Staff Meeting Bulletin
Hospitals of the » » »
University of Minnesota

Illegitimacy

Volume X | Friday, May 19, 1939 | Number

STAFF MEETING BULLETIN
HOSPITALS OF THE . . .
UNIVERSITY OF MINNESOTA

Volume X | Friday, May, 19, 1939 | Number 28

INDEX

Published for the General Staff Meeting each week during the school year, October to May, inclusive.

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William A. O'Brien, M.D.

I. LAST WEEK

Date: May 12, 1939

Place: Recreation Room
Powell Hall

Time: 12:15 to 1:20 p.m.

Program: Movie: "How the Earth Was Born"

Roentgen Therapy
K. W. Stenstrom
Jack Chalek
C. J. Lind

Discussion
George S. Bergh
J. F. McClendon
K. W. Stenstrom
Jack Chalek
C. J. Lind

Present: 114

Gertrude Gunn
Record Librarian

II. MOVIE

Titles: "Problems of the Working Girl"

"Child Labor Amendment"

Released by: March of Time

III. ANNOUNCEMENTS

1. ARRIVED

Charlotte Elaine Smith, daughter of Dr. Baxter T. and Elaine Bennet Smith, May 15, 1939.

Congratulations!

2. TO MARRY

Pediatric and Ophthalmology and Otolaryngology Outpatient Nurse, Muriel Swihart and Hjalmar Erwin Mortensback, M.D., Minn. '36, of Hanska, Minn.

Ophthalmology and Otolaryngology Operating Room Nurse, Geneva Fuller and Donald MacKay, D.D.S., St. Paul.

Postgraduate Operating Room Nurse, Astrid Erling and Frederick J. Kottke, medical student and nocturnal telephonic communications.

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3. MEETINGS

Minnesota Hospital Association, May 25, 26, and 27, 1939, St. Paul.

Minnesota State Medical Association, May 31, June 1 and 2, 1939, Minneapolis.

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4. POSTGRADUATE COURSES

Center for Continuation Study.

Operating Room Nursing, May 22, 23, and 24, 1939.

Radiation Physics, June 12, 13, and 14, 1939, for radiologists. Visiting teachers will include Ernest A. Pohle, Professor and Head of Radiology, University of Wisconsin; Lauriston S. Taylor, Physicist, Bureau of Standards, Washington, D. C., and Arthur U. Desjardins, Professor of Radiology, Mayo Foundation. The course chairman will be K. Wilhelm Stenstrom and other faculty members will include members of our own department and the department of physics of the University of Minnesota. Because of the technical nature of the subject matter to be discussed, the course is recommended primarily for radiologists. Programs will be held in the morning, late afternoon, and evening, with afternoon demonstrations in the departments. This is the first three-day offering in the medical sciences at the Center for Continuation Study.

5. STAFF MEETING

Program (1938-39) (Continued)

Present plans include a meeting Friday, May 26, June 2 and 9, 1939. Subjects to be discussed will be: Advances in Physical Therapy, Development of the Human Serum Therapy, and the final program in charge of the Administration.

IV. THE PROBLEM OF ILLEGITIMACY

Charles E. McLennan

Introduction

Because of the increasing interest on the part of the obstetrical staff in the problem of providing adequate care for unmarried mothers, it was decided some weeks ago to attempt to bring to the attention of the other departments a few of the many ramifications of this subject. The choice of subject antedated the current furor in the press regarding illegitimacy and its alleged association with lack of sex education in the junior high schools. However, this evidence of nation-wide interest in the topic at hand is perhaps an additional reason for presenting our findings and opinions at the present moment. Many phases of the general problem of illegitimate pregnancy impressed themselves upon the obstetrical staff last year when a survey of the various local homes and hospitals for unmarried mothers was undertaken. Out of this survey came much of the factual material and many of the opinions exhibited here. Since an attempt has been made to cover a rather enormous field in a paper of limited length, and since the writer is not qualified to undertake discussions of the controversial social aspects of illegitimacy, the latter have been avoided insofar as possible. Emphasis is placed upon a simple presentation of the facts as one finds them at the moment. It is hoped that some who read these lines may be stimulated to conduct further inquiry into the problems created by the child born out of wedlock and that such inquiries may lead to the correction of certain undesirable situations.

The Problem Numerically

Reports of the United States Bureau of the Census show a fairly constant percentage of illegitimate births in the United States during the period 1929-1936. The figures range between 3.2 and 4 per cent of total births, as may be seen in the table on the following page. During the worst of the recent so-called "depression years"there was a fairly sharp elevation in the total number of illegitimate births to a peak in 1935 of 75,107 live births, which was about 11,000 above the total for 1929. The question of whether or not this increase was to some extent the result of greater completeness in the reporting of illegitimate births in recent years has been raised in certain quarters. There still is much laxity in reporting births out of wedlock in many parts of the United States; some of our most populous states have deficient regulations in this regard. Note in the table that somewhat less than half of all the illegitimate births are chargeable to the white race. The illegitimacy rate among the whites has been about 2 per cent in recent years, while the rate among the negroes and other races has been about 15 per cent.

A compilation of illegitimate births in 1936 in 45 states and the District of Columbia shows that Minnesota stands in seventeenth place (in ascending order of rates) with 22 illegitimate births per thousand live births. California, Massachusetts and New York are not included since these states do not require a statement concerning the legitimacy of a child. The rate in Minnesota is somewhat lower when only the white population is considered, being 20.6 per thousand, whereas a total of 83 illegitimate births to colored women in Minnesota gave that race the enormous rate of 133.4 per thousand live births. Comparing the states solely on the basis of illegitimate white births, Minnesota drops to twenty-eighth place. In other words, many southern states have lower illegitimacy rates in their white populations than does Minnesota, but the former drop far down in the lists when the very high negro rates are averaged with those for the whites. Mississippi, for example, with a white rate of 11 per thousand live births, ranks below only the sparsely populated states of Nevada, Utah and Wyoming. In the colored column, however, Mississippi is found in thirty-first place with a rate of 146.3 per thousand live births. It is interesting to note that in 1936 New

Number and percentage of live births that were illegitimate among white and other races. United States[1], 1929-1936

Year	Total live births			White			Other races		
	Total	Illegitimate births		Total	Illegitimate births		Total	Illegitimate births	
		Number	Per cent		Number	Per Cent		Number	Per Cent
1929	2,014,300	64,161	3.19	1,774,444	30,465	1.72	239,856	33,696	14.05
1930	2,046,136	66,991	3.27	1,795,481	32,344	1.80	250,655	34,647	13.82
1931	1,962,113	69,403	3.54	1,715,197	32,985	1.92	246,916	36,418	14.75
1932	1,914,174	74,277	3.88	1,662.060	34.509	2.08	252,114	39,768	15.77
1933	1,821,942	73,424	4.03	1,578,012	33,456	2.12	243,930	39,968	16.39
1934	1,895,686	74,956	3.95	1,640,014	34,149	2.08	255,672	40,807	15.96
1935	1,884,402	75,107	3.99	1,636,854	34,719	2.12	247,548	40,388	16.32
1936	1,874,103	72,414	3.86	1,630,698	32,936	2.02	243,405	39,478	16.22

1/ Exclusive of California and Massachusetts, not reporting on legitimacy, and South Dakota and Texas, not included in the registration area during the entire 8-year period.

Hampshire presented the worst record when only colored births are considered - providing one evaluates illegitimacy rates in the reverse order of magnitude. This state had a rate of 500 per thousand inasmuch as 3 out of a total of 6 colored births were illegitimate! The nearest approach to this was Delaware's rate of 266 for its colored population. In 1936 the illegitimacy rate in the entire United States (exclusive of California, Massachusetts and New York) was 39.4 per thousand live births, with a range from 11.2 in Utah to 101.6 in South Carolina.

Looking at our local Minnesota problem from another angle, we note that the constancy of the number of reported illegitimacy cases for each biennium since 1918 is rather striking. The average number per biennial period has been 2,853 over the past 20 years. The biennial totals are as follows:

1918-20	2,234	1928-30	2,726
1920-22	2,714	1930-32	3,171
1922-24	2,894	1932-34	3,176
1924-26	2,913	1934-36	2,982
1926-28	2,808	1936-38	2,916

The above figures, taken from reports of the Minnesota State Board of Control, apparently represent the gross numbers of reported cases per biennium rather than the actual numbers of illegitimate births occurring in those years. For example, a more detailed analysis of the 3,176 cases reported for the biennium July 1, 1932 to June 30, 1934 reveals the following:

Total for biennium		3,176
Not pregnant	28	
Child legitimate	44	
Mother disappeared before birth of baby	3	
Mother left state before birth of baby	27	
Combined with cases previously reported	75	177
Actual number of cases		2,999

Again note the actual increase in totals during the worst years of the recent business depression and the current tendency toward fewer illegitimate births - in spite of the fact that the state's population has been moving slowly but steadily upward. On the other hand, during the years when the illegitimate births were most numerous, the totals of all births dropped from a peak of 50,908 in 1927 to a record low of 44,514 in 1933, since which time the annual totals have been climbing slowly. Although the economic factor apparently is by no means the most important element in the determination of illegitimacy rates, it would appear from a superficial analysis of these figures that idleness, or lack of employment and income, adds an additional top stratum to the otherwise fairly constant level of illegitimacy.

In view of the relatively excellent percentage of correct reporting of illegitimacy which is admitted for Minnesota, and of the assiduity with which these cases have been traced for many years by competent social workers in virtually all of our 87 counties, it seems fair to assume that we have now reached our peak load and that the future trend for some years will be constant or even declining. This fact is of importance in any determination of the adequacy of present physical facilities for handling this burden, and in the consideration of what changes in the current arrangements, if any, are desirable. These questions will be dealt with shortly.

The Illegitimate Parents

With the exception of certain tabulated statistics published during the past 20 years by the Minnesota State Board of Control, I have been unable to find any comprehensive survey of the social background of large series of parents of illegitimate children, or any analysis of the circumstances under which the illegitimate children were conceived. Nothing along such lines is apparent in a long list of references on illegitimacy, dating back to 1925, published by the Children's Bureau of the United States Department of Labor. Some conception of the status of parents of children born out of wedlock may be gained from the reports of Minnesota cases for the 1930-32 and 1932-34 bienniums - a total

of 6,010 cases (in 1934 and 1936 reports of State Board of Control). These figures have been combined where possible and percentages computed. Other combinations of totals for various biennial periods are available, some of them covering as much as sixteen and one-half years; the dates covered by each set of figures are indicated in the tables below.

Number of Cases	1930-32 3011		1932-34 2999		Total 6010	
	Girl		Man		% of Total	
	1930-32	1932-34	1930-32	1932-34	Girl	Man
Age						
Under 15 yrs.	34	23	3	4	0.95	0.10
15-19	1029	975	211	154	33.34	6.07
20-24	1218	1286	794	732	41.66	25.39
25-29	382	379	522	536	12.66	17.61
30-34	141	161	264	308	5.03	9.52
35-39	99	79	168	188	2.96	5.93
40-44	48	37	88	103	1.42	3.18
45-49	7	7	67	55	0.23	2.03
50-64	-	-	51	39	-	1.50
No information	53	52	843	880	1.75	28.67
Race						
White	2769	2772	2433	2522	92.20	82.45
Indian	164	172	78	126	5.59	3.39
Negro	52	37	53	30	1.48	1.38
Semitic	16	15	26	21	0.52	0.78
Oriental	-	3	4	4	0.05	0.13
No information	10	-	417	296	0.16	11.87

	Girl (1-1-18 to 6-30-34)	Man (7-1-26 to 6-30-34)
Religion		
Protestant	11,570	3,615
Catholic	5,463	2,143
Jewish	96	85
None	83	-
No information	4,228	5,488
	21,440	11,331
Marital status	(7-1-30 to 6-30-34)	(7-1-26 to 6-30-34)
Single	5,159	6,222
Married	84	1,260
Divorced	257	428
Separated	262	322
Widowed	155	239
No information	93	2,860
	6,010	11,331

Education	Girl (1-1-18 to 6-30-34)	Man (7-1-30 to 6-30-34)
8th grade and under	9,515	1,110
9th grade	1,508	132
10th grade	1,356	153
11th grade	913	91
12th grade	1,927	416
Junior college	375	119
3rd year college	33	23
4th year college	41	105
No information	5,772	3,861
	21,440	6,010

Subsequent marriage (girl, in 6,010 cases)

Father of child before confinement	253
Father of child after confinement	790
Other man before confinement	9
Other man after confinement	221
	1,273

The above figures are largely self-explanatory and do not require comment. It is apparent, however, that there is need for further study of the sociological and psychological aspects of illegitimacy in an attempt to discern, if possible, the fundamental factors which create this problem. What is the importance of such things as occupation, unemployment, alcoholic intoxication, mental deficiency, lack of parental control, rape and incest? Is rural life a major influence on illegitimacy rates, as one might suppose from the fact that the number of unmarried mothers coming from rural areas is consistently larger than the number from urban areas? Out of 2,916 cases in Minnesota for the biennium ending June 30, 1938, only 1,124 had urban residence; 1,652 resided in rural districts and 140 were from other states. Are we to believe the stories of so many unmarried mothers who almost invariably claim to have become pregnant as the result of a single coitus, or is it likely that many of these individuals are recruited from the ranks of chronic offenders in the matter of illicit sex relations? What is the part played by early life experiences which may have had much to do with determining an individual's character? These and other questions await answers. There has been much generalized speculation founded on vague impressions, but an obvious lack of controlled studies along these lines.

The 1934 biennial report of the Children's Bureau (Minnesota) contains a brief reference to the occupation of unmarried mothers, stating that 44.3 per cent of them prior to confinement fall into their Group V, consisting of domestic servants, waitresses, cooks, laundresses, nursemaids, ushers and elevator operators. After the birth of the baby the largest number, 59.3 per cent, are found in the group labelled "ungainfully employed" (Group VIII). A review of annual social service reports from the Maternity Hospital of Minneapolis for the years 1934-1938 shows the following wide assortment of stated occupations among the unmarried mothers in that institution: (481 cases)

Domestic servant	194 (40.33%)
Waitress	53 (11.01%)
Clerk	42
At home - unemployed	39
Stenographer	32
Nurse	18
Student	17
Teacher	15
Factory worker	12
Beauty operator	7

Nursemaid	7
Dressmaker	5
Dancer	5
Laundress	4
Janitress	4
Telephone operator	4
Diet kitchen helper	3
Private secretary	3
Linotypist	2
Bookkeeper	2
Cook	2
Farm manager	2
Apartment caretaker	1
Dental hygienist	1
Ticket seller	1
Candy packer	1
Walkathon contestant	1
Writer	1
Model	1
Doctor's assistant	1
Crepe paper flower maker	1

Little has been written in social work literature on the subject of the unmarried father. It has become apparent, however, that he is of no one type, but rather represents a cross-section of society similar to that represented by the mother. While an occasional father may be exceedingly young, he is most frequently a few years older than the mother. A few studies of occupation indicate that he usually comes from the unskilled group of workers, is often unemployed or employed only irregularly, has scarcely sufficient earnings to support himself on a minimum standard, and rarely has any savings upon which to draw for care of the mother or child. He ordinarily looks upon the situation in which he finds himself only with distaste; there was no planning for the coming of the child and no desire for it. He is an unwilling father who has created a responsibility that he does not want to face. His first knowledge that he is a father may come through a notice to appear at the office of a social agency, through a summons to appear in court, or even through arrest. Little information is available as to the relative proportion of illegitimacy cases in which paternity is established through unrecorded acknowledgment of the father and through the courts. In urban communities it is estimated that the paternity of 10 to 25 per cent of the children born out of wedlock is established through court action; during 16 years in Minnesota the figure was 20 per cent. In this same period the paternity of another 25 per cent of the children was established by other means - affidavit of acknowledgment, admission, marriage of parents.

The use of blood grouping tests in connection with the establishment of paternity is authorized by the laws of New York and Wisconsin. These tests do not prove conclusively that the man is actually the father of the child, but it may be possible by this means to furnish evidence indicating that the accused party is not the father of the child in question. It has been recommended in the most recent report of the Minnesota Public Assistance Unit that the Minnesota law be made to provide for blood tests in paternity actions.

Under Minnesota law regarding illegitimacy proceedings, the person adjudicated to be the father of the illegitimate child is known thenceforth as the adjudged father regardless of whether or not in point of fact he actually is the father of the child. He is then subject to all the obligations for the care, maintenance and education of such child and to all the penalties for failure to perform the same which may be imposed by law upon the father of a legitimate child of like age and capacity. Judgment also is entered against him for all expenses incurred by the county for the confinement of the mother and for support of the child prior to the judgment of paternity. If he fails to pay the amount of the judgment, he may be committed to the county jail, "there to remain until he pays the same or is discharged according to the law." The higher courts have interpreted this law as applying only to those able to pay but refusing to pay in accordance with the terms of a court order. This arrangement was evolved not particularly in the interest of either mother or child, but rather as a purely mercenary proposition with a view to relieving the state of the obligation to support its paupers. In spite of the fact that the adjudged father is expected to support the illegitimate child, his recipro-

cal rights over the child are by no means the same as those accorded by law to the father of a legitimate child. He is generally given the privilege of seeing the child if he cares to do so, but he has no inherent right to demand this privilege. If the mother gives up her child, the illegitimate father does not have the next right to the child. He could, however, apply to the court to adopt the child and the decision would be made on the same grounds as in the case of any other adoption petition.

The Responsible Agents and Agencies

Treatment of this phase of the subject will be limited to the general plan of operation in Minnesota. To go beyond these bounds would be a physical impossibility in the allotted space and time.

Since January 1, 1918 a state-wide program for the protection of unmarried mothers and their children has been under the supervision of the State Board of Control. Only a few weeks ago this body was dissolved by an act of the last legislature and its many functions were distributed among certain newly created departments in the state government. It is to be presumed, however, that the work with unmarried mothers will go on much as before, despite the change in superstructure. The State Board of Control was created in 1901 by act of the legislature. This act, and later amendments, transferred to the Board of Control all of the powers and duties formerly exercised by the State Board of Charities and Corrections and the various boards of all charitable and correctional institutions of the state. Other legislation imposed upon the Board of Control many duties relating to those of a general welfare board, as in 1917 the enforcement of all laws for the protection of handicapped children. The board has had general control over 19 state institutions, namely: seven hospitals and asylums for the insane, School for Feeble-minded, Colony for Epileptics, School for Blind, School for Deaf, State Public School, Training School for Boys, Home School for Girls, Reformatory, Reformatory for Women, Prison, Sanatorium for Consumptives, and Hospital for Crippled Children. It also has some degree of supervision over 14 county tuberculosis sanatoria, appoints county child welfare boards, enforces all laws for the protection of illegitimate and delinquent children, inspects and licenses maternity hospitals and boarding homes for children, exercises legal guardianship over all children committed to its care by the courts, administers mothers' pensions, investigates all petitions for adoption of children, administers funds for old age assistance, services to crippled children, soldiers' welfare, and relief to the blind.

The Board of Control has consisted of three members (at least one a woman) appointed by the governor for terms of six years. In order to carry out the duties relating to children, the board was authorized to appoint a chief executive officer and necessary assistants for this purpose. This department has been known as the Children's Bureau. The bureau, organized January 1, 1918, has organized its activities into four subdivisions: 1) general subdivision relating to cases of children committed to the guardianship of the Board of Control, children placed in private homes for permanent care or adoption, and children born out of wedlock; 2) inspection, licensing and supervision of maternity hospitals, children's institutions, boarding homes, day nurseries and child-placing agencies; 3) supervision of feeble-minded persons committed to the care of the Board of Control; and 4) subdivision of records - making up cases, re-opening old cases, compiling statistics relating to unmarried mothers and other types of cases. The Children's Bureau maintains a state-wide staff of district representatives.

In 1936 there were county child welfare boards in 81 of 87 counties in Minnesota. These were appointed by the Board of Control and the respective county boards; the members of these child welfare boards serve without compensation. They may appoint a secretary and all necessary assistants, who receive from the county such salaries as may be fixed by the child welfare board with the approval of the county board. Progress in child

welfare services has been greatly accelerated since July 1, 1937 by the establishment of a county welfare board in every county of the state under the provisions of the Laws of 1937, Chapter 343. On June 30, 1938, except in three counties, there was a regular child welfare worker on the staff of each county welfare board in the state. These workers must meet standards approved by the Federal Children's Bureau for child welfare services and the requirements of the Social Security Board for a competent personnel to administer aid to dependent children. In Hennepin County, the local responsibility for case work rests with the Hennepin County Welfare Board, Unmarried Mothers' Department, for the city illegitimacy cases, and the Rural Service for the rest of the county.

A typical case of illegitimacy is carried through the following outline of procedure:

(I) Source of report:
Hospitals, Bureau of Vital Statistics, State Board of Health, doctors, nurses, teachers, neighbors, parents, members of child welfare board, county attorney, other officials, etc.

(II) Case referred by Board of Control to County Child Welfare Board or district representative for investigation, Information obtained:

1. Source and account of sex experience of mother and alleged father.

2. School and work record of alleged mother and father of child.

3. Complete family history of mother and father.

4. Verification of factual data such as births, marriages.

5. Plans made or to be made by parents if girl or boy concerned is under age.

(III) Discussion of case at meeting of child welfare board.

1. Plan for mother and child.

a. Physical examination, laboratory tests, mental examination if indicated.

b. Further care for mother:
(1) Remain at home under care of physician.
(2) Go to specialized maternity hospital.
(3) Go to a local hospital.

c. Supervisory visits by district representative or member of child welfare board to assure proper care for child and to assist mother in making satisfactory readjustment in society.

2. Discussion of legal action with county attorney.

a. Paternity established by:
(1) Admission.
(2) Affidavit.
(3) Adjudication.

b. Charge of incest, abandonment or carnal knowledge made when indicated.

(IV) Recommendation to court by Board of Control as to amount of payment to be made to state until child becomes 16, dies, or is adopted.

Maternity Homes and Hospitals

Maternity home care has been defined by the Federal Children's Bureau, for purposes of their social-statistics project, as continued institutional care provided to women in need of care preceding and following childbirth. Some institutions serve only unmarried mothers, some care primarily for unmarried mothers but also receive other patients for confinement care, and other general hospitals have more or less special divisions in their obstetrical wards for the confinement of unmarried mothers, the latter coming largely from maternity homes not provided with obstetrical delivery suites. Our local area is served by institutions falling into all of these categories.

In June 1938 Minnesota had 251 oper-

ating maternity hospitals with a total of 2,217 beds for maternity patients. Sixty-four per cent of these were approved by the American Medical Association. In 102 of the hospitals there are only 1 to 10 beds. Since 1918, 254 maternity hospitals have been closed under state laws regulating commercial hospitals. Sixty-nine were denied licenses because they were found to be below standard, but, of these, 25 were "baby farms" carrying on a profitable business by traffic in infants and exploitation of unmarried mothers.

During the four years ending June 30, 1934, unmarried mothers in Minnesota were confined in the following places:

Rural dwelling	1906	33.3%
City dwelling	8	0.1
Private hospital	1881	32.9
Maternity home	1805	31.5
State institution	124	2.2

Many unmarried mothers from rural as well as urban areas in Minnesota enter maternity homes for care, as is shown in the following table covering the two years ending June 30, 1938:

	State	Urban	Rural	Out of State
Reported unmarried mothers	2,916	1,124	1,652	144
Maternity home care	1,001	497	431	73
% maternity home care	37.7	44.1	26.0	50.6

The institutions with which this report is concerned are those Twin City institutions associated in some degree with the obstetrical department of the University of Minnesota Hospitals. These are: 1) The Booth Memorial Hospital (formerly Salvation Army Home and Hospital), 2) Harriet Walker Hospital, 3) Lutheran Girls' Home, 4) Scandinavian Home of Shelter, 5) Catholic Infant Home, and 6) to a very minor extent the Maternity Hospital (Ripley Memorial Hospital).

Minneapolis maternity homes have bed space which far exceeds the need for Minneapolis residents. It must be remembered, however, that the state's major urban center of Minneapolis-St. Paul must expect to carry a large non-resident load of rural patients, and secondly, that seasonal fluctuations in obstetrical needs necessitate a capacity which will care for peak loads. On an average, 35 per cent of the illegitimate births in Minneapolis are to non-residents. Last year the Booth Memorial Hospital in St. Paul had a clientele which was more than 60 per cent non-resident in Ramsey County. Minneapolis has about 2.5 illegitimate births for each maternity home bed, as compared, for example, with 2.3 for Cleveland and 2.8 for Detroit. The available beds in our associated institutions are distributed as follows: Booth Memorial Hospital, 50; Harriet Walker Hospital, 50; Lutheran Girls' Home, 30; Catholic Infant Home, 30; Maternity Hospital, 25; and Scandinavian Home of Shelter, 10.

The Booth Memorial Hospital (Salvation Army Home) in St. Paul for many years (since about 1917) has relied upon the staffs of the obstetrical and pediatric departments of the University Hospital for professional services. It is reputed to have been the first such home in this country to associate itself with a medical school teaching service. This institution approaches very close to the ideal in efficiency and results desired for a maternity home. The obstetrical work is in charge of the resident on obstetrics at the University Hospital and he is assisted when necessary by the interns under his supervis-

ion. The fourth-year (senior) medical students, whenever possible, are assigned to cases in labor there much as on the service at the University Hospital. The vast majority of the patients are delivered at the home, where graduate nurses with adequate obstetrical training are on duty at all times. Only cesarean section cases and certain other patients requiring specialized obstetrical management are brought to the University Hospital for confinement. Prenatal care is provided in the institution at a weekly clinic, and such routine procedures as urinalyses and blood pressure determinations which may be required in certain cases at more frequent intervals are carried out by the nursing staff. The number of girls given care at the Booth Memorial Hospital has been constantly increasing in recent years:

1935 - 88		1937 - 166	
1936 - 145		1938 - 206	

These figures, however, are somewhat misleading (although similar mathematical prestidigitations are indulged in by nearly all of the homes) since they are arrived at somewhat as follows:

Girls in home Jan. 1, 1938	42
Admitted during year	164
Total given care during year	206

Furthermore, these increases do not mean a sudden elevation in the Ramsey County illegitimacy rate; they simply reflect the fact that this particular home is being used more and more by the various placement agencies. And possibly some of the increase has resulted from waiver of the compulsory three-month nursing period in a greater percentage of cases recently. A better concept of the type of obstetrical material resident in such an institution may be had from the following analysis of obstetrical records at the Booth Memorial Hospital for the period January 1, 1936 to October 1, 1938:

Patients given delivery care	300	
Delivered in maternity home	286	
Delivered in University Hosp.	14	
Primigravidae	243	85%
Multigravidae	43	15%
Average age, in years	20.9	
Average length of labor, in hours	10.7	
Average weight of infants, pounds	7.3	
Operative deliveries:		
Forceps	49	17%
Outlet 30		
Low 17		
Mid 2		
Breech extractions	6	2%
Perineal repairs:		
Episiotomies	214	75%
Lacerations	41	14%
Twin pregnancies	3	1%

The Booth Memorial Hospital is maintained largely by the St. Paul Community Chest (72 per cent), the remainder of the budget coming from operating income (fees paid by patients) and special sales.

The Harriet Walker Hospital in Minneapolis has existed as an institution since 1875, having been originally organized under the name of Bethany Home to promote "moral purity by offering a home to erring women who manifest a desire to return to the path of virtue..." The present physical plant has the design and atmosphere of a general hospital. It provides obstetrical care for a few married private patients of limited means, but the major portion of its work is that of a maternity home for unmarried mothers. On January 1, 1939 the obstetrical care of the unmarried patients, and the pediatric care of their offspring, were taken over by the obstetrical staff of the University Hospital; this service had until then been provided by a local physician. Because of the highly institutional atmosphere and certain irregular activities in the field of child placement, this particular home in recent years has

not been in favor with the various social agencies directing the care of unmarried mothers, and consequently has been used to only a small percentage of its capacity. Administrative difficulties and undesirable regulations relating to the inmates are now being corrected, and there is every reason to believe that this home will soon approach the ideal set by the Booth Memorial Hospital. Identical professional services are now supplied in the two institutions. The obvious room for expansion of intake and the nature of the physical plant make the Harriet Walker Hospital the most desirable point for concentration of unmarried mothers in Minneapolis.

The Lutheran Girls' Home and the Scandinavian Home of Shelter may be considered jointly. The former was organized about 25 years ago and is now under the control of the Norwegian Lutheran Synod of the Twin Cities. The Scandinavian Home was organized in 1907 by an individual who desired to donate her home as a rescue home for prostitutes. Both of these institutions are supported to a considerable extent by the Minneapolis Community Fund. These homes provide board and room only, neither being equipped for delivery service. The Minneapolis residents in these homes are given prenatal and confinement care at the Minneapolis General Hospital and the non-city girls are provided with similar care at the University Hospital. A few of the patients at the Lutheran Home, who are able to pay a private physician for care, are given prenatal care at the home and are delivered at Fairview Hospital. The girls travel to and from the hospital prenatal clinics on street cars, but taxicabs are usually provided at the time of confinement. Doubt as to the advisability or necessity of continuing to provide maintenance for these two homes has been expressed in several quarters; this is particularly true of the Scandinavian Home of Shelter since its building has been declared unsafe for further use, its staff is inadequate in number and training, and it is not used sufficiently to warrant its continuance.

The Catholic Infant Home in St. Paul is managed by the Sisters of St. Joseph with the aid of the Archbishop and five priests who constitute a board of directors. Inasmuch as this home accepts a certain number of girls from Minneapolis, it receives a little over one-third of its budget from the Minneapolis Community Fund. This institution is conducted on the same general plan as the two boarding homes previously discussed. The pregnant patients who are not Twin City residents are given prenatal and confinement care at the University Hospital. The present building has been condemned as a fire hazard and plans are now under way for a new structure.

The Maternity Hospital of Minneapolis was incorporated on July 29, 1887 under the guidance of Dr. Martha G. Ripley, one of the pioneer women physicians in Minneapolis. Housed during its early years in a series of converted private homes, it has grown steadily to its present occupancy of a main hospital building with 36 obstetrical beds, a nursery building for boarding infants, a cottage for unmarried mothers, a small out-patient building and a nurses' home. This institution has no direct connection with the obstetrical department of the University Hospital other than the fact that certain members of the part-time staffs of both organizations are identical. The Maternity Hospital provides service for three types of patients: 1) private, 2) "pay" patients whose professional care is furnished without charge by the resident physicians, and 3) unmarried mothers. The unmarried mother program, however, is only a very small part of the obstetrical work at this hospital. For the year 1937, for example, 803 women were delivered and only 78 of these were in the unmarried group.

From this rather sketchy resume' of local facilities it may be concluded that there are sufficient beds available to meet current and perhaps future needs for unmarried mothers, but that reorganization of the existing facilities is urgently needed. Inasmuch as all of these homes have come to rely upon Community Fund support to a very considerable extent it would seem that some

effort should be made to coordinate unmarried mother activities wherever possible, simply with a view to eliminating unnecessary and wasteful duplication of effort. Furthermore, there is every reason to believe that a consolidation of some of the present homes would, in the end, afford infinitely better care for the individuals concerned, both from the medical and social points of view.

Foster-home Care

Throughout the United States in recent years many social agencies have become interested in the use of foster homes for unmarried mothers who do not desire to remain with their own families. Certain agencies have closed their maternity and infant homes on the assumption that a girl who has experienced motherhood outside of wedlock needs the individual care of a foster mother more than she does the routines of group living. Such a system, of course, entails a tremendous amount of social work. First there is the question of what type of girl can profit most by the foster home experience, secondly the problem of finding a sufficient number of foster homes of the right quality, and thirdly the matter of having well trained social workers whose case loads are kept within a reasonable size. The use of foster homes is suited to communities of most any size and to various racial and religious groups. It is claimed that this sort of program is of particular value to the unmarried mother because it provides great individualization in the treatment or length of stay, it provides a place for the girl to meet friends and relatives in a natural manner and gives the mother a residential address that she can use when she is ready to look for employment. The reader who is interested in a complete discussion of this subject is referred to the article by Maud Morlock in The Child, vol. 3, September 1938.

Disposition of the Illegitimate Infant

In the early years of this century there was much concern about the high death rate among infants receiving care away from their mothers and the large number of children born out of wedlock who were being separated from their mothers at an early age. Maryland was the first state to attempt legal control over this situation, when, in 1916, a law was enacted there prohibiting the separation of a child under 6 months of age from its mother. The North Carolina legislature enacted somewhat similar legislation in 1919, and South Carolina in 1923 began to regulate the placement of children under 6 months of age. During this same period the state welfare departments in both Minnesota and Wisconsin were given special duties in the care of unmarried mothers and their children. As a protective measure for the children, these departments adopted regulations requiring that children must remain with their mothers for a three-month nursing period. This policy was initiated in Minnesota in 1918 and in Wisconsin in 1922. The original Minnesota regulation did not specifically proscribe the length of the nursing period, but in 1928 the State Board of Control declared that "illegitimate children should be nursed by their mothers for a period of at least three months and as long thereafter as it is advisable." This and preceding regulations, approved by the attorney-general and given legal publication, have the force of law. The only lawful exceptions to this rule are made by the Board of Control upon written recommendation of a licensed physician that breast feeding be discontinued "for physical or health reasons."

The unmarried mother who wishes to keep her child, and who is supported in this desire by her family and the community, obviously does not present any problem. On the other hand, the fact that many of these mothers wish to give up their children promptly creates numerous special problems in the administration of existing regulations. Someone has said that unmarried mothers often speak of the expiration of the nursing period in terms of "when my time is up," as if serving a sentence imposed for socially unacceptable sex behavior. This feeling of delinquency not infrequently is further heightened by the "rescue" atmosphere prevailing in certain of the maternity homes.

In recent years there has been much discussion of the advisability of continuing the Minnesota three-month nursing rule, but no definite conclusions have been reached. Virtually all of those interested in the problem frankly admit that there has been no adequate attempt to evaluate the accomplishments of this regulation from the standpoint of both mother and infant, and that all opinions are based on personal observations of isolated cases. Those favoring the present arrangement point to the value of breast milk to the infant, the impossibility of attempting to individualize the handling of all cases, the value of the instruction provided for the mother and the rehabilitation that may possibly be achieved in these months, the inadvisability of making illegitimacy "too easy" and thus encouraging repetition, and the value of allowing the mother to arrive at a mature judgment regarding the future of both herself and baby. On the other side of the argument we find that girls formerly employed are anxious to return to work for obvious economic reasons, that the majority of illegitimate infants would ultimately receive better care through adoption, that the nursing period unduly influences many mothers to keep their children for whom they have developed a natural affection, that the nursing regulation is needlessly harsh on mothers who obviously are going to give up their infants later (increasing their grief and sense of guilt harms their mental health), that the mother who feels no shame and keeps her baby will not transmit to the child a conscience which will keep him from delinquency, and finally that recent advances in artificial feeding have reduced considerably the value of breast feeding to these infants.

From the point of view of the community, it is costly to support in a maternity home a mother who refuses to accept her child and is indifferent to his welfare. Another special problem which occasionally arises is that of the unmarried mother who is herself a mere child. The decision as to whether or not she should be required to remain with her baby can be decided only after complete understanding of her situation, and plans made for her must be suited to her years and emotional development.

An analysis of 21,177 cases in Minnesota indicates the following disposition of illegitimate infants:

Remaining with mother	11,012	51.9%
Committed to state	2,917	13.7
Placed with relatives	2,039	9.6
Died	1,991	9.4
Placed by mother	1,683	7.9
Stillborn	849	4.0
Boarded	637	3.0
With own father	33	0.1
No information	16	0.07

Among the duties, the State Board of Control was charged by law with the responsibility of seeing that appropriate steps be taken to establish the paternity of any illegitimate child. In order to establish paternity, a complaint against the alleged father must be made by the woman involved, or by a member of the county welfare board, or by the State Board of Control. It is then the duty of the county attorney to prosecute the case. The proceedings are civil, not criminal. Illegitimacy proceedings are not barred by the statute of limitations. Death of the mother of an illegitimate child does not preclude an adjudication of paternity. The mother who is a non-resident of the state may bring an action against the father of the child in the county in which he resides in Minnesota. A decree of adoption has not been considered a bar to proceedings to establish paternity. In any court proceeding a licensed physician may testify concerning the fact and probable date of inception of the pregnancy of his patient without her consent, and must so testify when duly called as a witness. It is within the trial court's discretion to allow expert fees for a physician who is called upon in part of his testimony to give his opinion as a medical expert; however, in the experience of the writer it is only the exceptional case in which such fees are forthcoming.

An illegitimate child inherits from his mother the same as if he were born in lawful wedlock, and also from the person who, in writing and before a competent attesting witness, declares himself to be

his father. Such a child, however, may not inherit from the kindred of either parent by right of representation, unless during his lifetime his parents intermarry, in which case, of course, he would no longer be deemed illegitimate.

Support for Illegitimate Children

A recent study by the Board of Control of all payments made for the support of illegitimate children during the period January 1, 1918 to June 30, 1936 shows that the percentage of cases for which support is provided has not varied much during recent years. For example, in 1919 the percentage of illegitimate births for which support was ordered was 25 and in 1935 it was 24.5 per cent; 1931 showed the highest figure, 30.4 per cent. The percentages for the most recent years may yet rise to some extent, of course, since paternity sometimes is established several years after a child's birth. The sum of $2,321,205.19 has been received from the fathers of illegitimate children in 7,136 of the 27,478 actual cases recorded in the Children's Bureau from 1918 to 1938. But for the most part, the amount contributed is insufficient for maintenance of the child. In the majority of cases, assurance of support for a few years is all that can be expected through a lump-sum settlement at the time paternity is established. On the other hand, although the monthly payment order would appear on superficial inspection to be preferable, records of collection of support orders show that the number of men who are in arrears in payments increases enormously with the passage of each year succeeding the date of the order. A study by the United States Children's Bureau has shown that 73 per cent of a certain group whose orders had been in force 5 to 7 years were in arrears. Apparently there have been false hopes as to the efficacy of court orders as a means of actually providing support for children born out of wedlock. Total amounts collected seem large, but the results are not impressive from the standpoint of the individual.

Registration of Illegitimate Births

For many years the American Public Health Association has been interested in the problem of registration of births of illegitimate and adopted children. A committee of this organization from time to time has published reports of its investigations into the birth registration laws of the various states, districts and possessions of the United States. Wide variations in procedure exist among the states. Many of the laws were formulated long ago when the increasing importance of birth certificates was not realized. Efforts are being made to get state legislatures and departments of vital statistics to adopt a so-called "standard system" wherever feasible. Birth certificates now must often be produced as proof of school age, to obtain work permits, to obtain passports for foreign travel, to prove military age, to obtain pensions and to aid in the settlement of estates. Embarrassing situations have repeatedly arisen because of failure to issue a certificate in the father's surname when an illegitimate child is legitimized through marriage of his parents, in the foster-father's surname when a child is legally adopted, or in the foster-father's or guardian's surname in the case of a foundling child. The Hennepin County Illegitimacy Conference recently devoted much time to a presentation and discussion of desired changes in the Minnesota birth registration laws; out of this came the draft of a bill containing certain proposed amendments to the present laws, viz.:

1. Birth certificates for illegitimate children should be filed directly with the State Department of Health and an abstract, containing no reference to legitimacy, should be returned to local registrars for recording.

2. Provision should be made for issuance of certified abstracts of birth records to contain only such information as is necessary for the purpose at hand, as, for example, for a passport.

3. Provision should be made for making and filing birth certificates for

foundlings, and the amendment of such records when these children are named or adopted. (Until now the Minnesota law has made no provision for the foundling; certificates have been made out and filed in certain cases, but their legal value has always been in doubt).

4. Provision should be made for making a new birth certificate for an adopted child and entering upon it data pertaining to the foster parents. The original certificate would then be attached to the adoption decree and placed in a locked file, to be opened only upon court order.

5. Provision should be made for issuing a new certificate in the case of a child legitimized by subsequent marriage of his parents to each other, rather than simply correcting the original certificate with red ink.

6. Provision for making a new certificate after paternity has been adjudged.

7. Provision for supplanting false birth certificates with new ones containing the true findings as judged by a court of competent jurisdiction.

The writer is informed that all of these desired changes have been adopted by the legislature just adjourned. However, the Division of Vital Statistics will continue to allow illegitimate births to be reported directly to the local registrar in Minneapolis (Health Department) rather than to the state office. Red ink corrections on original certificates have not been abolished, but all such original records are to be kept in locked files and will be supplanted by the proposed new certificates for all ordinary purposes.

Conclusions

1. The problem of illegitimacy is a fairly constant one from the purely numerical standpoint and it seems likely to be with us as long as marriage laws exist in the statute books.

2. There have been no adequate social studies of the underlying factors involved in the problem of illegitimacy; sufficient statistical data are now at hand to make such studies feasible.

3. The maintenance of maternity homes has largely passed out of the hands of religious and other groups which originated such institutions and has passed to the general public through the medium of the community fund; if this be true, it is time to coordinate the activities of these homes wherever such changes would be of benefit both to the communities and the individuals under their care.

4. The possibilities of foster home care for unmarried mothers might profitably be further investigated.

5. No satisfactory plan for the support of illegitimate children has yet been evolved.

6. The Minnesota birth registration laws, insofar as they pertain to illegitimate children, have been amended in conformity with suggestions of both national and local groups with a view to eliminating unnecessary embarassment at such times as it is necessary to produce certified copies of birth certificates.

7. The question of whether Minnesota and certain other states should continue to enforce the three-month nursing period rule has not yet been satisfactorily answered.

Bibliography

The interested reader is referred to a lengthy list of references on illegitimacy published by the Children's Bureau in Washington, D. C., September, 1938; to all of the recent biennial reports of the Minnesota State Board of Control; and to the transactions of the Hennepin County Illegitimacy Conference which are available in mimeographed form.

V. GOSSIP

The Annual Meeting of the Minnesota Hospital Association will be held in the St. Paul Hotel, St. Paul, May 25, 26, and 27, 1939, under the presidency of Peter D. Ward, administrator Charles T. Miller Hospital, St. Paul. The meeting will be a joint assembly with the Minnesota Association of Nurse Anesthetists, Minnesota Dietetic Association, Minnesota Chapter of the National Executive Housekeepers' Association, Minnesota Association of Hospital, Medical and Institution Librarians, Minnesota District of the American Association of Medical Social Workers, Minnesota Society of Medical Technologists, Minnesota Nurses' Association, Minnesota Occupational Therapy Association, Minnesota Hospital Pharmacists' Association, Minnesota Chapter of the American Physiotherapy Association, Minnesota Public Institutions, and Minnesota Record Librarian's Association. Each of these groups will sponsor its own program, and in addition will meet with the Minnesota Hospital Association. The meeting starts Thursday afternoon, May 25, with reports of committees. On Thursday evening, a buffet supper will be served at St. Joseph's Hospital. Friday morning, May 26, there will be a presentation by each one of the contributing groups. On Friday noon, after luncheon, there will be addresses by B. W. Caldwell, executive secretary, American Hospital Association, on "Government Relations;" M. T. MacEachern, associate director, American College of Surgeons, on "Fundamental Principles and Trends in Hospital Administration," and by R. C. Buerki, president of American College of Hospital Administrators, on "The Place of the Hospital in Graduate Medical Education." There will be sectional meetings in the afternoon and a general round table conducted by Dr. Buerki from three to five. At the joint banquet in the evening, Friday, May 26, the addresses will be by Basil McLean, superintendent, Strong Memorial Hospital, Rochester; George Earl, president of Minnesota State Medical Association; and others. The breakfast for the American College of Hospital Administrators group will start the program on Saturday, May 27. The Saturday morning discussions will include "Hospital Economics" and "Maternal and Infant Hygiene." In the afternoon, there will be a golf tournament at the White Bear Yacht Club. The Sixteenth Annual Convention of the Minnesota Hospital Association will be of added interest because of the discussions of future postgraduate programs of the various groups. Students of medical progress tell us that the hospital family does things that were once done by the medical man; in fact, modern nursing has been characterized as yesterday's medicine. During the past year, we have arranged programs for the hospital administrators, medical record librarians, medical social workers, hospital dietitians, and operating room nurses. During the coming year, we expect many others, including the medical technologists (Aug. 28, 29, and 30), Minnesota Association of Hospital, Medical and Institution Librarians, (Oct. 30, 31, and Nov. 1), Nursing Education and Nursing Service (dates to be announced). There will probably be repeat courses by the groups which have been here during previous years, and in addition, there will be new offerings. Specialization within the hospital field is growing more rapidly than the training programs. This situation is similar to medicine's problem. The evolution of the modern hospital to its present stage of development has been one of steady progress. It must not only care for the sick; it must also teach. The new curriculum for nurses is having growing pains because of the requirement that the hospitals assume a definite educational status. In training the special workers in the hospital family, the universities, and especially their medical schools, are cooperating to a degree which many did not anticipate a decade ago. With its many other "firsts," the University of Minnesota has the distinction of being the first university in this country to establish a University School of Nursing. In addition to Nursing, the Medical School sponsors or cooperates with the training of dietitians, medical social workers, institutional librarians, pharmacists, and medical technologists. Therefore, it is logical that we should assume the postgraduate training in these fields along with those of medicine. The other officers of the Minnesota Hospital Association are president-elect A.G.Stasel, 1st V.P., Amy Gunderson, 2nd V.P., T. E. Broadie, Exec.Sec'y. Arthur M. Calvin, and Treas. Raymond Amberg.