseases, such as ophthalmia neonatorum and interstitial keratitis, may be due in part to venereal disease, hence treatment should date back to long years before the birth of the child. Buffalo took her first step in the right direction by making venereal disease reportable. The next step was to provide a special clinic for treatment. Because of the indoor care found necessary it was decided to arrange for such clinic in Health Center No. 3, which is connected with the Municipal Hospital. All patients applying at the other health centers found to be suffering from venereal disease are transferred

General View of a Buffalo Health Center

to this clinic, where services include outdoor and hospital care; 46 beds are set aside for this purpose. The treatment is free, including medicine, except in cases where it is possible for the patient to pay the cost of salvarsan. Follow-up work is an essential part of this plan, and is carried on by the District Nurses' Association.

The public health law,* which enables the Health Commissioner to control dangerous and careless patients, is judiciously and carefully enforced. When a patient is found conducting himself in such a manner as to be a menace to others, he is warned and every effort is made to educate him to live properly. If he refuses, a warrant is sworn out, and he is given his "day in court." Buffalo is believed to be the first city to secure forcible commitment of cases of venereal disease. The 1917 session of the New York State Legislature added an important amendment to the Domestic Relations Law;† this requires all prospective brides and bridegrooms applying for a marriage license to take the following oath: "I have not to my knowledge been infected with any venereal disease, or if I have been so infected within five years, I have had a laboratory test within that period which shows that I am now free from infection from any such disease."

2. PRENATAL CLINICS

Not only is it essential for parents to be physically fit to bear children, but the greatest care is necessary during the months of pregnancy. To meet this need Buffalo instituted prenatal clinics at the health centers. Here the expectant mother may learn how to care for herself and her child; what food is beneficial; what should be avoided; what might prove detrimental. Here also she learns how to prepare for the delivery of her child; of what the necessary equipment consists; how to provide the greatest amount of comfort at the least expense; the necessity for cleanliness. Here also is explained to her how, in the process of birth, a dangerous germ may get into the eyes of the new-born

* Public Health Manual. New York State Department of Health, Albany, New York, Section 326A, Control of Dangerous and Careless Patients.

† Laws of New York, Chapter 503: An act to amend the Domestic Relations Law in relation to statements for municipal licenses, May 16, 1917.

child and possibly cause life-long blindness. She is told patiently, carefully, and impressed by many repetitions if necessary, how this disease may be avoided. She is made to understand fully that she must insist that the doctor or midwife who attends her place two drops of a 1 per cent. solution of nitrate of silver in each eye of the baby as soon as possible after the child is born. She is likewise taught the possibility of infection by using anything not absolutely clean to wipe the baby's eyes. She learns that, if the baby's eyelids should begin to swell and grow red, she must not wait a moment, but must send for a doctor at once. These things are not taught in a manner to alarm her, but so that she will consider them worthy of careful attention, and thus awaken in her a sense of responsibility in the matter. Nor is all this attempted at a first visit, or even in many visits, to the clinic. As soon as she is registered she is considered a patient of that clinic; the attending physician examines and counsels her; the district nurse gives her all possible assistance, visits her in her home, and if she does not return to the clinic at the specified time, makes a special call to find out the reason.

The great difficulty with the prenatal clinics has been to get the women to attend: it is natural that many of them should look upon these ideas merely as new-fangled notions: that their mothers and grandmothers brought forth children without any of these preparations is sufficient assurance of safety for them—they have doubtless never connected the blind or deformed child of the preceding generation with lack of proper precautions. They must be taught, gradually, the necessity for the utmost prudence, and also the fact that new living conditions bring about reactions unknown to their grandparents.

As the work of the health centers becomes better known this difficulty will be overcome: a mother who has been carefully guided through one pregnancy will be likely to return for similar care during a second; moreover, she will tell others. The district and school nurses are making the work of these clinics recognized and appreciated, and, as will be explained later, even the midwife is aiding materially.

Waiting Room—Well Baby Clinic—Sometimes 60 mothers visit this Clinic during one session

3. WELL BABY CLINICS

People often greet the idea of a Well Baby Clinic with incredulity: why take a perfectly well baby to a clinic which is presumably for treatment of disease?

Here again it is necessary to educate the mother. She must learn that prevention is not only a much simpler, but a much cheaper, process than cure.

The ignorant mother, healthy and strong, probably will have a healthy baby; but, as a rule, she has little idea of how to keep him well. If he loses weight, she is usually unconscious of the fact, and if his food disagrees with him, she does not know what substitute to offer. The Well Baby Clinic is ready to instruct the mother in the care of her baby until he is two years of age. Often, when an apparently healthy child is brought to the clinic, some quite unsuspected difficulty is discovered, which, taken in time, may be corrected. Thus a tendency to cross-eyes may be found; a slight discharge from the eyes which the mother has attributed to cold may be the beginning of serious eye trouble; a seemingly unimportant rash may be the forerunner of measles or scarlet fever.

At the Well Baby Clinic the baby is weighed and the result compared with the standard scale and with preceding records if any exist. This standard scale has been prepared especially by Dr. Douglas P. Arnold for use in the baby clinics of Buffalo. (See Appendix, Exhibit A.) The left-hand column indicates the weight in pounds, the right-hand column in grams. The figures at the top indicate the fifty-two weeks of the year. The average child weighs approximately 7½ pounds at birth. During the first week there is a normal loss of one-half pound, then a gradual increase, more rapid during the first half-year, until, at the end of fifty-two weeks, the weight approximates 19¾ to 20 pounds.

The upper oblique line shows the gradual, more regular increase during the second year. The reverse side of the card is for the general history.

Each child is provided with a record card at the time of the first visit, and comparisons are made at subsequent visits. The

Weighing the Baby—Well Baby Clinic

mother is urged to take the child to the clinic at least once a week, so that any abnormality may be noted, and if possible, corrected.

It is well known that improper feeding retards, and often makes impossible, the cure of certain diseases of the eye, particularly phlyctenular keratitis. Special attention is therefore paid to food supply. If the child is breast fed,—and every mother is urged, if possible, to give her baby the benefit of this natural sustenance,—the hours of feeding are prescribed, and as the child grows older necessary additions are recommended, such as oatmeal water, etc. If the child is artificially fed, the kind of food and the amount are prescribed, and, as above, time schedules are arranged. The mother is cautioned against overfeeding the baby or giving meals at irregular periods, and is particularly warned against allowing young children a "taste" of the family fare.

To encourage the efforts being made for better babies, once a year these clinics are the scene of better baby contests; these take place during the National Baby Week Campaign, and proud indeed are the mothers who receive a certificate for a baby averaging from 95 to 100 per cent. (See frontispiece.)

A campaign is made in the city districts the week preceding the contest. This is usually carried out by the women's clubs of the city. Booklets are provided containing duplicate slips of white and yellow, to be used with carbon between. (See Appendix, Exhibit B.)

A day and hour are appointed for examination, so that mother and baby will not be kept waiting. When the slips have been filled in, the white one is torn out and given to the mother for reference, while the yellow slip is left for reference at the health centre.

When the baby is brought to the contest, he is given an entry number, and a nurse in attendance records this with name and address on a specially arranged blank. (See Appendix, Exhibit C.) The child is prepared for examination by the mother, and when his turn comes, is taken into the examining room, which has been made ready with scales and a table covered with a blanket. Large rolls of paper towels are at hand, and before the examination of each child a clean supply is placed on the scales and over the blanket. An attending nurse records the demerits

Examining Room—Well Baby Clinic

as the doctor announces the results of examination, and the score is totaled.

No clinical work is done at this time; but should the child fall below schedule, the mother is urged to bring him on the regular clinical days for treatment; if he is a "schedule" baby, the mother is likewise urged to bring him to the Well Baby Clinic to keep him so.

During the 1917 campaign 2000 babies were entered; of these, 1927 were examined. That 142 received 100 per cent. and 879 received 95 per cent. or over is a pretty good showing for the Well Baby Clinics of Buffalo.

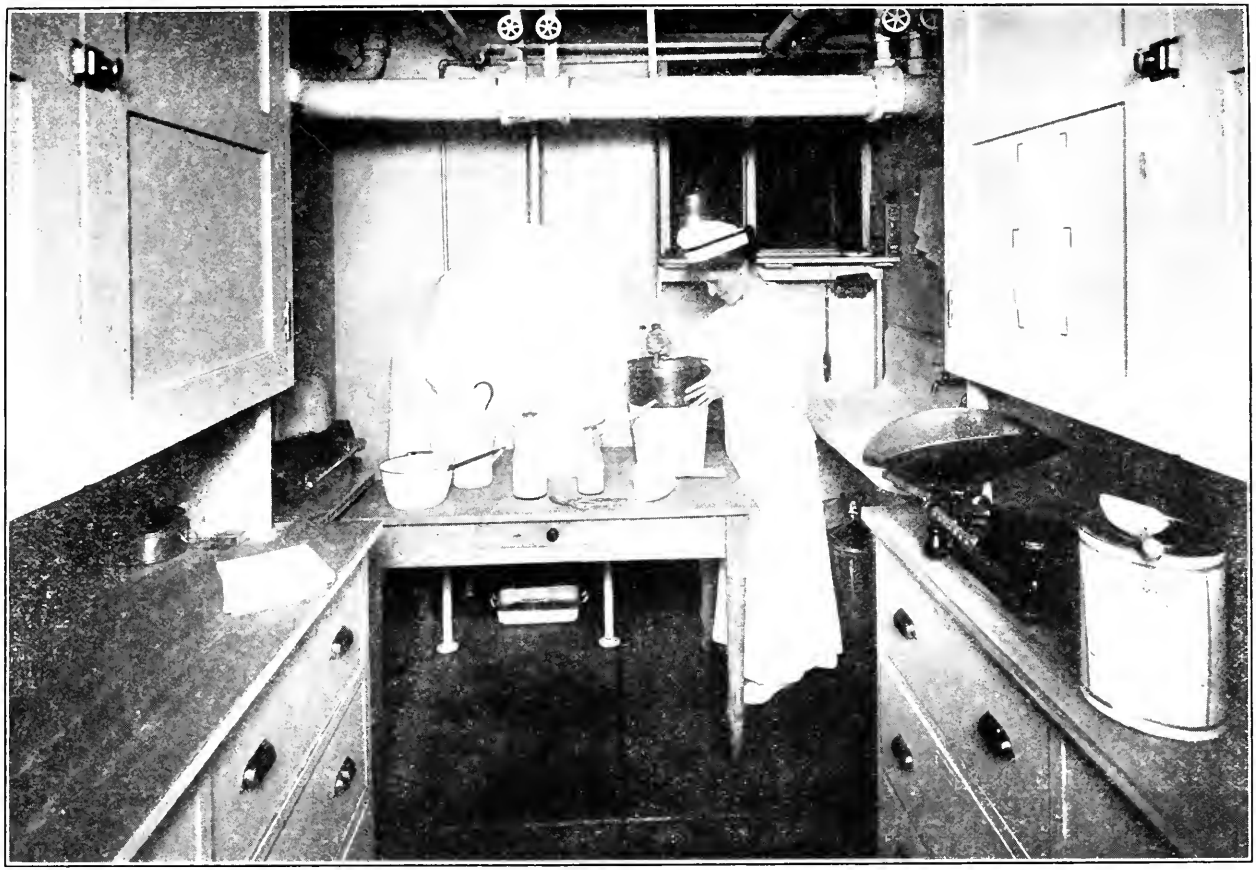
4. SICK BABY CLINICS

Sick Baby Clinics follow much the same routine as Well Baby Clinics: great stress is laid on follow-up work; the nurse visits the home of every patient. It was found that so many children were suffering from malnutrition, and that it was so difficult to get mothers to follow exactly directions in preparing the more complicated food formulæ, that a special nutrition clinic was arranged in connection with the children's hospital. Here clinics are held every afternoon, except Sundays and holidays. Special rooms are arranged in the lower part of the building; an entrance leads from the street, so that outdoor patients need not pass through the main hospital.

A small dressing-room is convenient to the entrance; the examination room is next; it affords privacy, and is fitted up with everything necessary for the best work. A short distance away is a diet-kitchen, where the more complicated food formulæ are prepared by a trained nurse, who devotes her entire time to this work.

5. NOSE, THROAT, EYE, EAR, AND SKIN CLINICS

To these clinics adults are admitted, but most of the work performed is for the children referred by the schools. Eyes are examined and refracted. If necessary, treatment is given or glasses recommended. In this clinic the services of the nurse are most important in following up cases. Too often the recommendation



Diet Kitchen—Children's Hospital Clinic. Here complicated formulæ are prepared

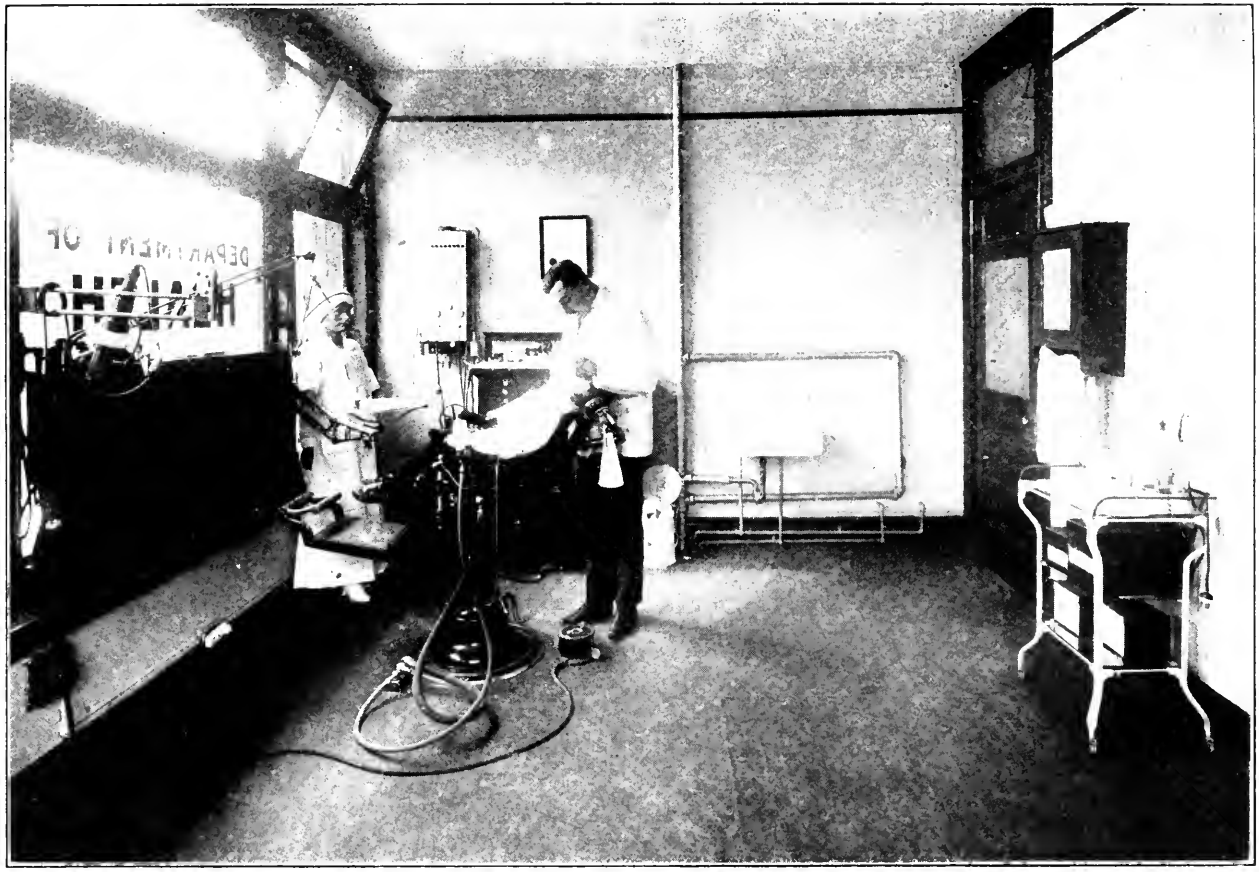
that glasses be obtained is disregarded by a parent, who thinks them an unnecessary expense. The nurse visits the home of each child to whom such recommendation is made, and patiently explains to the parents why glasses are necessary, and the probable results if the matter is allowed to drop. She acquaints them with the relationship between defective vision and poor school work, and opens their eyes to the fact that repeating grades is very often due to the lack of ability on the part of the child to comprehend because he cannot see what is being explained by the teacher. In cases where the financial inadequacy of the family makes even the relatively small outlay for glasses impossible, the nurse sees that the matter is brought to the attention of an organization that will give assistance in this particular.

6. DENTAL CLINICS

These are among the busiest of the clinics: children are referred from the schools; by far the greatest number of physical defects in children are oral in character. Since it has been discovered that decayed teeth are contributory causes to many diseases, and are likely to affect the sight, particular attention has been paid to dental work.

It is quite evident, from the many phases of medical treatment and prevention of disease carried on by the health centers, that one physician in each is inadequate to the task. Arrangements are made, it is true, for additional service through the securing of specialists in the different clinics. Thus the staff of the Urological Clinic for the treatment of venereal disease consists of a chief of staff (the assistant city bacteriologist), three attending physicians, a house staff, and a nursing service. The Ear, Eye, Nose, Throat, and Dental Clinics must of necessity be provided with specialists in their own lines.

In contradistinction with these more adequate arrangements there is a weak spot in the baby clinics—most of the work depending wholly upon voluntary service. Young physicians, just out of college, with little experience in the diseases of childhood, give their time and energy, but aside from the lack of experience, vol-



Dental Clinic at one of the Health Centers

untary service is not always to be relied upon. The supervising physician, well practised in children's diseases, gives as much time and instruction as possible, but he has a large private practice and devotes his afternoons to the free patients in the nutrition clinics. He cannot, therefore, supervise all the work of the Well and Sick Baby Clinics, particularly since it has been found necessary to augment the number of these by several milk stations (making a total of 14) where Sick and Well Baby Clinics are held once or twice a week, or more often, if the demands are great enough.

It is recommended that compensation at a reasonable rate be offered, so that men of experience in children's diseases may care for the patients at these clinics, and the service be independent of voluntary work.

The health centers are accomplishing splendid results, but at least ten are needed to supply adequately the present demands. It is hoped that this aim may gradually be reached.

BUREAU OF CHILD HYGIENE

For purposes of administration, this Bureau divided the city into 18 districts, each containing nine schools: the boundaries of these districts may be changed as conditions tend to increase or decrease the population.

The staff of the Bureau includes the chief, five medical examiners, 20 assistant medical examiners, the supervising nurse, and 20 assistant nurses.

The school districts are apportioned among the medical examiners and their assistants; one nurse is assigned to each district, one to the Division of Mental Hygiene, and one to the supervision of office records.

In addition to the regular work of school inspection, one of the medical examiners is assigned to infant welfare work in the health centers, one to the treatment of all cases of ophthalmia neonatorum reported to the Bureau, one to examine mentally defective and backward children, and one to supervise open-air schools and school rooms.

For a better understanding of the work of this Bureau, the divisions covered are again tabulated:

1. Infant Welfare.
2. Supervision of Midwives.
3. Supervision of Children's Institutions.
4. Medical School Inspection and School Nursing.
5. Supervision of Child Labor.

1, 2. INFANT WELFARE. SUPERVISION OF MIDWIVES

These two activities are so closely united that they will be considered under one heading.

The work carried on for infant welfare in the health centers is vitally augmented by the Bureau of Child Hygiene. At first the nurses of this Bureau were in attendance at the health center clinics and took charge of the follow-up work: it soon proved impossible for them to carry on this line and that of school nursing, hence it was placed under the direction of the District Nurses' Association, the general nursing body of the city.

Thus the Bureau of Child Hygiene approaches the question of infant welfare from another standpoint.

In many cities, especially those having a foreign population, a large proportion of all births is attended by midwives. In Buffalo, for example, in 1916, 40.2 per cent. of births were so attended. Buffalo was the first city in the United States to recognize the menace to mother and child from the untrained and unsupervised midwife, and in 1885 passed the first law in the country relating to the subject.

November 16, 1914, Special Rules and Regulations on the Practice of Midwifery went into effect in New York State, exclusive of the cities of New York and Rochester.*

Buffalo took up this question with the same thoroughness that characterizes all her activities.

The new regulations called for the following important observances:

1. The licensing and registering of midwives.

* See Special Rules and Regulations for the Practice of Midwifery, New York State Department of Health, Albany, New York.

2. The attendance of midwives in normal cases of labor only.
3. The use of a prescribed prophylactic in the eyes of the newborn.
4. The filing of the birth certificate.
5. The reporting of cases of sore eyes.

To see that these provisions were carried out, a strict method of supervision was instituted, and the authority placed in the Bureau of Child Hygiene. The midwife receives her license from the State Board of Health, under certain conditions of training, etc., set forth in the rules,* but she is not permitted to practise in Buffalo until she has been registered with the Bureau of Vital Statistics, which in turn passes her name to the Bureau of Child Hygiene.

At the time of her registration a blank is filled out with her license number, address, etc., and is later completed when visits have been made to the home; this constitutes the general history of the midwife (see Appendix, Exhibit D), and there is added to this a full list of all the cases she attends, with remarks regarding her efficiency, etc. (See Appendix, Exhibit E.)

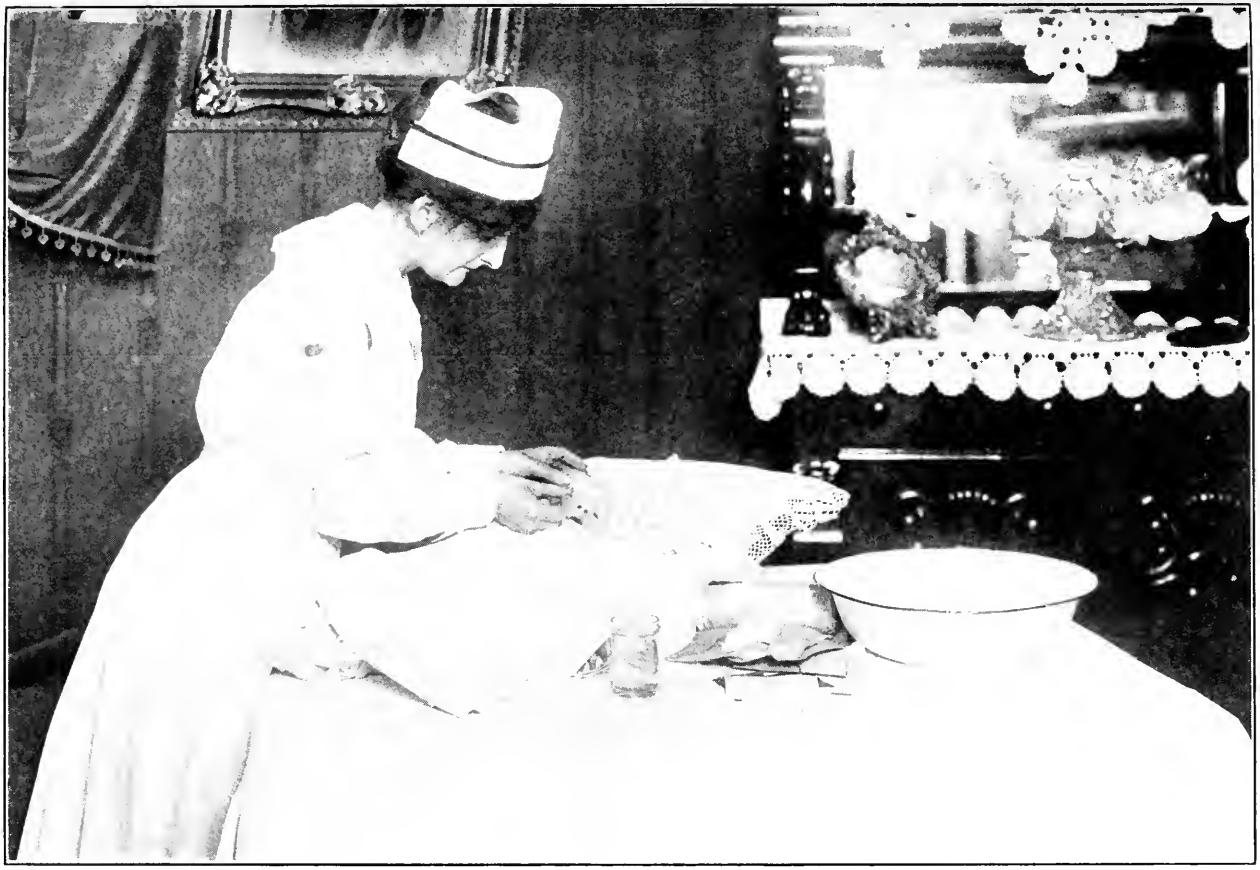
She is placed under the direct supervision of the school nurse in whose district she practises. It is the duty of the nurse to inspect the home, surroundings, and bag of the midwife at least once a month; the home must be clean, the surroundings hygienic, and the contents of the bag arranged in accordance with the requirements of the Bureau; the person of the midwife must be fit to perform her important task. Should the midwife fail in any of these particulars, the case is reported to the office: for the first offense she is reprimanded and given another opportunity; a repetition may cost her her license.

Should the case to which she is called prove an abnormal birth according to the dictates of the state regulations,† she must immediately call a doctor, withdraw from the case, and report it to the Bureau on a card prepared for that purpose. (See Appendix, Exhibit F.)

Should she violate any of the fundamental principles of the

* Special Rules and Regulations for the Practice of Midwifery, New York State Department of Health, Albany, New York. Regulations Nos. 1, 2, 3, 4.

† Rule 2, page 7; Rule 10, page 10.



Taking a smear from inflamed eye of infant

rules, such as using instruments, attending abnormal cases, failing to use the prescribed prophylactic, or to report a case of sore eyes, prosecution may follow and the license be revoked.

Should any redness, swelling, or inflammation appear in the eyes of the baby, she must report the case immediately to the Bureau. (See Appendix, Exhibit G.)

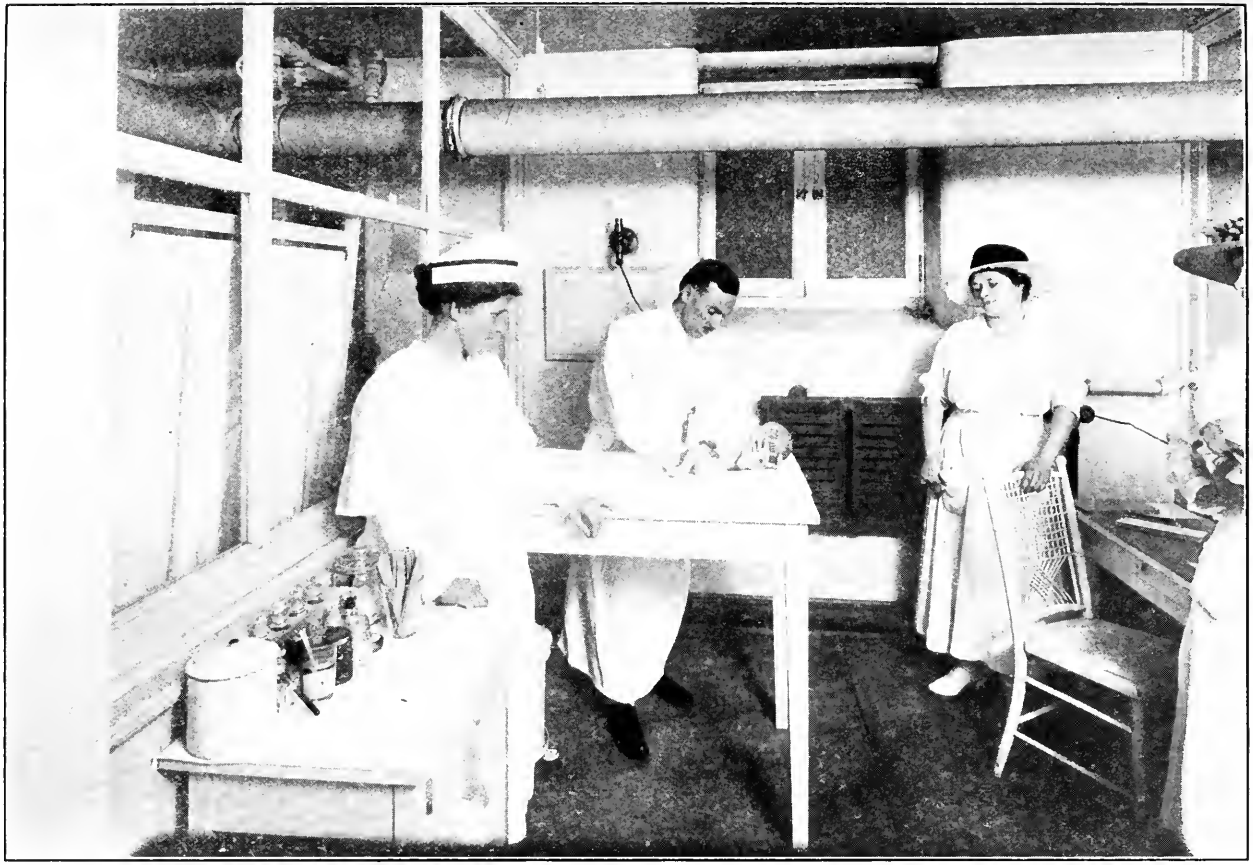
The midwife is required to return the birth certificate before the end of the fifth day. Immediately upon receipt of this the nurse having supervision in her district is notified, and, without delay, visits mother and child, notes carefully the condition of both, and sends in a full report to the Bureau. (See Appendix, Exhibit H.)

Should either nurse or midwife report the least redness or irritation of the eyes, a smear is taken and sent to the laboratory for analysis, and a report of the case is immediately telephoned to the ophthalmologist having charge of that work, the telephone message being later corroborated by card. (See Appendix, Exhibit I.) He straightway visits the case, carrying with him an outfit for treatment, so that no time may be lost. He attends the case until it has been completely cleared. If there is no one in the home competent to carry out his instruction, he details a nurse for that purpose or sends the child to a hospital.

Thus the midwife, knowing that every case she attends will be passed upon by experts, does not fail to report any abnormality. She realizes that her license depends upon her promptness and care, and it is noteworthy that, of the 181 cases of sore eyes reported by midwives during 1916, not a single one resulted in blindness.

So efficacious has this method proved that many physicians have requested nursing supervision and care of their obstetric cases throughout the city.

When visiting and supervising these cases, the nurse finds her opportunity of explaining to the mother the work of the health centers. Gradually the midwife also is carrying the tidings to those who call upon her. She realizes that her own work is much lightened if the mother, by attending prenatal clinics, learns how to care for herself during pregnancy, and that abnormal cases, in which she must resign her charge to a physician, are much less



Examining Room—Children's Hospital Clinic

likely to occur if the mother has been kept in good physical condition.

Naturally, when the new regulations went into force, they met with much opposition. The incapable, slovenly midwife, fearing inspection, resented being deprived of what she considered a legitimate means of earning a living. The better classes of midwives, however, soon realized that they could benefit not only by instruction willingly given, but could raise the standard by the elimination of the unfit. They therefore began to organize into associations for their own protection, not against the provisions of the regulations, but from unscrupulous midwives who resorted to malpractice and thus lowered the professional status.

During the year 1916, 99 midwives were registered with the Bureau of Child Hygiene. The report of that section is of interest:

Number of births reported in Buffalo	13,063
Number of births attended by midwives	5,254
Number of visits made by nurses to homes of babies delivered by midwives and examination of mother and child	5,254
Number of visits made by nurses to homes of midwives and examination of bags, etc.	362
Special investigations	75
Number of abnormal cases where a physician was called	356
Lectures to midwives at Department of Health	31
Instructions to midwives	272
Number of cases of sore eyes found	181
Number of skin cases found	65
Number of deformities found	28

It is noteworthy that of the 181 cases of sore eyes reported, laboratory examination showed the gonococci in but ten. It is wise to remember, however, that from these figures we cannot compute a true percentage of the actual presence of the germ, since in many cases nitrate of silver had been used before the smear was taken and the gonococci thus destroyed.

Buffalo gives the credit of her low percentage of ophthalmia neonatorum to two factors:

1. The rigid system of midwife supervision, entailing the use

of a prophylactic, the prompt reporting of all cases, and the immediate attendance of a physician.

2. The work of the University of Buffalo in laying particular stress on the use of a prophylactic, both in the training of medical students and in lectures given to midwives.

It must not be considered that the task of Buffalo is an easy one, or that perfection is attained. The necessity for constant supervision and urging to better work is keenly realized by the nurse actually in the field, and by the supervising nurse in the central office.

Moreover, Buffalo is by no means free from that menace to every community, the secret practice of midwifery. Continual vigilance in following up every possible clue is the only way in which the eradication of this nefarious business can be hoped for.

Criticism has been made of the fact that Buffalo does not require the birth certificate to be returned until the fifth day. It is contended that, should a case of sore eyes develop during the first forty-eight hours after birth, it would have ample time to run its course and possibly result in blindness before the supervising nurse knew of its existence.

In extenuation, the department contends, and the records of the ophthalmologists show, that a large majority of cases do not develop until several days later, hence were the supervising visits made within the first two days, the child's eyes might appear in a normal condition, yet later develop the disease.

It is recommended that the birth certificate be returned within forty-eight hours; that the nurse make her supervising visit upon receipt of the certificate, and a second visit just before the midwife terminates her services.

3. SUPERVISION OF CHILDREN'S INSTITUTIONS

Nine orphanages, training schools, and other institutions caring for children report to the Bureau of Child Hygiene once a month on the physical condition of the children under their care.

Cases of suspected ophthalmia neonatorum and trachoma, together with other communicable diseases, are immediately reported. All children applying for admission to the fresh-air camp

History taking. Medical School Inspection

at Cradle Beach are examined by the medical inspectors of the Bureau. In 1916 there were about 1000 applicants.

Frequent inspections of the institutions and their occupants are made. The Bureau likewise has jurisdiction and supervision of children under twelve boarded out to others than relatives. The licenses for such are issued by the Health Commissioner to those recommended by the County Superintendent of the Poor, after preliminary investigation, required by law. Nurses of the Bureau carry on the inspection under the direction of their chief.

4. MEDICAL SCHOOL INSPECTION

This is one of the most important functions of the Bureau of Child Hygiene; 86,000 children are under this jurisdiction. The ideal plan is to have each child thoroughly examined every year.

The time of the 25 medical inspectors is distributed among the 18 school districts, and each school is visited at least once a week. The first duty of the examiner on visiting a school is to note the number and location of reported cases of communicable diseases in the district, and to look for evidence of such disease in the school. He excludes all pupils and teachers whose presence might favor spread of contagion. He next examines all emergency cases reported to him by the school principal. At the end of the last school examination for the day he makes and records ten or more physical examinations. Where defects are found, a communication is sent to the parents recommending treatment by a physician, oculist, or dentist, as the case demands. Except under special arrangements, such as vaccinations, no treatment is given by the medical school examiner. A record is kept of each child, and, should he be transferred from one school to another, his health card is sent with other necessary transfer papers. (See Appendix, Exhibit J.)

Thus, if a child requires glasses, the fact is noted. When he appears in the new school, if he is not wearing glasses, inquiry is made, and the possibility is obviated of his straining his eyes until such time as another examination would reveal the need.

The school nurse visits each school at least once a week, reports to the Bureau of Child Hygiene from the first school visited in

School Nurse visiting home with child excluded for contagious disease

the morning, receives her instructions regarding midwife cases, and plans her work for the day. She visits the home of all children receiving recommendations from the medical school inspector, explains the difficulties to the parents, and urges the necessity of immediately taking up the matter. If, for instance, the eyes of a child need glasses or treatment, she sees to it that the parents understand the possible results of lack of care. Where it is found that parents are unable to pay for treatment, clinics are suggested, and sometimes the help of some agency is secured in obtaining the necessary glasses.

Dental care is provided in a similar manner, and blanks prepared for free treatment. (See Appendix, Exhibit K.)

This intimate work brings the nurse into close contact with the child and the home surroundings. In a comparatively short time she knows her district thoroughly, and is often able to suggest ways and means of bettering conditions. Her supervision of midwife cases makes her familiar with the home surroundings of the child from infancy. At the end of each day the nurse reports on her work. (See Appendix, Exhibit L.)

In addition to the examination of school children, the medical school inspectors are required to make regular sanitary inspections of school buildings and grounds, and report the condition to the chief of the Bureau. This part of the work offers great opportunity for noting lighting conditions in class-rooms and calling in experts on that subject, if necessary. Both natural and artificial illumination should be given most careful consideration. The present type of light-absorbing blackboard, gloomy and unsanitary, should be relegated to the companionship of the discarded slate, and replaced by some paper device which will do away with the glare so fatiguing to the eyes, the chalk-dust so irritating to sensitive throats, and the eraser, so competent to carry and spread germs. Adjustable seats should be provided, so that pupils may not only have incentive to correct poise, but may work without a constant strain of the visual apparatus.

During 1916 the medical school inspectors delivered 695 lectures and talks, made over 2000 visits to the homes of the pupils, conducted 15 clinics for medical students, and vaccinated 7881 children.

Testing Vision—Medical School Inspection

On Friday afternoon of each week the chief of the Bureau and the supervising nurse meet the medical school examiners and nurses in conference. Sometimes a brief talk is given on a subject of particular interest, but usually the time is devoted to a discussion of the problems met in the school work. Thus each district is kept in touch with the difficulties arising in other districts, and solutions are often suggested from experience. Should the question touch a specialized interest, an effort is made to have some one familiar with the subject present it at the next meeting.

With 86,000 children in the schools of Buffalo, public, parochial, and private, each medical inspector has an average of 3739 children to examine and supervise. Counting two hundred school days in the year, the medical examiner would have to examine over 18 children each day, in addition to all other duties, provided that each school child is to be examined at least once a year.

Allowing half an hour for each examination would require nine hours a day: even this time would not permit of refraction of the eyes, by which a true status of conditions could be reached. The result is that, despite the efforts of the medical school inspector, many children are not examined each year, and such a defect as progressive myopia may gain a headway that it is later impossible to combat.

Another grave trouble with this work is that neither the doctor nor the nurse can compel attention to defects; except in the case of communicable diseases they have no power to exclude the child from school, so that a pupil suffering from some serious eye trouble, such as progressive myopia, may be permitted to continue to strain his eyes and endanger his sight. Moreover, Buffalo has no arrangement by which children with defective eyesight may be instructed in special classes provided with the proper equipment; examinations have shown that there are in the schools over 200 children with such defective sight that they cannot use the ordinary text-books. They do not come within the entrance requirements of the State School for the Blind at Batavia, New York, hence they are struggling along, making practically no headway, and in some cases doubtless injuring what little sight they have. It is most encouraging to note, however, that special classes for sight saving have been recommended, and it is expected

that the Board of Education will establish such in the near future.

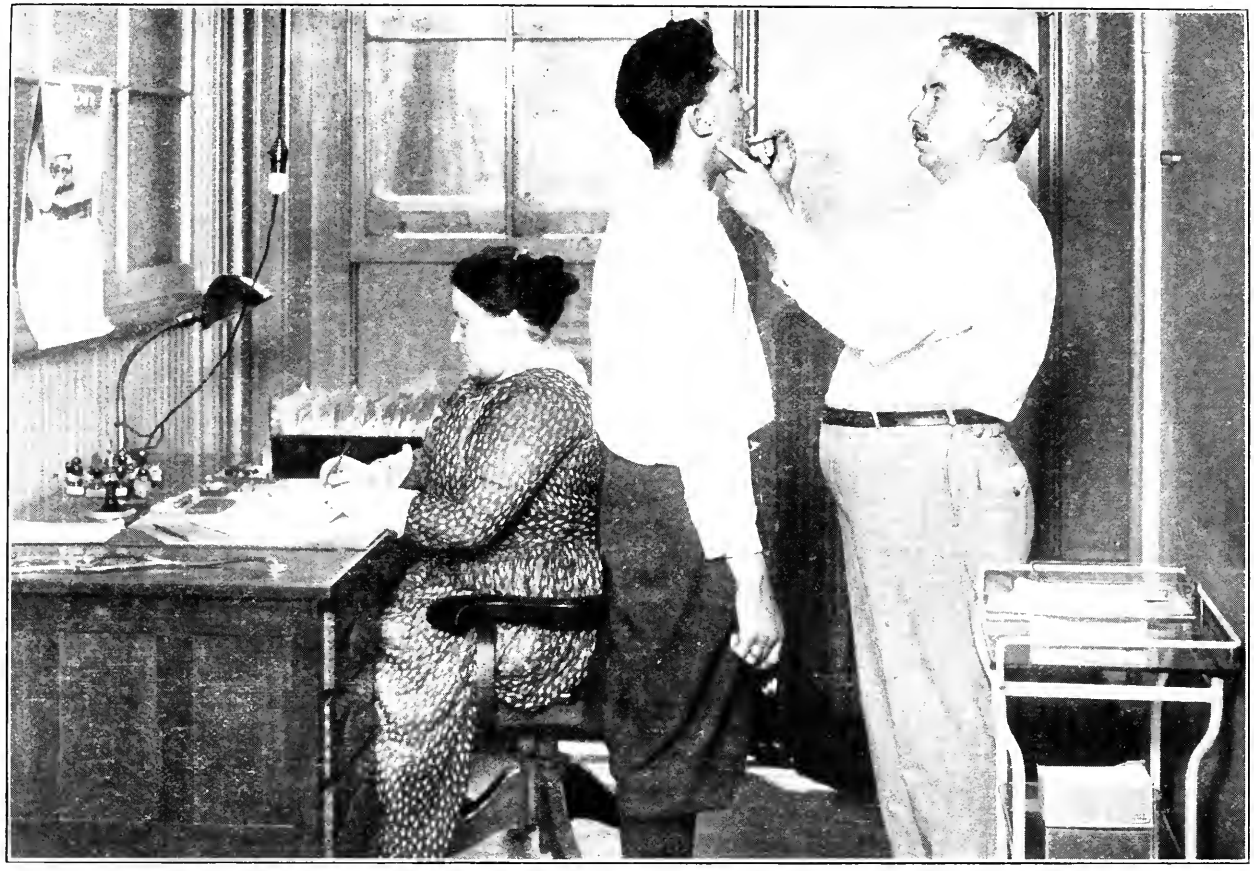
The medical school inspector and the school nurse do not form a part of the educational system of the city: it therefore requires infinite tact and coöperation on the part of the school and Board of Health authorities and workers to prevent friction: in addition, the supervision of midwife cases often interferes with the carrying out of the nurses' school programs. Although there is considerable advantage gained from the fact that this supervision gives the nurse a more intimate knowledge of her district, the disadvantage appears to outweigh the gain.

It is recommended that a sufficient number of medical inspectors be appointed to insure the thorough medical examination of each child at least once during the year; that physicians trained to recognize the symptoms of eyestrain, and experienced in careful correction, be assigned to that phase of medical school examination; that classes for children of defective eyesight be arranged and provided with proper equipment, or that proper equipment be provided in the regular classes; that medical school inspection and follow-up work become a recognized part of the educational system; that special nurses be assigned to the supervision of midwives; that medical school inspectors be given the power to compel attention to defects that can be corrected in such cases as prove wilful neglect on the part of the parents; that when a child applies for working papers, his school health card be one of the papers required for presentation, thus avoiding the necessity of a special medical examination.

5. CHILD LABOR DIVISION

This division has chiefly to do with the supervision of children between the ages of fourteen and sixteen who wish to enter the industrial field. The school work is vouched for by the educational department. The Bureau of Child Hygiene is responsible for the birth certificate and the physical examination.

Out of a total of 4932 applying for "working papers" during 1916, certificates were refused to 1292. Of these, 143 were refused for insufficient education, 79 for insufficient school attendance,



Physical examination of applicant for working papers

132 under age, 91 over age, and the remainder for physical defect.

The medical examination showed 222 children suffering from defective vision, and 23 from diseases of the eyes. Of these, 128 were refused certificates because of marked defective vision uncorrected and 2 for eye diseases.

Eye defects showed third in the list, defective teeth leading with 1115 cases, and hypertrophied tonsils taking second place with 259 cases.

In all cases of medical examination where defects were found, treatment was advised. Of the 1292 cases where certificates were refused, 422 were corrected and certificates later issued.

Thus is Buffalo safeguarding the eyesight of not only her babies and school children, but of those entering industrial life.

SUPERVISION OF THE DETENTION HOME OF THE JUVENILE COURT

Physical examination was made of 249 children during 1916. Defective teeth led the list, with a percentage of 46.5; hypertrophied tonsils followed with 20 per cent., and defective vision with 16 per cent.

Just how closely defective vision is related to the necessity of apprehending children by the Juvenile Court it is impossible to compute; that it has some bearing on the subject must be recognized. The child cannot be expected to be interested in something that he does not understand, and, with defective eyesight, it is impossible for him to understand much of what is visually presented in the class-room. Hence he becomes inattentive, soon gains the reputation of being lazy or stupid, and ceases to make an effort. His natural energy finds an outlet in acts that create disorder in the class-room and interfere with the progress of other pupils; punishment follows; this he resents, not because he realizes that the initial fault lies rather in defective vision than in any desire on his part to shirk, but because, somewhere within his consciousness, is an underlying feeling of unjust treatment. One of the first acts of such a pupil is to attempt to escape the uninteresting, and its subsequent punishment, by playing truant,

and truancy opens the way to a variety of temptations. Thus, gradually, without innate criminal tendencies, he may drift into the class of the juvenile delinquent.

Thorough physical and psychological examination of school children will do much to lessen juvenile delinquency. For those who have already reached the stage of court proceedings, the ideal plan is to make an examination before they are presented to the court. This will aid materially in the solution of disposition of cases, and fewer children will find their way into the detention home.

SUPERVISION OF OPEN-AIR SCHOOLS

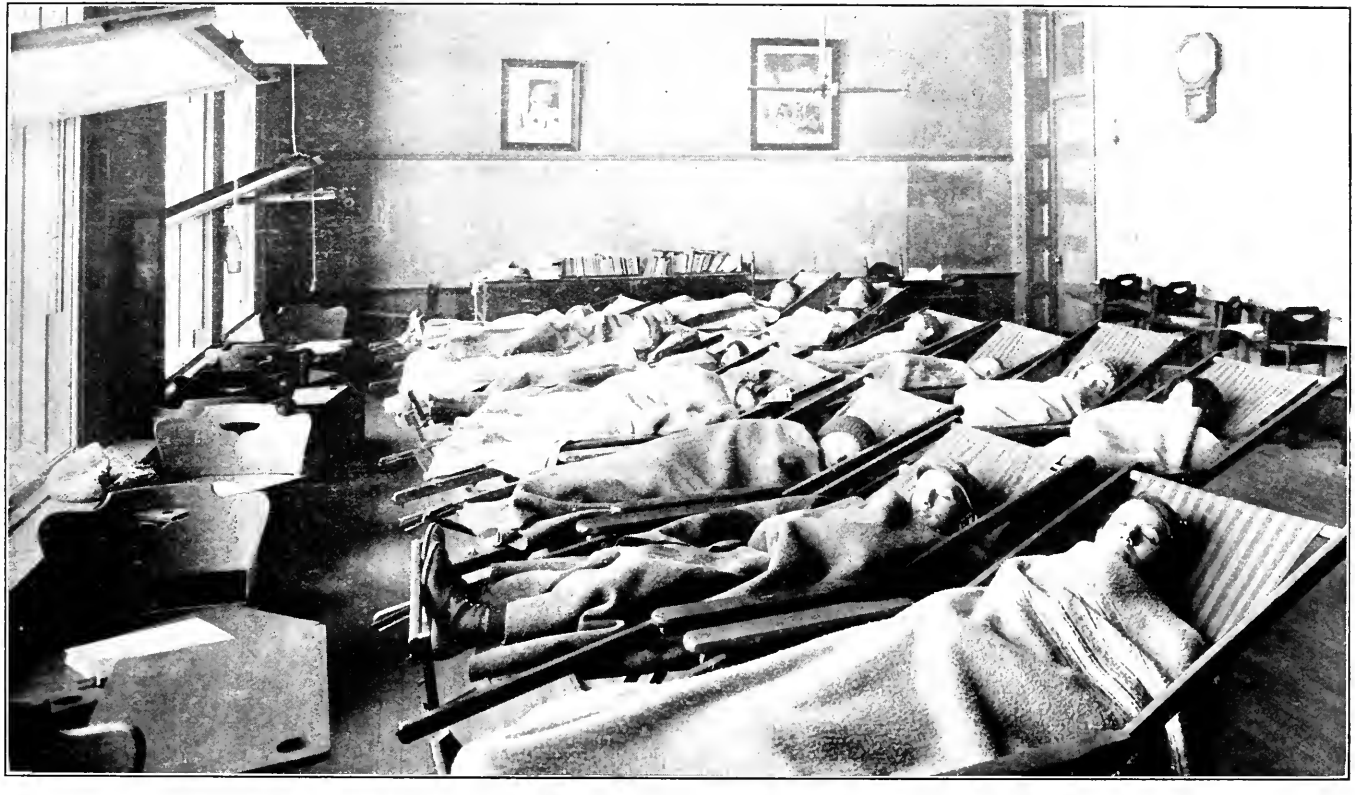
The open-air school system has been in existence in Buffalo for six years. Although most of the classes are primarily for children with tubercular tendencies, three classes are provided for children having other difficulties, especially disordered nutrition. Careful physical examinations are made. Of 105 children in the non-tubercular classes, 6 were found with defective vision, and treatment was recommended for correction.

Certain eye diseases, such as phlyctenular keratitis, are greatly relieved by the open-air school. The regular hours, pure ventilation, nourishing food, and rest periods assist materially in combating the actual attack and in helping to prevent a recurrence. It is not uncommon to find a child suffering from this disease make considerable gain in an open-air class, but relapse to the former condition if returned to the regulation class-room.

The method of direct ventilation in the open-air school-rooms is performing such wonders for the physically subnormal child that it is suggested healthy children be given the same benefit as a preventive measure.

LITTLE MOTHERS' LEAGUES

In all crowded districts much of the care of the little children falls upon the older girls of the family. Buffalo recognized this fact early in its study of health problems, and organized "Little Mothers' Leagues." These are carried on in coöperation with the Domestic Science Department of the Department of Educa-



Open-Air School—Fresh Air and Rest

tion. Talks and demonstrations on the care of babies are given by nurses and physicians.

It is suggested that these leagues form an excellent medium through which to work for the better care of the eyes of children. It is quite possible, by adapting interesting stories to the various phases of common causes of eye trouble in young children, to teach the "little mothers" the necessary precautions to be taken. Once it has been demonstrated that bright sunlight shining directly into the baby's eyes will make him fretful and hard to care for, the danger of real injury to the eye from that source will be largely obviated. Too great stress cannot be laid upon the advisability of training children in the simple rudiments of hygiene.

CONCLUSION

That Buffalo is accomplishing a great work is evidenced by the very low percentage of ophthalmia neonatorum and the clean bill of health for 1916, showing not a single case of blindness resulting from this disease. There appears to be but one hiatus in the system of caring for the eyes of the city's children. It has been shown that clinics have been provided for children up to two years of age; that medical school inspection cares for them from school entrance to graduation and that the Department of Child Labor looks out for the period between fourteen and sixteen years.

According to the present system, no special arrangements are made for children who have graduated from the ranks of the babies, yet have not reached school age. These intervening years are the ones when measles, whooping-cough, scarlet fever, poliomyelitis, and other diseases of childhood are most likely to attack the unwary, and unless given the most careful attention, to leave a train of physical defects in their wake. Moreover, eye defects and diseases, such as phlyctenular keratitis, blepharitis, strabismus, and progressive myopia, are likely at this time to obtain such a strong hold that they later defy treatment, or at best make it very difficult.

It is most urgently recommended that this hiatus be bridged over, either by extending the baby clinics to include children up

to five or six years of age, or by introducing special clinics to cover this period.

WHAT EVERY COMMUNITY MAY DO

Although it is doubtless the aim of every community to safeguard the health of its inhabitants, it may not be possible, especially at the outset, to initiate such wide-spread preventive and curative measures as Buffalo has been able to institute.

So far as the problem of conserving the sight of children is concerned, every community, no matter what the size, should include three essentials in its program:

1. Adequate provision for the preventing, reporting, and treating of ophthalmia neonatorum.
2. Medical school inspection.
3. Nursing service for follow-up work and for the discovery and correction of any and all visual defects and eye diseases.

If to these necessities at least one health center can be added in the larger towns and cities, a great deal may be accomplished by the rotation of clinics. It is not necessary to erect a new building: three good-sized, well-lighted, well-ventilated rooms will meet requirements. One large room may be partitioned or curtained off into three compartments. The largest room or compartment should be devoted to dental, ear, eye, nose, and throat clinics; the second in size to prenatal, well baby, sick baby, nutrition, children's general, adults' general, and venereal disease clinics; the third should serve as a waiting-room for the reception of patients.

Special space may be apportioned to the apparatus required for each clinic; by rotation of clinics, all the unoccupied floor space will be available for each clinical period. Space for records may be arranged either within the limits apportioned to the clinical apparatus or in the general waiting-room, where they would be under the supervision of the general attendant.

Each community could arrange the rotation according to its own needs. Frequency of occurrence of disease, time necessary for treatment, and convenience of patients should be taken into

consideration. For example, dental clinics should be arranged for Saturday, so that pupils need lose no time from school. One general clinic for children should be held in the evening, to permit parents occupied during working hours to accompany them.

Two hours should be allowed between clinics to give ample time for thorough cleaning and ventilation. The following schedule is suggested for rotation of clinics:

	Room 1			Room 2		
	Morning 9–12	Afternoon 2–5	Evening 7–9	Morning 9–12	Afternoon 2–5	Evening 7–9
Monday	Dental	Throat	Nose	Prenatal	Children's general	Adults' general
Tuesday	Eye	Ear	Dental	Well Baby	Nutrition	Venereal
Wednesday	Throat	Dental	Eye	Sick Baby	Prenatal	Children's general
Thursday	Ear	Nose	Dental	Adults' general	Well Baby	Venereal
Friday	Nose	Eye	Throat	Nutrition	Children's general	Adults' general
Saturday	Dental	Throat	Ear	Children's general	Sick Baby	Venereal

APPENDIX

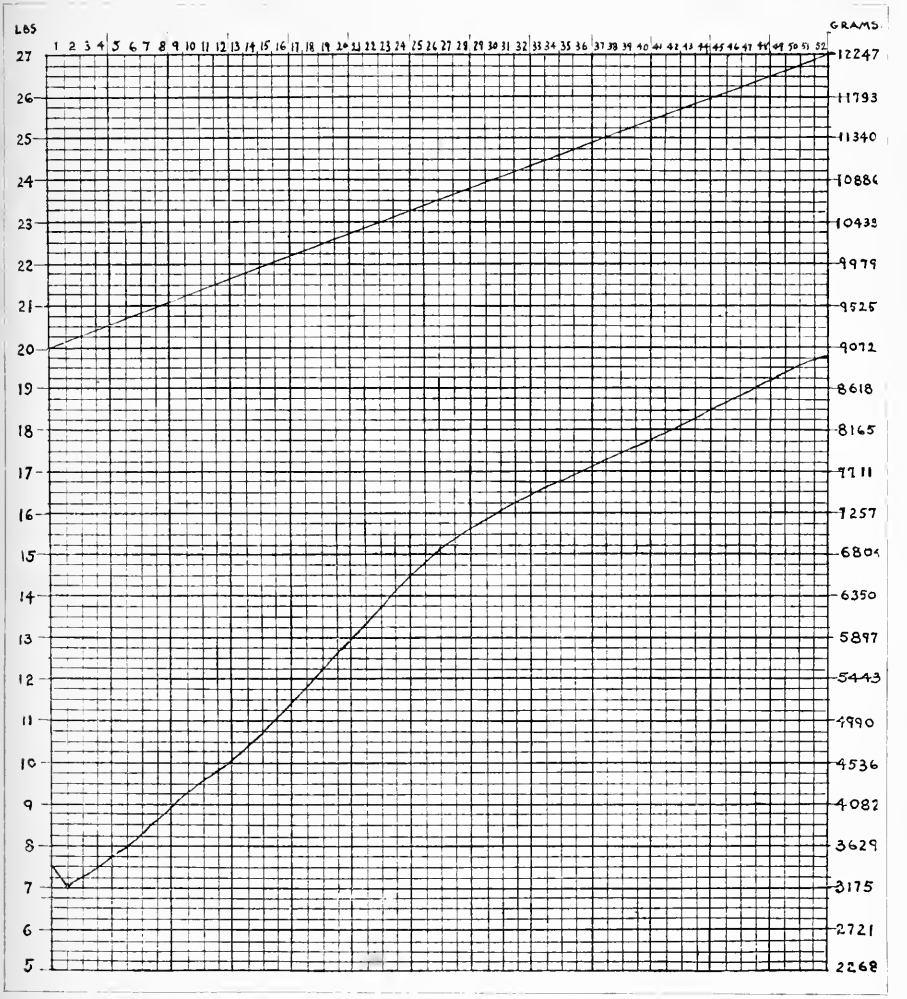


EXHIBIT A.—Standard scale of weight for children under two years of age
(Obverse)

INFANT CARE AND FEEDING DEPARTMENT OF HEALTH, BUFFALO, N. Y. HEALTH CENTER FREE DISPENSARY No.

Date Name Address No.

Born Sex Nat. History By Referred By

Wt. At Entrance Wt. When Discharged Disposition of Case Result

FAMILY HISTORY

PREVIOUS HISTORY

PRESENT ILLNESS and PHYSICAL EXAMINATION Pulse Temperature Respirations

DIAGNOSIS

EXHIBIT A.—History (Reverse)

BETTER BABIES CONTEST

Milk Station No......

.....

Name .....

Address.....

Number of children entered .....

Date of examination, June.....**A. M.**.....**P. M.**

APPOINTMENT CARD

Please bring this with you

(To be left at house by women canvassers)

BETTER BABIES CONTEST

Milk Station No......

.....

Name .....

Address .....

Number of children entered .....

Date of examination, June.....**A. M.**.....**P. M.**

APPOINTMENT CARD

EXHIBIT B.—Card in duplicate, upper half left at house, lower half (carbon copy) brought to milk station

Entry Number.....

Total Score.....

Name.....

Address.....

Age.....

		DEMERITS
	Was child nursed or partially nursed for at least four months? (If not,—2).	.....
	Was child nursed more than 12 months? (If so,—3).	.....
	EXAMINATION.	
15	GENERAL MENTALITY AND DEPORTMENT.	.....
	Facial expression, etc.: Is child responsive for its age? holds head erect at three months. Sits at seven months. Attempts to walk at 12 months.	
	PHYSICAL EXAMINATION.	
5	**Weight:** (Stripped).....(Chart of Buffalo Health Department to be used as index; one lb. leeway allowed either way).	.....
	General Appearance: [2] too fat: [2] too thin: [2] abnormal color: [2] anæmic: [6] gross physical defect or congenital malformation: [2] cleanliness: [6] skin, abnormality of: [6] turgor (is child flabby or firm).	.....
	Chest: [2] abnormal size: [2] shape: [2] rosary: [6] spine: [6] heart: [4] lungs.	.....
	Abdomen: [2] abnormal distention: [2] separation of recti: enlargement of [6] spleen: [2] liver: hernia ([2] umbilical, [2] inguinal). Abnormality of male genitals ([4] undescended testicles, [2] phimosis: [2] hypospadias): of female ([6] malformation, [2] discharge).	.....
5	**Extremities:** [6] Defect (paralysis: bowed: sabre tibia exostosis: enlarged epiphyses).	.....
	Head: [6] size: [6] shape: [3] fontanelle (closed at 18 months): [4] craniotabes.	.....
	Face: [6] abnormality: [6] neck, glands enlarged.	.....
	Eyes: [6] abnormality: [3] discharge: [1] lids.	.....
	Nose: [2] stenosis: [1] discharge.	.....
	Ears: [6] malformation: [6] discharge.	.....
	Mouth: [3] habitually open: [6] adenoids: [6] tonsils enlarged, [2] infected: [6] abnormal dentition: palate ([10] cleft or [2] high): [2] stomatitis.	.....
10	**Abnormalities not listed:**	.....
		.....
		.....
	Total demerits	.....

NOTE.—The column at the right is for demerits; mark defects with an X and the amount deducted in this column. Use whole numbers—not fractions or decimals.

For total score, subtract demerits from 100.

EXHIBIT C.—Registration slip for baby entering "Better Babies Contest"

Department of Health—Buffalo, N. Y.
MIDWIFE RECORD

1. License No. 2. Date of expiration 3. Professional Name
   Surname Given Name
4. Private Name (if different from professional) 5. Address 6. Age
7. Does midwife display a public sign? 8. What does it contain?
9. Does midwife speak English? 10. Read English? 11. How many children has midwife?
12. Give ages 13. What professional qualifications does midwife claim?

14. What professional schools has midwife attended?
15. How many years has midwife practiced? 16. Character of house (private, tenement)
17. Are there beds in the home of the midwife that may be used for lying-in purposes?
18. Cleanliness as seen at date of visit. (a) Home (b) Person
    (c) Hands (d) Nails (e) Dress
19. Outfit (a) Bag, Case (b) Character of lining
    (c) Apron (d) Other
20. Equipment contained in Bag. Nailbrush Wooden, Bone Nail Cleaner Jar of Green Castile Soap
    Tube of Vaseline Clinical Thermometer Metal, Glass Douche Nozzles Enema can
    Rectal Nozzles (large, small) Soft Rubber Catheter Blunt Scissors Lysol Carbolic Acid
    Bichloride Tablets Boric Acid Powder Silver Nitrate Outfits Medicine Dropper Narrow Tape
    Soft Twine Absorbent Cotton Gauze Cord Dressing
21. List of Instruments (to have these is unlawful) Speculum Dressing Forceps Uterine Dressing Forceps
    Obstetrical Forceps Uterine Irrigators Wire Catheter Uterine Syringes
22. Any other instruments?
23. Does midwife keep case records? 24. If so, describe
25. What fees does the midwife receive?
26. Does she do maternity nursing? By Day By Week By Case
27. Does midwife examine for pregnancy? 28. Does midwife give treatment?
29. If so, of what do they consist?

EXHIBIT D.—Midwife Record

MIDWIFE'S BIRTH RECORDS

COPIES FROM BIRTH CERTIFICATES

Name of Midwife

Serial Number	Date of Birth	Date of Report	ADDRESS	FAMILY NAME	Were Drops Used	Sore Eyes	Date of Special Reports	REMARKS

EXHIBIT E.—History of Midwife's Work

MIDWIFE HISTORY RECORD

1. Name of Midwife
2. Cases of Malpractice, Failure to Report or Prosecutions

CASES OF STILL BIRTHS OR DEATHS OF INFANTS UNDER THREE MONTHS, INVESTIGATED

Date of Birth	FAMILY NAME	Date Investigated	By Whom Investigated	FINDINGS

EXHIBIT E.—History of Midwife's Work

MARGIN RESERVED FOR BINDING

This slip to be used by MIDWIVES in all abnormal cases, cases of miscarriage or abortion and all cases where physician is called.

MIDWIFERY

DEPARTMENT OF HEALTH
BUFFALO

BUREAU OF CHILD HYGIENE

Name of Child ..... Date of Birth .....

Name of Mother ..... Hour of Birth .....

Address .....

Term ..... Presentation .....

Complications ..... Laceration .....

Miscarriage .....

.....

Reason for Calling Physician .....

Condition of Baby on ..... day .....

Condition of Mother on ..... day .....

Midwife ..... Physician .....

Date and Hour of Arrival ..... Date and Hour of Arrival .....

SAVING SIGHT A CIVIC DUTY

EXHIBIT F.—Midwife's report card for abnormal case where she is obliged to call in a physician

Buffalo, N. Y. 191

DEPARTMENT OF HEALTH

You are hereby notified that

Name

Address

was born on

(DATE OF BIRTH)

at above address, and is suffering with sore eyes. I was the attendant at birth.

(NAME OF MIDWIFE)

(ADDRESS)

EXHIBIT G.—Midwife's card for notifying the Department of Health of a case of "Babies' Sore Eyes"

Form 147
Birth No. File No.

DEPARTMENT OF HEALTH, BUFFALO, N. Y.

BUREAU OF CHILD HYGIENE

MIDWIFERY

DATE

Baby's Name

Date of Birth

Condition of eyes

Condition of navel

Condition of skin

Condition of mouth

Deformities

Nourishment

Mother's Name

Address

Mother's Condition
Breast
Lochia

*Temperature

*Pulse

Vaginal exam. baby

Urethral exam. baby

Remarks

*If required

Nurse

EXHIBIT H.—Nurse's card for report of visit made to midwife's case

BUREAU OF CHILD HYGIENE

BIRTH NO..... **BABIES' SORE EYES** FILE NO.....

BABY'S NAME.....

MOTHER'S NAME.....

ADDRESS .....

REPORTED BY.....

REFERRED FOR TREATMENT TO .....

SMEAR TAKEN BY..... DATES .....

LABORATORY FINDINGS .....

TREATMENT GIVEN .....

RESULT.....

EXHIBIT I.—Card recording a case of "Babies' Sore Eyes," sent to the medical inspector having charge of that part of the city's work in verification of a previous telephone communication

DEPARTMENT OF HEALTH. BUREAU OF HOSPITALS AND DISPENSARIES

DENTAL DEPARTMENT OFFICE HOURS
8.30 A. M., TO 4.30 P. M. SATURDAYS, 8.30 A. M., TO 12 O'CLOCK, NOON

To Health Center Free Dispensary No. *Buffalo, N. Y.* *191* .

Address.....

Please furnish free Dental Serbice to

Name

Residence

Age *School*

The circumstances of the patient are such, in my judgment, that :s worthy of free treatment

Recommended by *Signed*

EXHIBIT K.—Slip to be filled in by Medical School Inspector for child whose teeth need attention

DEPARTMENT OF HEALTH–BUREAU OF CHILD HYGIENE

PHYSICAL EXAMINATION RECORD

NAME AGE

ADDRESS FLOOR

SCHOOL GRADE TRANSFERRED TO

REPORT OF EXAMINING PHYSICIAN

DEFECT	TREATMENT INSTITUTED			RE-EX.
	MEDICAL	SURGICAL	OTHER	
1 Defective Vision				
2 Defective Hearing				
3 Defective Teeth				
4 Def. Nasal Breathing				
5 Hypertrophied Tonsils				
6 Def. Nutrition				
7 Cardiac Disease				
8 Pulmonary Disease				
9 Orthopedic Defects				
10 Nervous Diseases				

REMARKS

DATE M. D.

EXHIBIT J.—Card for recording the results of the physical examination of the school child (obverse side)

	1	2	3	4	5
School Consultations - - - -					
Dispensary Visits (Dates) - -					

DATE	HOME VISITS	INSPECTOR NURSE

Case Terminated *Date*

INSPECTOR NURSE

Code: O = operation; M = medical; I = institution; D. D. C. = department dental clinic; D. M. C. = department medical clinic; P = private physician; R = refused treatment; G = glases; D = dentist; O. K. = corrected or cured; + = improved; − = unimproved; ı = defect.

EXHIBIT J.—Reverse side of card

Form 103

DATE_____ 191____

_____ NURSE

TOTAL TIME ____ H ____ M

SCHOOL	TIME OF ARR.	TIME OF DEP.	INSPECTIONS	Exclusions: General Contagion	Exclusions: EYE AND SKIN DISEASES	VISITS: CONTAGION	VISITS: PHYSICAL DEFECTS	VISITS: DISPENSARIES	VISITS: SPECIAL	NEW CASES FOUND: PEDICULOSIS	NEW CASES FOUND: EYES	NEW CASES FOUND: EARS	NEW CASES FOUND: RINGWORM	NEW CASES FOUND: SCABIES	NEW CASES FOUND: IMPETIGO	NEW CASES FOUND: OTHER SKIN DISEASES	NEW CASES FOUND: MISCELLANEOUS	NEW CASES FOUND: TOTAL	PHYSICALS: INSTRUCTIONS	PHYSICALS: Terminated: With Teeth Defects only	PHYSICALS: Terminated: With Gen'l Defects	SCHOOL LECTURES	Demonstration on Care of Infants	INFANT WELFARE
TOTAL																								

BUREAU CHILD HYGIENE, BUFFALO, N. Y. SCHOOL NURSE'S DAILY REPORT

EXHIBIT L.—Daily report card to be filled in by the school nurse

SCHOOL	ROOM	NAME AND ADDRESS	AGE	NATURE OF CASE	EXCLUDED FROM SCHOOL	FOUND AMONG ANEMICS	TIME OF ARRIVAL	REMARKS

EXHIBIT L.—Reverse side of nurse's daily report card

NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS PUBLICATIONS

No. 1.—Common Causes of Blindness in Children, and the Means and Methods of Prevention. Price, $20.00 Per Thousand

No. 2.—Care of Your Eyes—A Message to You. Price, $3.40 Per Thousand

No. 3.—Directions for the Prevention of Blindness from Babies' Sore Eyes—Needlessly Blind for Life. (In English, Yiddish, Italian and Polish.) Price, $5.25 Per Thousand

No. 4.—Photographic Exhibits on Babies' Sore Eyes, Wood Alcohol, Midwives, Trachoma, Industrial Accidents.

No. 5.—What Women's Clubs and Nursing Organizations Can Do to Prevent Blindness. Price, $3.20 Per Thousand

No. 6.—Trachoma, a Menace to America—Its Prevalence, Its Effects Upon Vision, and the Methods of Control and Eradication. Price, $40.00 Per Thousand

No. 7.—Saving the Sight of Babies—An Outline for a Popular Lecture with Inventory of More Than 100 Lantern Slides on This Subject Available for Use of Lecturers.

No. 8.—First Annual Report—Including the Seventh Annual Report of the New York State Committee for the Prevention of Blindness.

No. 9.—Summary of State Laws and Rulings Relating to the Prevention of Blindness from Babies' Sore Eyes.

No. 10.—Bright Eyes—How to Keep Them Shining! Price, $10.00 Per Thousand

No. 11.—Second Annual Report.

No. 12.—Eye Hazards in Industrial Occupations: A Report of Typical Cases and Conditions with Recommendations for Safe Practice. Price, 50c. Per Copy

No. 13.—Saving Sight a Civic Duty: A Demonstration by the Public Health Department of Buffalo, of How a Typical City Conserves the Vision of Its Future Citizens.

No. 14.—Third Annual Report.

Proportionate prices for larger or smaller quantities than one thousand. Individual copies free on request, except No. 12.

Set of 5 Posters, Eye Accidents in the Industries. Price, 50 cents

Set of 5 Posters, Babies' Sore Eyes. Price, 50 cents

NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS, Inc.
130 EAST TWENTY-SECOND STREET, NEW YORK