

sacrifice 150,000 children to this grim Moloch — what a hecatomb of human life; what a mass of futile pain and sorrow is here revealed. There might be some solace in the thought, if these were only the weakly and less fit of the infants born into the world, and if it could be felt that by means of the conditions which lead to infant death, Nature, "red in tooth and claw," secured the survival of the fittest to carry on the struggle into after years. But there is no ground for this comforting assumption. On the other hand, the damaging and devitalizing conditions through which our children pass leaves them marked and seared by the struggle through which they have passed, and so long as we allow those conditions to continue we cannot hope to secure a high physical standard of fitness in the coming generation. Those of us who have had any large maternity experience will recognize the truth of the assertion that, inherited disease excepted, all babies come into the world endowed with the same physical possibilities, it is the conditions of the home in which they are born which very largely determine the issue of the struggle to secure a foothold in the ascent of the ladder of life.

I have laid stress upon the question of infant mortality because the study of infant mortality is the necessary preliminary in the study of child disease, and because "the wounds and reddening scars remain" to be seen in school life. There is clear and definite evidence that the physical condition of school children born in a year in which the infant mortality rate is high is less satisfactory than that of the children born when the infant mortality rate is low. As Dr. Kerr has well put it, "The greatest effect upon the life capital of the nation is produced by the infant mortality." My own investigations in Birmingham point to the truth of this assertion. "It is the conditions which surround the child from its birth onwards which largely determine the results found on medical inspection when the child reaches school age and no attempt to grapple with the defects revealed thereby can exclude the consideration of the wider problem of causation which is involved."\*

There is one other point to which I wish to direct your attention, I mean the necessity of establishing a complete confidence and co-operation between the medical prac-

tioners and the medical department of the Education Committee or Board of Education.

The introduction of the school doctor into the scene must profoundly modify the curriculum, for it allows an increasingly definite classification of the children in accordance to their physical and mental capacities. The blind and deaf receive further subdivision into the partially deaf and partially blind with their own special needs of a modified curriculum. The progressive myopes, and recurrent keratitis—the stammerers and stutterers and the hard of hearing; the epileptic of normal intellectual attainment; the choreic child or the child of organic heart affection; the weakly or pre-tuberculous child, and so on. The proper classification of these children can only be obtained by the establishment of mutual confidence and complete co-operation between the school medical officer and the medical men under whose care the children have been placed. In this way each medical man is brought through the medium of the school into more close and intimate touch with the general system of public health service than has ever before been possible, and he thus has it in his power to serve the best interests of his patients, as well as those of the community at large. So often with us in England the failure to appreciate the actual conditions of school life and of a careful weighing of the immediate and ultimate value to the child leads to much absence from school, which is often very prejudicial to the ultimate interests of the child.

Or, let us look at another aspect of this problem, arising out of the infant mortality question.

When we examine the children in our schools we can roughly divide the defects found into three main groups:

(1) Sense defects and imperfections; mental deficiency; visual defects; deafness defects which come into prominence chiefly because of the influence they exert upon the educability through the absence or deficiency of the senses.

(2) Contagious diseases, which may be regarded as the accidents rather than the consequents of school life. These include the zymotic diseases, ringworm, parasitic diseases, etc. To this group we shall return later on.

(3) By far the most important group of

\* Report to the Education Committee, Birmingham, 1911.