Fabian Tract No. 154.

THE CASE FOR SCHOOL CLINICS.

BY

L. HADEN GUEST, M.R.C.S. (Eng.)
L.R.C.P. (Lond.)

PUBLISHED AND SOLD BY

THE FABIAN SOCIETY.

PRICE ONE PENNY.

LONDON:
THE FABIAN SOCIETY, 3 CLEMENT'S INN, STRAND, W.C.
MARCH 1911.

The Case for School Clinics.

Reprinted with additions and corrections by the courtesy of the "Daily News."

If we were really a practical nation instead of an obscurantist nation, we should do some very simple things for school children. We should, to begin with, treat them as individual boys and girls and not as administrative units, with the possibility of a decimal point thrown in. The things that children need are known to very many thousands of English men and women; they comprise good food, good clothing, good housing, and loving care. In educational matters educationists are so far agreed that in a genuinely representative congress, expressing unfettered opinions, there would be no serious differences of opinion on essentials. But we are not a practical nation, and I do not propose to discuss the detail of these practical things. There is a huge gap between what we know how to do and what we immediately proceed to do on any extensive scale. The why and wherefore of this is another matter; at present my concern is with the things that we can immediately proceed to do for the school child.

On the roundabout route by which we approach common sense, the medical inspection of school children is a long step. By this inspection the problem is displayed and made graphic before our eyes. Before medical inspection theorists could argue ad infinitum, after medical inspection the argument must at least centre round the facts discovered.

What Inspection Shows.

The main subdivisions and groupings of children which medical inspection enables us to make, are, broadly speaking, the same for all schools. In every school the bulk of the children show an average health which is comparatively satisfactory. And among the children presenting defects of mind and physique there are two main groups. In both of these medical defects are present, but in the one the family circumstances are average or above the average, in the other group the circumstances are below the average. The first may be said to present simply medical defects, the second medical defects plus poverty.

The children who are average must not be thought by any means to be satisfactory. The average of one school is of necessity made for that school, and applies to the particular children drawn from the homes round about it. The average of a school in a slum neighborhood would be below the average for a school in a district of well-paid artizans. In London, for instance, parts of Lambeth may be well below parts of Battersea.

The average is in no case very high, in the London County Council schools three decayed teeth are charted as normal, many slight eye defects, many slight degrees of feeble nutrition, and many slight deformities are "normal." None the less these things are handicaps in schoolwork, and in after life. Such average children are very "average" in general capacity, in character, and in grasp of the duties of citizenship and of their part in life.

To raise the average of child life in all schools to the level of the school with the highest average among children drawn from the same social stratum, to raise the average of all slum schools to the average of the best slum school, is a non-utopian ideal with a very concrete measure of its success, which we might well adopt into our municipal politics.

The problem of the average child is largely a problem for the statesman and social reformer ; medical knowledge has made the problem concrete and definite, and can suggest some needed reforms. But the problem of the child with defects, whether purely medical or medical plus poverty, is predominantly a doctor's question.

The Medical Group and the Poverty Group.

The division into two groups is important from the standpoint of treatment. The purely medical cases can get cured comparatively easily, the poverty cases only with difficulty. To treat a child with obstructed breathing and adenoids who is otherwise fairly sound and who comes from a decent home, is simple, and cure is probable. The parents of such a child will take trouble to see that the defect is remedied when it is pointed out to them. The decent home and the child's fairly sound condition are an indication that the parents have the desire and probably the time to see that proper treatment is applied. In every large town and accessible for most small towns and villages there are hospitals and dispensaries supplying facilities for treatment which can be taken advantage of by those having the desire and the time to do so. On the whole the great bulk of children presenting medical defects pure and simple will have those defects attended to by existing institutions when the parents become aware of what is needed. In this respect medical inspection puts the child of the poor man on a level with the child of the rich man, by giving him an expert opinion on what should be done to put the child in the fittest possible condition. Medical inspection does a great work if it makes medical knowledge available to the parents of all children.

Difficulty of the Poverty Group.

In the case of children presenting medical defects plus poverty, the case is far different. To begin with, such children often present not one or two but a group of defects, and complicated and continuous treatment may be required. The general condition of such children is not good, and the children do not give good results from treatment. Discharging ears in a badly nourished poor child for instance, take longer to get well than in a decently nourished

average child. But, worst of all, the parents of such poor children do not take them for medical treatment. Sometimes the parents will not take them—these, I think, are the rarer cases—sometimes the parents do not think medical treatment necessary, these are commoner cases. Sometimes the parents cannot spare time to get the children treated. This last class is as large as either of the two others, and may in certain localities be larger. In the first group come the children from drunken and vicious homes, in the second from feckless homes, in the third from overworked and underworked homes. We might call them the vicious, the feckless, and the poor homes.

The remedy for these conditions lies outside the scope of school organization, but the recognition of the existence of these conditions is very much a matter for school authorities. For the plain A B C of the facts is this, that it is no use treating defects of nose and throat, eye and ear, unless you treat the underlying debility of constitution produced by the home conditions. That means remedial school feeding firstly and open-air schools, school baths and gymnasia among other things as secondary methods. This state of things means also a new organization for getting the children treated.

It may, in theory, be highly desirable to "insist" on the parents getting remedied the defects pointed out to them by medical inspection. In practice the parents will either not do so, or only pretend to do so, for in the matter of getting treatment it is fatally easy to pretend. If the poverty group children are to have their illnesses and ailments remedied, they will have to be (a) fed on a diet designed to improve their physique, and (b) sent to hospital or school clinic in charge of someone from the school by the authority of the school.

The home conditions of such children also need tackling; the necessity of open windows and soap and water need pointing out, and all kinds of complicated little details need discussing with the parents. These are the duties of the care committee, but if they are to be effectively carried out, if remedial feeding is to become a reality instead of a pretence, and if medical defects are to be cured, there is only one effective way of doing these things—all of these activities must centre round a school clinic. And the school clinic, the school doctors, and the school nurses must be as much a part of the school organization as the school teachers.

The average children in council schools (who are nevertheless below the standard of their own possibilities), and the children with medical defects only, may be put aside for the moment; the children with defects plus poverty are an urgent problem demanding instant attention.

The Morass of Destitution.

Children belonging to the poverty group, as already defined, are the children sprung from the morass of destitution which quakes and shivers around the foundations of our civilization. These children come from definitely localized neighborhoods, from particular streets,

and from special blocks of "model" dwellings. The poverty of destitution and demoralization is spotted over the surface of our towns as concretely as smallpox is spotted over the face of a man sick from this disease. The poverty spots are, however, mouths of the abyss into which human life and our civilization sink away out of sight of man. And to children coming from the poverty spots, it is no use giving a box of ointment or a bottle of lotion to cure their diseases; these things make no impression thrown into the abyss.

A mother equipped with patience, the desire of cleanliness, and the wish for health, may get some good out of a hospital out patient department, even if the interview accorded by the doctor after hours of waiting be very brief. The mother from the demoralized poverty spot, even if she does arrive at the hospital, will get usually no help of which she can avail herself.

The doctor's point of view needs to be considered. A busy man, seeing very many similar cases, giving very frequently the same instructions, and meeting constantly with the same failure to get those instructions adequately carried out, may sometimes get a little hopeless as to the value of his out patient work.

A Typical Slum Mother.

The advent of a typical slum (poverty spot) mother increases the doctor's feeling of hopelessness ten or twentyfold. Take a concrete case, that of a child with discharge from the ears. The mother of the case I have in mind is a person with tattered, frowsy, and safety-pinned raiment, conforming generally to the blouse and skirt type; the sleeves are torn to a conveniently free length, the waist is commodiously ample. Neither face nor hands are especially clean, the face is coarse in feature and grinningly amiable. Conversation reveals much surface plausibility, with much genuine and deep laid sloth and inertia. The home is in two or three dark, semi-basement rooms, low, hung with lines on which hang flapping clothes, cumbered with backless chairs, decayed tables, peeling veneer chests of drawers, and iron bedsteads heaped with brownish coverings.

Is it wonderful that, faced by the problem of treating the child of such a mother, living in such a home, the doctor may get a little despairing? Treatment which consists partly of syringing out the ears must inevitably fail of being carried out under cleanly conditions (aseptic is pure utopianism). Regularity is not understood; any directions given, except with the most labored simplicity, are not understood. For unexplained reasons such a patient will frequently not attend to see the doctor and report progress. For other unexplained reasons the patient will try "a bottle of medicine" from some private dispensary or from some other public institution. On other occasions the patient will attend in charge of an incompetent person to whom it is useless to give instructions and from whom it is impossible to expect reasonable information. In the particular instance the person in charge was sometimes a drunken grandmother, and once or twice a sister only a year or two older than the patient.

In such cases it may be possible to get parental consent to an operation for removal of tonsils or adenoids. That involves very little trouble to the parents, and is besides by way of being fashionable, and has proved of benefit to neighboring children. But an operation is the first part of the treatment and not the end. A child operated upon needs medical supervision and careful training before it may be pronounced cured. And this supervision and training it does not get.

Deeper Deeps.

The case cited above is by no means an especially bad one ; it may even be thought to belong to the aristocracy of the poverty group. It is still possible to treat a child of this kind by the united effort of school nurse, school teachers, school doctor, dispensary doctor, with the casual intervention of the clergyman, the district visitor, and a member of the care committee. But there are many children beyond these agencies. There is (I take examples at random as they occur to me from my own experience) the case of the blind woman, a widow, with verminous and ringworm smitten children. Medical treatment comes and goes, according to the aberrations of the patient's mother, but the conditions persist. To expostulate with such a woman for sewing her child's clothing tightly upon its back is to get a glib explanation (glaringly denied by the conditions) that this is done regularly every night after the equally regular bath. Nevertheless, however glaringly obvious the condition, the cure is not obvious under existing circumstances. To give a complete outfit of clean clothes is no remedy ; it has been tried more than once and failed.

Another case is that of a child attending a school for mental defectives. The school nurse noticed the discharging ears, and managed, after considerable trouble with minor arrangements, to get the child specially medically examined. At the examination the mother stated that the child was "under treatment." This, it appeared, meant one attendance in six weeks at a hospital out patient department, where she was given some lotion and some rapid and half-comprehended instructions. The mother then consented for a special arrangement to be made whereby the child was to be sent from school to a public dispensary every day, in order that the ears might be properly syringed out and attended to by a nurse. The school doctor gave the mother a letter for the school teacher to the effect that the mother agreed to this, to be given to the school teacher by the child. Three days afterwards a teacher called on the dispensary doctor to enquire when treatment might begin, as she had heard about it from the nurse. It then appeared that the letter had not been delivered. Another teacher then visited the child's home and secured the school doctor's letter. "It had been forgotten." After this the child attended at the dispensary most days, but never on Saturdays, when it "minded the baby." As soon as the summer vacation began, the child also ceased attending. After the summer holiday the ears, which were

in a most serious and foul condition, were found just as bad as they ever had been. The same thing occurred at the Christmas vacation. And these measures taken to get treatment were quite independent of numerous official letters and enquiries about the child, involving the labor of clerks and other officials on a fruitless task.

Even when with great and, compared with the results, disproportionate exertion, such a child has been cured of one definite ailment, it very often presents another. Frequently a poverty group child shows more than one defect, often several defects, and the cure of one may leave the others unaffected. While the cure of all definite ailments may still leave the groundwork of anæmia and a debilitated constitution unaffected. To get a poverty group child into a good state of health often involves prolonged and expensive treatment, one or more operations on ear, glands in the neck, tonsils or adenoids, a stay in hospital and at a convalescent home, and perhaps a prolonged three to six months holiday in some country cottage, all of which means much money and very much expenditure of time and energy.

The Necessity of the School Clinic.

To continue the present methods of dealing with the poverty group children is to perpetuate the diseases and defects from which they suffer. Nothing but a special organization to meet the special case will be of any great service. What is done at present is of immense help in ameliorating disease, in easing pain, in keeping the worse worst conditions from spreading too widely ; but what is done at present is costly, cumbrous, involves great labor, and effects little permanent result, in the poverty group often none.

When medical treatment is as much a part of the school work as manual training or housewifery, then it will have a chance to be effective. The educated observation of the teacher will be at hand and at the doctor's disposal to supplement the haphazard observation of the parent, the report of the school medical inspector and the observation of the school nurse will be available, and the machinery of the school organization, with school nurse, attendance officer, and children's care committee, will be able to be used for the purpose of carrying out necessary instructions in the home and out of school hours. In a word, instead of endeavoring to treat an ailing child by the agency of half a dozen badly co-ordinated or entirely separate institutions, with no effective grip anywhere, we shall be treating the same ailment as a part of the school life, with the necessary means entirely at our disposal, and with all the other agencies adequately co-ordinated and properly effective.

All the activities controlled and directed by the care committee should be worked in the closest co-operation with the school clinic. This is especially true of the provision of meals for necessitous children, but it is also true of the provision of boots and of clothing and of the arrangement of country holidays.

In describing the suggested organization of the school clinic I am relying on my experience at the St. George's Dispensary in Black-

friars, where for some time past the medical staff have been experimenting in the direction of the school clinic. The patients at this dispensary are women, school children, and infants; the dispensary is free to those too poor to pay for medical advice, and some 6,000 patients, a large number of whom are school children, are seen every year. This figure probably represents the full number of patients who can be seen in the space available and during the time the doctors are in attendance.

Judging from this experience and that of others who have been pioneering on school clinic lines, one gets a very actual view of the conditions to be met.

The Clinic Required.

In every thickly populated locality schools are built fairly close to each other, and fall into groups. To supply the need of such a group only one clinic is required, and may well serve for sixteen or twenty schools, with a school population of something under a thousand each.

To start a clinic the first necessity is to find a convenient building situated in the centre of the group, or as near this as may be. It is desirable, especially for small children, to have the clinic not more than twenty minutes' walk from any school. Greater distances are inconvenient, and much smaller distances highly desirable. The St. George's Dispensary is established in an old public house less than ten minutes' walk from nearly a dozen schools.

A clinic must have a large waiting-room, one or two rooms for consultation with the doctor, and a room for treatments and dressing by the nurse.

A doctor should be in attendance at the clinic during school hours, and the head teachers of the schools belonging to the group should send there, in charge of the school nurse or other responsible person, all the children who are to have treatment. These children will be roughly those of the poverty group, but they will also include cases of discharging ears and other chronic ailments which need daily care, and cannot be attended to at a hospital. The children sent to the clinic would be normally those examined by the school doctor, whose parents were recommended to get them treatment, but who failed to obtain it on their own initiative, after a reasonable period, say a month. In some acute and urgent cases the clinic should render first aid, as it were, and the teachers should be encouraged to send children for examination whenever there was uncertainty as to its condition.

A Sorting Out Centre.

When a medical inspection of a school is made the defects discovered fall into very definite classes. Among them some children, for instance, will have defects of vision, some obstruction at the back of the nose caused by adenoids, some have discharging ears, and others threatening or incipient phthisis. Which of these ailments can the school clinic properly treat? Partly this must depend

upon the situation of the clinic. If it is near to a good special hospital for eye diseases or for those of nose, throat, or any other special ailments, and if satisfactory arrangements can be made for treatment at that hospital, then it is a waste of energy to multiply treatment centres. But the clinic should always reserve to itself the power to treat any kind of case in the event of a child for any reason failing to go to the special hospital. This does not mean that a recalcitrant eye case should be treated at the clinic, but that the child not getting treatment should be sent to the clinic and arrangements made, through the clinic organization, for the special treatment needed. All that is often wanted, when parents refuse or fail to get the suggested treatment, is a medical talk, giving them information or reassuring them about some not understood medical mystery.

This hypothetical instance gives the key to the line of treatment which must be adopted. The clinic will be the organization which sees that the child gets treatment. A large number of cases, those of diseases of ear, nose, and throat, many skin diseases, chest troubles, digestive troubles, and others, would be actually treated at the clinic. But the very severe ear trouble would be sent to hospital, the serious phthisis to the sanatorium, and the serious bone tuberculosis to the special hospital. The clinic, in fact, while acting as a treatment centre for those defects and diseases which can be con-veniently and economically treated in an institution fitted up in a simple and inexpensive way, would also act as a sorting centre, and draft off serious and special cases to the institution where their appropriate treatment could be obtained.

Co-operation with Hospitals.

The school clinic should work in the closest co-operation with the hospitals and dispensaries, and have standing arrangements whereby certain classes of cases could be sent direct to them as soon as discovered. Some of the arrangements made at present with hospitals for treatment would fit in well. This means in practice that the clinics would only need the simplest apparatus, and that for the complex cases the costly and elaborate hospital organization would be made use of.

Existing Clinics.

In Germany, of course, school clinics for the treatment of all varieties of school diseases have been in existence for some years, with the greatest possible benefit to the health of the children concerned. But it is not necessary to go to Germany for examples. These institutions are in existence already in various towns in England, the Board of Education having power to sanction their establishment under section 13 of the Education (Administrative Provisions) Act, 1907, under which medical inspection is carried on. In London voluntary agencies have established clinics at Bow, Deptford, and Blackfriars. In Cambridge a dental clinic established on a voluntary basis has now been taken over by the municipality

and is run as a publicly supported institution. In London a dental clinic is working at Deptford on two afternoons a week, and one is being established, as the result of a private experiment, to work on five afternoons a week at the St. George's Dispensary, Blackfriars. Bradford, Brighton, Sheffield, Southampton and York are among other towns where school clinic treatment is provided. The clinic at Bradford is open six days a week and treats children requiring spectacles, skin diseases, including X-ray treatment for ringworm, children referred from medical inspection, and for admission to special schools, including open-air schools, cases of discharging ears (syringed daily by the nurses), and children who have been in contact with, or are recovering from, infectious disease. At Bradford the clinic is found not to interfere with ordinary medical practice, and it is significant in this respect that a clinic has been established at Wandsworth, under the auspices of the local branch of the British Medical Association, and a treatment centre opened in Hampstead under the control of local medical practitioners. Probably the London County Council will be forced by pressure of circumstances to establish clinics in lieu of their present hospital system, a subcommittee of the Education Committee having reported strongly in favor of the system in 1908.

Part of the reason for the establishment of school clinics lies in the fact that without them the large poverty group of ailing children cannot be adequately treated because their parents have not time to, cannot, or will not, take their children to private doctors or hospitals. Nevertheless a clinic may look forward to frequent visits from the parents and every possible endeavor should be made to get the parents to attend. There are very few of even the most demoralized slum dwellers who do not wish to do what they can for the good of their children. But when not only means, but all knowledge is lacking, it is idle to expect the observance of hygienic common sense. Many parents who cannot afford to wait for a whole morning or afternoon, or even the larger part of a day at a hospital, could manage to get to the clinic if a definite hour was fixed.

The Clinic and Common Sense Hygiene.

The clinic should, in fact, become the instruction centre for parents in the art of hygiene, the concrete examples being provided by their own children's ailments. Such concrete hygiene teaching, supplemented, perhaps, by special demonstrations and talks for parents—on the care of the teeth, on breathing and on feeding, for instance—would do more for slum districts and poverty spots than years of abstract lectures in evening schools, admirable as these are.

Above all the clinic must be simple, straightforward, and human. A laughing and a smiling child should be the rule, a solemn or a weeping child the exception. The doctors' and nurses' rooms should be places of happiness and kindliness. In this way the confidence of child and parent will be gained easily, treatment will be facilitated and the parents will try to obey and understand rules of treat-

ment and hygiene. In my own experience I have met very few people incapable of following simple hygienic and medical instructions.

The Clinic and Poverty.

In the preceding paragraphs I sketched the organization of the school clinic on its medical side, and indicated how it would deal with medically and surgically remediable ailments and defects. But among the poverty group children the worst disease, upon which the others do indeed largely depend, is poverty itself. Lack of boots, lack of clothing, and lack of food are not matters which the doctor can professionally remedy. But the school clinic should work in the closest touch with the care committee, and when the doctor has done all that is possible to put the ailing child straight from his point of view, the care committee agency must be called in to remedy poverty defects which otherwise would render (and do now render under present circumstances) all the medical labor in vain. The underfed child must be fed, the underclothed child clothed. The doctor will certify what social factors are likely to cause or allow a relapse of the illness or defect, and it must be the business of the care committee to take precautions accordingly.

Remedial Feeding.

This will mean in practice that the care committee must have a fund for supplying the needs of school clinic cases. The committee must go even further. The chief need of poverty group children often is carefully adjusted feeding, adjusted, that is, to their damaged and deteriorated digestive systems. This remedial feeding will inevitably be an important part of the school clinic's prescriptions, and will have to be something very different from the present haphazard meals, frequently all that is now provided under the Provision of Meals Act. These meals will be framed on the lines of a medical prescription, and might well (in some cases, at least) be distributed on the plan used by the excellent invalid kitchen in Southwark, which provides meals of different kinds to suit invalid digestions.

Used in this way it will be essential to see that the meal serves its purpose of feeding the child adequately and not of merely staving off starvation. If the school meal was improved so as to become a really physiologically good meal, it would be unnecessary to have invalid cookery for special cases. If the meals are not so improved, it is difficult to see how otherwise the proper feeding of ailing and debilitated poor children is to be obtained.

When one turns from feeding to consider the question of boots and clothes, it is clear that very much requires to be done. A school clinic will have only one answer to the conundrum as to whether it is better to treat recurrent attacks of bronchitis and throat trouble or provide a stout pair of boots and warm clothing. The drug bill and the bill of salaries and general expenses will be balanced against a bill for clothes and boots, and found to be much heavier. The bill is heavier now, but different pockets pay the

different bills ; and the hospitals that appeal for subscriptions do not consider it part of their duty to prevent the need for some of their work by subsidizing boot and clothing clubs for schools ; nor would they, as long as they are separated institutions, do much good by their subsidies, if given.

Country Holidays.

It is the same with another important aspect of care committee work, that of providing for country holidays. The knowledge gained at the school clinic will be of immense help in determining what children need this kind of holiday and what that. At the present time the question of country holidays and of convalescence after illness or sanatorium treatment are in a rather unorganized condition. Multitudes of children who would benefit by country holidays do not get them, many children who need seaside convalescence or sanatorium treatment do not get it, while, at the same time, financially unsuitable children are allowed to take advantage of charities which are needed by others less well able to pay. The conditions at present are unavoidable, but a school clinic would make it easier to apply the charities to the best result. Given, then, that the care committee is working in close touch with the doctors, it should be possible to arrange for the optimum use of the agencies at the committee's disposal and probably for the holidaying of all those children whose condition urgently required it, and especially those threatened with tuberculosis.

Very much valuable work is done by voluntary and paid health visitors, who endeavor by home visits and by plain talks to impress on the homes of poor people the common sense lessons of modern hygiene. The school clinic will do much to fortify and reinforce this health missionary work. For the clinic will not only act as a centre, a rallying point, and a reference on all questions connected with the health of the school child, but it will train the children and the parents themselves as health missionaries on their own account. As I have before mentioned, the discussion of a practical point of hygiene, say, that of open windows or of personal cleanliness, becomes not only concrete, but vital, when it is discussed with the parents with the ailment or delicacy of a beloved child as its object lesson. The lesson (it is a way with lessons) may have to be repeated, but ultimately it will be effective. A school clinic properly conducted should spread principles of hygiene very rapidly throughout its district.

The Main Points.

I have above pointed out how the school clinic will enable all cases of ailment or defect in school children to be adequately treated, how it will link the school organization with the present school doctors and school nurses and with the special and general hospitals.

How, again, all the activities which have to do with feeding, clothing, holidaying, and convalescence may be naturally grouped and co-ordinated with the clinic's medical work. And how, further,

the activity of the clinic and its co-ordinated helpers will stretch outside the clinic, outside the school, and penetrate by means of its missionaries into the home itself, bringing the sweetness and light of health to the parents of school children (particularly of the poverty group), clothed in the garb of their own thoughts and ideas, and exemplified by the occurrences of their daily lives.

Nothing here suggested is utopian, nothing advocated is more than the grouping together of isolated and unco-ordinated practical activities already existing in one form or another. The school clinic, by medically studying the child, provides the natural centre and rallying point for all these activities. The agencies which are now working in a scattered and unco-ordinated way for the helping of school children will be centralized by the clinic, organized, and made a hundred per cent. more effective than they can now be. And we may hope for great and almost unrealizable changes when the school clinic pours out health and help and kindliness in every congested and poor district, for then the growth of child life, which now sinks down into the abyss, will spring up and grow healthily into the light and air of good human existence.

Pure Utopianism.

What I have spoken of above is practical to-day; that which follows will not be "practical" until to-morrow, when some of the preliminary work of clearing out the awful morass of slum child life shall have been performed. To-day it is only a dream, a dream of the time when the child at school shall grow as sweetly and as happily as a flower in a garden, when it shall stretch up its mind for knowledge as a flower for sunlight, and when all the strange and impish deformities and etiolations medical inspectors have to catalogue are relegated to infrequent hospitals and sanatoria with but very few beds in their wards.

The school clinic will aim to get the level of all children up to the low "average" or "normal" of the relatively healthy in present council schools, and when that is accomplished we can begin our real work of devising means whereby that low, that all too low, average may be transcended; the lethargic body grow supple, nimble, and good to look upon; the dulled senses quick, true, and responsive; and the narrow mind actively growing and expanding. All these things are within the sphere of the school doctor, all these things are within the scope of present day medical knowledge. The knowledge is here in reality; it is only the accomplishment in fact that is in Utopia—to-morrow.

In the good time when the poverty group child has grown into a sound average and the present average become robust, I look forward to a new kind of standard being introduced in schools—standards of imagination. In the present day children are only sent to the doctor when they are obviously deaf, or blind, or halt, or maimed. In the future the tests will be more subtle, and I confidently anticipate the time when "Peter Pan" or "The Blue Bird," or some such fairy tale, will be a compulsory subject of the

ordinary council school curriculum. At that day any child failing to reach, at any rate, the "Peter Pan" standard of imagination will promptly be sent to the school clinic. It is, after all, a rather serious reflection that there are many thousand "average" children to-day who do not reach this level.

The first step towards the raising of the standard must be taken by raising the lowest, and by pouring so much health, help, and kindliness into the poverty group children that their all too low grade finally disappears.

BIBLIOGRAPHY.

Report M.O. (Education), L.C.C., p. 52, 1907; p. 21, 1908; p. 41, 1909.

Report M.O., Dunfermline, 1909.

Medical Inspection of Schools. DR. HOGARTH. Henry Frowde. 1909. 6s.

Medical Supervision in Schools. E. M. STEVENS. Ballière, Tindal & Cox. 1910.

Medical Inspection of Schools and Scholars. Edited by T. N. KELYNACH, M.D. P. S. King. 1910. 10s.

Treatment of School Children. R. H. CROWLEY, M.D. Methuen. 1910. 3s. 6d.

Public Health, 1909, p. 462, "A School Clinic for Contagious Skin Diseases."

" " 1910, p. 120, "Treatment of Teeth in Public Elementary Schools in relation to Public Health."

" " 1910, p. 295, "The Need for School Clinics for Defective Eyesight."

" " 1910, p. 370, "Report on School Clinics."

" " 1911, p. 226, "Administrative Control of Ringworm."

"A Plea for School Clinics." MARGARET MCMILLAN. *Progress*, October, 1909, p. 243.

FABIAN SOCIETY.—The Fabian Society consists of Socialists. A statement of its Rules and the following publications can be obtained from the Secretary, at the Fabian Office, 3 Clement's Inn, London, W.C.

FABIAN ESSAYS IN SOCIALISM. New Preface by BERNARD SHAW. Paper 6d. net; cloth 1/6; postage 2½d. and 4d.

WHAT TO READ on Social and Economic Subjects. Fifth edition, revised to October, 1910, and enlarged. Interleaved, paper, 1s. n. cloth 2s. n., post. 2d.

THIS MISERY OF BOOTS. By H. G. WELLS. 3d., post free 4d.

FABIAN TRACTS and LEAFLETS.

Tracts, each 16 to 52 pp., price 1d., or 9d. per doz., unless otherwise stated.
Leaflets, 4 pp. each, price 1d. for six copies, 1s. per 100, or 8/6 per 1000.

The Set of 78, 3s.; post free 3/5. Bound in Buckram, 4/6 n.; post free 5s.

I.—General Socialism in its various aspects.

TRACTS.—151. The Point of Honour: a Correspondence on Aristocracy and Socialism. By RUTH CAVENDISH BENTINCK. 147. Capital and Compensation. By EDW. R. PEASE. 146. Socialism and Superior Brains. A reply to Mr. Mallock. By BERNARD SHAW. 142. Rent and Value. 138. Municipal Trading. 121. Public Service versus Private Expenditure. By Sir OLIVER LODGE. 113. Communism. By WM. MORRIS. 107. Socialism for Millionaires. By BERNARD SHAW. 139. Socialism and the Churches. By Rev. JOHN CLIFFORD, D.D. 133. Socialism and Christianity. By Rev. PERCY DEARMER (in cover with portrait of the author). 78. Socialism and the Teaching of Christ. By Dr. J. CLIFFORD. 42. Christian Socialism. By Rev. S. D. HEADLAM. 79. A Word of Remembrance and Caution to the Rich. By JOHN WOOLMAN. 75. Labor in the Longest Reign. By S. WEBB. 72. The Moral Aspects of Socialism. By SIDNEY BALL. 69. Difficulties of Individualism. By SIDNEY WEBB. 51. Socialism: True and False. By S. WEBB. 45. The Impossibilities of Anarchism. By BERNARD SHAW (price 2d.). 7. Capital and Land (7th edn. revised 1908). 5. Facts for Socialists (11th ed., revised 1908). 132. A Guide to Books for Socialists. LEAFLETS—13. What Socialism Is. 1. Why are the Many Poor? WELSH TRACTS—143. Sosialaeth yng Ngoleuni'r Beibl. Gan J. R. JONES (Caernarfon). 141. Translation of 139. 87. Translation of 78. 38. Translation of 1.

II.—Applications of Socialism to Particular Problems.

TRACTS.—154. The Case for School Clinics. By L. HADEN GUEST. 153 The Twentieth Century Reform Bill. By H. H. SCHLOESSER. 152. Our Taxes as they are and as they ought to be. By ROBT. JONES, B.Sc. In cover, 2d. 150. State Purchase of Railways. By EMIL DAVIES. In cover, 2d. 149. The Endowment of Motherhood. By H. D. HARBEN. In cover, 2d. 145. The Case for School Nurseries. By Mrs. TOWNSHEND. 144. Machinery: its Masters and its Servants. By H. H. SCHLOESSER and C. GAME. 140. Child Labor under Capitalism. By Mrs. HYLTON DALE. 136. The Village and the Landlord. By EDW. CARPENTER. 131. The Decline in the Birth-Rate. By S. WEBB. 130. Home Work and Sweating. By Miss B. L. HUTCHINS. 128. The Case for a Legal Minimum Wage. 122. Municipal Milk and Public Health. By Dr. F. LAWSON DODD. 125. Municipalization by Provinces. 119. Public Control of Electrical Power and Transit. 123. The Revival of Agriculture. 118. The Secret of Rural Depopulation. 115. State Aid to Agriculture: an Example. 112. Life in the Laundry. 98. State Railways for Ireland. 124. State Control of Trusts. 86. Municipal Drink Traffic. 84. Economics of Direct Employment. 83. State Arbitration and the Living Wage. LEAFLET.—104. How Trade Unions benefit Workmen.

III.—Local Government Powers: How to use them.

TRACTS.—137. Parish Councils and Village Life. 109. Cottage Plans and Common Sense. By RAYMOND UNWIN. 76. Houses for the People. 99. Local Government in Ireland. 82. Workmen's Compensation Act. New edition for the Act of 1906. 62. Parish and District Councils. 54. The Humanizing of the Poor Law. By J. F. OAKESHOTT. LEAFLETS.—134. Small Holdings, Allotments and Common Pastures: and how to get them. 20. Questions for Poor Law Guardians. 68. The Tenant's Sanitary Catechism. 71. Ditto for London. FABIAN MUNICIPAL LEAFLETS (Nos. 32, 37 and 90 to 93). Municipalization of the Gas Supply. A Labor Policy for Public Authorities. Municipalization of Milk Supply. Municipal Pawnshops. Municipal Slaughterhouses. Women as Councillors. 1/- per 100.

IV. General Politics and Fabian Policy.

127. Socialism and Labor Policy. 116. Fabianism and the Fiscal Question: an alternative policy. 108. Twentieth Century Politics. By SIDNEY WEBB. 70. Report on Fabian Policy. 41. The Fabian Society, its Early History. By BERNARD SHAW.

Printed by G. Standring, 7 Finsbury St., London, E.C., and published by the Fabian Society, 3 Clement's Inn, Strand, London, W.C.