

the book, should be what is best for all short-sighted pupils. This, however, experience teaches, is exceedingly difficult to do. The child will not hold up the book; he becomes tired and finds it easier to lean over the desk where the book finds support. It is with difficulty that the adult myope of average intelligence can be induced to systematize the position of book or paper although he may be the subject of posterior polar atrophy, and its consequent fatal results to vision fully made known to him. Some portable book-holder should be made use of. To make such is, for the present, to be left to the ingenuity and taste of the reader. The average American usually thinks himself sufficiently inventive to answer the indications by a suitable apparatus. The indications are that it shall be portable, light, readily adapted to prevailing fashions of school desks and be moved noiselessly. For the benefit of those who do not claim inventive genius so high as to meet the indications for themselves, we expect, in a future number, to undertake the practical solution of the problem.

#### HOW DIPHTHERIA MAY BE SPREAD IN SCHOOLS.

It is not alone by the breathing of infected air that diphtheria may be communicated from child to child in school. Indeed, those who deny that the air is often or ever a medium of communication of the disease, and who are at all familiar with the thoughtless ways of little children in school, must yet recognize that the possible means of communication by almost direct contact are many. Who has not seen a school-boy with his mouth full of marbles, just taken from a mate? Children often borrow and lend pencils, which, by instinct, they wet in the mouth or hold in the mouth; they borrow sponges of one another to wipe

their slates, which they moisten with saliva. In so democratic a community as a primary school-room, it is a common thing for all the children of the room to drink from the same cup; their clothes commonly hang in close contact in closets and ante-rooms. They manifest their likes and dislikes by biting or refusing to bite from the same apple; and the little girls often pledge eternal friendship by that classic symbol "sharing gum." Though these things may occur outside the school, they are the more frequent the more children are brought together, as they are in schools.—*Canada Health Journal.*

#### SCHOOL CHILDREN AND DANGEROUS COMMUNICABLE DISEASES.

Dr. Arthur H. Nichols, in a recent number of the *Boston Medical Journal* contributes a very sensible article upon the above subject, from which we extract the following recommendations:—

"Considering, however, that it is the imperative duty of the school authorities to adopt the most stringent measures designed to interpose a check to the unlimited spread of these diseases, I would venture to suggest some such rules as the following, as best calculated to meet the end proposed:—

1. No pupil shall be allowed to attend school from any house in which small-pox, varioloid, (measles), or Scarlet fever is prevalent.

2. A pupil who has been affected with small-pox, varioloid, measles, or scarlet fever, shall not be permitted to return to school until, desquamation having ceased and convalescence being complete, the surface of the body shall have been finally disinfected by warm baths (with abundant soap,) applied upon four successive days, or until no trace of roughness of the skin remains. The pupil, furthermore shall not be allowed to re-enter school until the teacher shall have received satisfactory evidence that all clothing worn by