

dissolubly connected that to many it seems little short of a miracle to teach the deaf to speak. The Commission reports in favour of day schools for the deaf, where the parents take pains to keep up the instruction given at school; but, where the homes are squalid and the children neglected, a residential institution on the "boarding out system" is to be preferred. Compulsory education is rightly insisted on. It should last eight years, commencing at 8 and continuing to 15 years of age. Drawing and various mechanical trades are recommended.

At one time the system of signs and the manual alphabet was accepted in this country. It is now being rightly superseded by the "pure oral system," which discards all signs except natural gestures, and by teaching the deaf to speak and "lip read" raises the deaf to the level of the hearing. The Royal Commission is tender towards the advocates of the "sign" and the "combined systems." In schools where these methods of teaching have prevailed change to the "pure oral" can be only gradually made. In a few years, however, the "pure oral" system will have shown such results as to supersede all others in England, as it has already done in Italy, Germany, and France.

The Italian language no doubt is peculiarly well suited for lip reading; the German is perhaps scarcely less so, whereas the spoken form of English words is so unlike their written form that greater difficulties have to be met. German teachers have lately learned much from the Italians, whilst we in England are still striving to teach on the plans in vogue in Germany twenty years ago. Prejudices existing against the oral method of teaching are dispelled by inspection and experience. Not long ago the number of children taught in England on this plan was but a few score; now 1,563 are taught on the "pure oral," 545 on the "combined," and scarcely 1,000 on the "manual" and "sign and manual" systems taken together.

There is no evidence that the sign system is best suited for the stupid and the oral for the intellectual. If there is intelligence enough for the first a little

patience will secure greater success by the second, although considerations of economy favour the plan which requires the fewest and the least highly-trained teachers. English children are found to be more backward in speech than the Italian and German children, but their general intelligence is remarkably good. With improved teaching all obstacles will be overcome.

It is recommended "That in all schools and institutions the general health, hearing, and sight of deaf children should be periodically inspected by a medical practitioner." Children taught to exercise their throats and lungs in speaking are less disposed to affections of the throat, the bronchi, and the lungs than deaf-mutes, who are discouraged from making any sound. The exercise of the respiratory organs by tending to the oxygenation of the blood, etc., promotes growth and general vitality. The speaking deaf are found to be less puny, less prone to throat and lung disease and to chilblains, and are altogether better nourished than mutes.

The feeling of the medical profession has been again and again strongly expressed as to the superiority of speech over signs, and it may be hoped that, thanks to the self-sacrificing and persistent efforts of the Commission, this superiority will soon be universally recognised.

TREATMENT OF POST-PARTUM HÆMORRHAGE.

A permanent check to the bleeding is the use of iodoform gauze as a uterine tampon. Born and Eckerlein (*Centralblatt für Gynakologie*, Nos. 25 and 26, 1889) report the most prompt and satisfactory results from this treatment. A strip of gauze four inches wide and two or three feet long is carried by the finger or a simple uterine applicator notched like an arrow, to the fundus; usually the presence of a single strip suffices, and the remainder is used to tampon the vagina moderately. Should more than a single length of gauze be easily admitted, the uterine cavity is moderately distended, and an additional strip is used for the