

sitic diseases, contagious eye diseases, mumps, whooping cough, and certain skin diseases.

In cases of measles, diphtheria, scarlet fever, and croup, the child is admitted again to school on presentation of the usual Board of Health certificate.

The inspector mails each morning a report on a printed form to the chief medical school inspector, giving the total number of children examined and the names, ages, addresses, and diagnoses of children excluded.

This ends his official duty. He does not prescribe for the children excluded, nor does he visit them. They are made to understand, of course, that they must acquaint their parents or guardians with their condition. The form or card handed to them is for that purpose. They must be attended at home by their family physician, or, if too poor for that, must resort to the dispensary. But the medical school inspector is done at this point. If the case is one calling for such attention, it comes under the supervision of the district medical inspector or other agency of the health department.

It is apparent that under the system here outlined the school teacher plays an important part. Upon him or her, as the case more often is, rests the duty of picking out the suspected cases. And the difficulties of the task are increased by the unwillingness of the children and, sad to say, of the children's parents, to disclose the existence of an ailment. It might be imagined that the system would prove weak at this point; but such is not the fact, by reason of the high degree of intelligence and zeal which has been brought to the work by the teachers in every part of the city. The medical inspectors everywhere will testify to

the alertness of the teachers and the increasing skill which they develop, by experience, in the detection of those signs of "something wrong" which are the sufficient danger signals for the business in hand.

In the good old days, if a teacher detected a pupil scratching vigorously in his hair, she corrected the breach of manners by clouting him on the head. Now she turns him over to the medical inspector as having *pediculi capitis*. Or, instead of allowing a child to come to school day after day with large blotches of ink smeared over its face, she brings the victim to the inspector with her diagnosis of ringworm.

The work at its inception was unnecessarily arduous, on account of the vast number of children seen, because of a misapprehension on the part of the teachers as to the nature and scope of the work. We were called upon to examine children exhibiting every sort of symptom described in a patent-medicine almanac. I remember one of my first experiences. I was visiting a parochial school with an attendance of about one hundred and fifty. The sister in charge had placed at my disposal a small room, where I could interview my little patients in private. Imagine my surprise, on going to the school one morning, at finding my room packed with children, with a double line extending into the hall. I thought I had struck an epidemic; and, while grieved for the victims, I felt a professional elation in the thought that it was to be given to me to demonstrate the value of the system. My emotion subsided, however, with the first case. The child was crying, with its hand on its lower jaw, and my epidemic vanished through the door of the nearest dentist. To complete the tale, I examined forty-seven