

arrangements were made for detailed enquiry on settled lines in several industrial communities with regard to births occurring in 1908. The particulars it was decided to collect included the mother's age and occupation, the mode of feeding the child, the age at death in fatal cases and the social conditions of the household. Distinction was to be made of women working in factories and workshops, those industrially employed at home, those otherwise employed (such as hawkers and charwomen) outside the Factory Acts, and those engaged in domestic duties only. These reports are now coming in.

The Medical Officer of Health of Birmingham, Dr. John Robertson, has just presented a very valuable report to the Birmingham Corporation. The actual investigations were entrusted to Dr. Jessie Duncan, who had the assistance of two women health visitors. The district selected for the enquiry covered an area of 289 acres and had a population of about 40,000 persons. The infantile mortality rate in 1908, in one portion, was 169 per 1,000 births, and in the other, 214 per 1,000, compared with 145 per 1,000 in the whole of Birmingham. Every baby born in the district during 1908 was visited. A schedule of enquiry was filled in, and close contact was kept with the mothers during the year, each baby being weighed when it was twelve months old. Incidentally, as might be imagined, the work of the ladies engaged in the enquiry was found to be of great value in producing a better condition of affairs in the homes. Some of the children were lost sight of during the year, but specific details were obtained of 1,212 mothers, 601 of whom were not industrially employed and 611 who were so employed.

As regards the actual deaths which occurred among the infants, the mortality was at the rate of 190 per 1,000 births among those children whose mothers were employed either before or after childbirth, while it was at the rate of 207 per 1,000 in the case of those whose mothers were not industrially employed. No doubt, as Dr. Robertson points out, the additional income brought in by the mother had an important influence in the prevention of poverty, which is one great cause of a high infantile mortality. Furthermore, many women who go to work are thrifty and energetic, and are determined not to get below the poverty line nor yet to neglect their home duties. The deleterious effect of poverty upon the mother as well as upon the infant is emphatically urged by Dr. Robertson, who makes an eloquent appeal for the establishing of some institution from which food could be supplied to hungry expectant mothers and to mothers who are nursing their infants, and are themselves badly nourished.

Dr. Robertson himself, however, points out that the number of cases investigated is too small to allow of any absolute conclusion being drawn from them. And it would appear that there is an abnormal situation in those districts of Birmingham when it is remembered that about 50 per cent. of the mothers go to work. Surely there are very few districts where half the mothers go to work, and we may hope, if we do our duty, to prevent this in Canada.

Dr. Robertson says that the figures dealt with in this report relate to women, many of whom are in a state of poverty, and, as already pointed out, this alone has such an evident pernicious influence on the health of the mother and her offspring that the influence of industrial employment is to a considerable extent marked. Bearing this in mind, and taking into consideration our previous investigations on somewhat similar lines, it may be said that in Birmingham the type of industrial employment in vogue does not appreciably influence the health of the mother or her infant when the standard of comparison is that of women in equally poor circumstances who are not employed industrially.