Defective Eyesight.—We find on an average from 7 per cent. to 10 per cent. of school-children suffering from defects of vision. In noting defects of this kind we have adopted a common standard, notifying as defective children who read less than 6/9 in each eye by Snellen's test types. In higher standards, and where signs of eye-strain appear, the Medical Inspectors reserve the right of individual judgment, and may notify a child who reads more than 6/9. We find that defective vision is more common amongst girls than amongst boys, and amongst town children than country children.

It is also instructive to observe that the percentage of defective eyesight rises steadily from standard to standard. It is such a common experience to find complaints of headaches, and requests to have their eyes examined, among children in the upper classes that it behoves us to ask very carefully whether we are producing defects of eyesight through conditions that we might remedy.

The lighting of class-rooms becomes a most important matter. It is undeniable that a great many of the older schools are insufficiently and wrongly lit, and it ought to be impossible for new class-rooms to be added or new schools built without particular care being taken to ensure perfect lighting. In some class-rooms where the lighting is very bad fairly good lighting could be secured by rearranging the seats; but this simple expedient does not always occur to the teacher.

The paper used in school-books and the type and spacing all become important matters. The paper should be dull, not glossy, and the print large. Size of print 2·6 mm., and 4·5 mm. spacing. Test—not more than two lines of print should be seen at once through a hole 1 cm. square; larger for infants. (Drummond, lecturer on school hygiene, Edinburgh.)

The seating-accommodation also has a direct bearing on this subject. Children seated at desks too low for them are tempted to bend over their work, and this tends to eye-strain as well as to the production of stooped shoulders. It is also important to remember that the eyes of children up to the age of six or seven are quite unsuited for near work. Their training should be far more manual than visual, and no fine near work should be expected of them. Sewing should not be begun until eight years old, and should then be very coarse. Finer sewing may be undertaken at eleven years. Children who are highly strung, whose eyes are weak, or who suffer from frequent headaches should do little or no sewing. Frequent attendance at moving pictures injures many eyes. Long hours of music practice are likewise harmful.

The importance of having defects of vision corrected must be brought home to parents. It is quite common still to find parents who strenuously object to having their children's eyes attended to because they do not like the appearance of the child in spectacles. Others think the defect is of no consequence; the child, in their opinion, can see "well enough": yet the dire results of neglected visual defects, the results in nervousness, backwardness, self-consciousness, headaches, and permanently ruined eyesight make up a sad-enough picture.

The treatment of defective eyesight in school-children is probably less satisfactory at present than the treatment of any other defects. It is impossible in many country districts to get any treatment at all, and the spectacle-vendor finds many dupes in the smaller country towns. Also, it is impossible to get specialist treatment except in the larger centres, and it cannot be too emphatically stated that only the eye specialist should treat defects in children's eyes. The public needs educating on this point. At present, unfortunately, owing to the small number of eye specialists available, and to the high fees to which specialists are entitled, the school-child often has to choose between no treatment at all and treatment by unqualified opticians. Nor can we see how this unfortunate state of affairs is to be remedied, unless some arrangement is made between the eye specialists and the Education authorities. To send school-children in large numbers to the hospital out-patient department for eye-testing is unsatisfactory, because it imposes an extraordinary strain on the honorary ophthalmologist; and, again, the children have to wait often for hours for treatment. But it might be possible, by special arrangement, to have school eye clinics established in connection with the hospital out-patient departments. If the question of adequate testing and prescribing of glasses could be thus solved it ought also to be possible to arange with qualified opticians for the supply of spectacles at a reasonable rate, and, further, to arrange to supply spectacles free of charge to children who could not afford to pay for them.

It is impossible at present to suggest any adequate means of securing treatment for eyesight defects in the remoter country districts. Of course, a certain number of those examined and notified for defective eyesight find their way into town for treatment, but it is certain that many notified cases are obliged to go untreated. Fortunately, defects of this kind are less common among country children, who are on the whole less "bookish" than town children, and who generally also start school at a later age and so probably escape some eye-strain.

However, notwithstanding all these difficulties and drawbacks, medical inspection has certainly resulted in hundreds of children having defects in vision treated which would otherwise have been undetected or neglected. In some cases eyes have been actually saved from blindness.

Deafness.—Obvious deafness occurs in about 2 per cent. of the children—slight degrees much more frequently. It is most often caused by the presence of adenoids. It may also be a result of a past attack of scarlet fever or measles. Deafness resulting from adenoids generally improves when the adenoids are removed. For extreme cases of deafness provision is made in the Special School for the Deaf at Sumner.

Obstructed Breathing.

Obstructed breathing arises in the majority of cases from the presence of adenoids or enlarged tonsils. The serious handicap given to children suffering from this defect with regard to both physical and mental development is now recognized. Where the condition is accentuated by deafness the mental dullness is greater, and many of these children are undeservedly numbered in the ranks of the backward or feeble-minded. The improvement in intelligence and in physical