

What is being done to safeguard this great investment? If the same investment were made in Holstein calves, there would be no question about the government's activity. However, it is gratifying to know that, since the establishment of the division of infant and child hygiene in connexion with the Department of Public Health in Toronto, two and one-half years ago, our infant mortality has been reduced over 30 per cent. In other words, practically one third of the dangers of the child dying within his first year have been removed. If we go back to 1910, we find that our infant mortality was 139 per 1,000 babies born. In 1916, it was 91.5 per 1,000 births. In other words, 676 fewer babies died last year than would have died if the infant death rate of 1910 had continued. This 676 represents \$270,400 of an investment saved to the parents alone—to say nothing of the nation, to which every well born infant should mean at least \$1,000.00. Last year there were born in Toronto 14,796 babies. This by the time they are one year old, represents an investment of \$5,918,400. The amount expended in the division of child hygiene and for the safeguarding of all these little lives and this enormous investment is approximately 12½ cents per capita to the citizens of Toronto, and this represents only one of the activities of Toronto's Department of Health in safeguarding human life. And, furthermore, it represents only the monetary side, to which, with statesmen at the helm, it should not be necessary even to refer. It does not take into account what those 676 babies saved have meant in the saving of sorrow and anguish; it does not represent the fact that there were 676 fewer sorrowing mothers leaning over little white caskets in the city of Toronto alone in one year. Would this phase of the work alone not more than warrant the expenditure that is asked for the administration of the entire Department?

From the foregoing, it must be apparent that appropriation for public health administration is not an expenditure, but an investment, yielding larger dividends, many times over, than any other municipal expenditure.

CONCLUSION

Obviously then, modern public health administration, to be efficient, must embrace all that goes to make for race betterment, for nation building—it matters not whether the man dies of typhoid fever, lead poisoning, mercurial poisoning, syphilis, or premature hardening of the arteries—the loss to the family and to the nation is just the same, and equally preventable. The efficiency of the