

frequently at his home, report to the physician the facts and conditions bearing on diagnosis and treatment and see that the treatment is really carried out in all its details, not balked and nullified by opposing conditions, financial, hygienic or psychic.

(3) Such co-operation with social workers and charitable agencies makes it possible to surmount the industrial, domestic and financial obstacles that loom up so large in many cases.

That is what all successful tuberculosis and pediatric clinics are already doing. Into such manageable units our great heterogeneous clinics are being split up, but the splitting process must go much further. Through nurses who ply back and forth between the home and the clinic, the doctor must be enabled to grasp his cases thoroughly, while he is enabled to handle them effectively through the nurse's supervision of details. The nurse or visitor—she need not always be a trained nurse—is the hand through which the doctor's mind can grasp and handle his cases with success. Without the nurse he must grope and blunder like a man without hands. Everything is at arm's length and the arms are stumps.

But the third essential principle above stated, the co-operation with social workers is no less important. For the chronic malnutrition, hygienic bankruptcy and mental torment which are the essence of many of our dispensary problems, carry us inevitably to the root of the matter, which to my mind is this: Beyond the special disease of a special child or adult who comes to us in the dispensary, stands a family problem, ultimately a community problem, poverty, unfit and insufficient work, bad housing, bad food, bad habits and associations, ignorance of the ways and means of making a clean and healthy life on scanty means.

If we refuse to recognize this background to many of our cases our treatment is so superficial that it seems scarcely worth the time and money we spent on it. But if we do recognize it we cannot fail to recognize also that the pittance of