

To meet this contention we have made a careful study of the city's vital statistics for 1912. The following table gives the ratio of infant deaths (under two years) to the births in each ward:—

Ward One	1 death for every 5 births.
Ward Two	1 death for every 6 births.
Ward Three	1 death for every 13 births.
Ward Four	1 death for every 11 births.
Ward Five	1 death for every 4 births.

Ward One, Two, and particularly Five, must have our attention.

Knowing now what portions of the city demand most of our child-saving efforts, it would surely be an advantage to know in what periods of the year we shall have to strive hardest. The chart shows the number of infant deaths each month for the last three years. It will be noticed that in August, 1910, death claimed 26 children, and in August, 1911, the number was increased to 28. In the summer of 1912 the weather was more changeable, and though the loss of infant life was just as great, it was spread over a larger period. Now we know *where* and *when* our efforts to save the children must be chiefly exercised. The next question is, *how*?

Perhaps most could be accomplished if a combination of Babies' Dispensary and Pure Milk Station were established in Ward Five. Here a nurse would be stationed. The dispensing of certified milk at the same price as the ordinary quality would bring the immigrant mothers to the station daily, and, indeed, it has been the experience of medical social workers that native born mothers are glad to ask advice at the dispensary. In some cities the doctors take turns in being present for an hour two or three times a week. At the first visit the child is weighed and examined by the doctor, a diet slip given the mother, and a record of the examination taken. The mother is induced to bring the child weekly, and on each occasion the nurse weighs it, gives any necessary directions as to diet or other care, has the doctor come, if necessary, and makes the record. By this system the nurse knows the past and present health of every baby in the district. She knows those she must visit and is able to grapple with the disease at its very beginning, instead of waiting until she is called in, when the child is very ill, as is now the case. She visits the homes and learns the conditions there, and with the co-operation of the city health authorities is often able to better the conditions which surround the child at home.

It does not cost much to establish such a system and it means lives saved. On the basis of the success of this plan in other cities, Sydney could save perhaps seventy baby lives annually. But even if it were fifty or twenty or ten, would it not pay? The cost per child saved would be small—the funerals would cost much more.

Then, too, there should be a municipal system for the frequent collection of garbage as the first step in surrounding a large proportion of the city's children with more healthful home conditions.

Work of this kind has been undertaken in different Canadian cities, Halifax being the latest. There, the Local Council of Women, with the co-operation of the Victorian Order of Nurses and the financial aid of the city, has begun the establishment of a pure milk depot with the aim of reducing the number of infant lives yearly wasted. Will Sydney try?

Further investigation would include:—

- (a) A study of the causes of death.
- (b) Plans for a broader work for the Health Department.
- (c) Investigation of the milk supply.
- (d) Examination of the water supply.
- (e) Investigation of the efficiency of refuse disposal and street cleaning.
- (f) A study of the hospital situation and visiting nursing.
- (g) Investigation of questions of industrial hygiene.
- (h) A plan of campaign for infant hygiene.
- (i) A study of the causes of tuberculosis, the city's facilities for dealing with it, and the next steps in anti-tuberculosis work.