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 average developed a step further 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 imagintion 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 steps 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.

SANITARY MILK SUPPLIES FOR CITIES

By ROBERT A. BLACK, M.D.

To the layman the medical profession may seem idealistic demanding things that are not practical, yet we are on the firing line and certainly see the damage resulting, and can usually figure up the ultimate cost of carelessness.

In the demands we make on the dairymen we feel that we are not asking more than we have already done.

That there will be an increase in the cost of milk we know. We also know that there can be an increase in the cost of almost any other commodity without serious remonstrance, yet there are loud, wild outcries of "trust" the moment a progressive dairyman declares that his production of pure, clean milk means an increase in cost of 1 or 2 cents per quart.

If, however, the consumer were told plainly that cheaper milk means disease germs and dirt, I do not think there would be any complaint about the increased cost, which should be cheerfully borne by the consumer.

From a medical standpoint we ask: That there be clean milk with an absence of large numbers of germs and entire freedom from pathological germs or the germs which produce disease; a constant nutritive value of known chemical composition with a uniform relation between the fats, sugars, and albumens; an unvarying resistance to early fermentative changes, so that it may be kept without extraordinary care.

In our first requirement, I say absence of large numbers of bacteria, because aseptic milk is practically impossible and would add a needless expense to the dairyman. Also it would appear from experiments that certain germs are comparatively harmless in small numbers and may be even beneficial.

That milk should be entirely free from disease producing germs is shown convlusively by a summary of epidemics prepared by Busey and Kober, of which I cite only a few to show the most intense need of this requirement.

A typhoid epidemic in Clifton, England, showed 244 cases, of which 230 came from one dairy.

A scarlet fever epidemic in Boston in 1907 produced 227 cases. Of these 195 came from the same dairy and occurred in four days' time.

A diphtheria epidemic occurred in Ashtabula. Of 111 cases, with 23 deaths, 100 cases came from families that used milk from one dairy.

Statistics on tubercular infections directly transmitted are harder to find, yet we can be on the safe side by taking the conclusions of several able workers who have