

ter of the posts that are offered, but also by virtue of the honorable nature of the work. Some of the most important positions in Government departments are now occupied by men who were once officials of some borough council. To have been at the head of a department in connection

with some big municipality is a guarantee that the man who held the position is a man of knowledge and experience, while even the subordinate posts, as specialization increases, will tend to be occupied only by those who possess considerable mental calibre and efficiency.

THE SCHOOL CLINIC

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In my last article (October Public Health Journal), 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 with which the doctor can professionally concern himself. But the school clinic is to work in the closest touch with the Care Committee, and when the clinic 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 under-clothed child clothed. The doctor at the clinic will certify what social factors are likely to cause or allow a relapse to the illness or defect, and it must be the business of the Care Committee to take precautions accordingly.

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 still. In many cases what is required by poverty group children 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 hap-hazard meals now provided under the Provision of Meals Act. These meals will be framed on the lines of a medi-

cal 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.

The prescription of school meals by the clinic doctor will be an important adjunct to treatment. It will be essential, therefore, to see that the meal serves its purpose of feeding the child adequately and not that of merely staving off starvation. If the school meal now provided for necessitous cases was improved so as to become a really physiologically good meal it would be unnecessary to have invalid cookery. 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 clinic 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 subscriptions by subsidizing boot and clothing clubs for schools.

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