

not only for the child's own sake, but for the sake of the other children, the teacher, and the community.

These points must be accurately recorded, and perhaps the best available schedule, on the whole, is that issued by the Board of Education from Whitehall, with Circular 582, on January 23rd, 1908, and published in the *British Medical Journal* on February 8th, 1908. It is intended to be printed on 5 x 8 cards of the card index system, and is arranged to record four inspections.

The most favorable time to examine children is certainly when they apply for admission to school for the first time. It is then comparatively easy to secure the presence and co-operation of the parent, and much can be done in early childhood which it is too late to attempt even at the age of 12 or 14 years. Children go to school too young, but at present we must make the best of this, and there is one great compensation in the help that we can give them at an early age.

The child should be seen again on any indication of illness, and certainly should also be seen again about 12 years of age, and once more in the last year of school life.

The School Medical Officer should also pay attention to vaccination.

These are all reasonable things, and have commended themselves to the common-sense of the world. The exact method of working out the details may be best left in the hands of those who are actually engaged in the work. That is their business, and it is their duty to attend to it. The system should be allowed to grow and adjust itself to the needs of different communities. It may be said, however, that experience has a great tendency to simplify records and details.

It is generally agreed that the School Medical Officer should not undertake treatment, except in so far as to direct the work of the School Nurse. Those able to pay should at once call in the family physician, and those unable to pay must be provided for in connection with hospital clinics or otherwise, if the case cannot be taken charge of by the School Nurse.

*The qualifications, mode of appointment, and remuneration of the School Medical Officer* form an important group of questions for our discussion.

The qualifications required are numerous. We must, first of all, have good professional qualifications, especially a facility in diagnosis. It is a great mistake to appoint young doctors who have just graduated, except as junior assistants. We need experienced men and women who know something about children and a good