

Blepharitis.—Hyperopia or astigmatism should be suspected in this disease. It is often met with in delicate children or may follow an attack of measles or scarlet fever; also it may be seen with an eczematous eruption on the face. Corneal ulcers and phlyctenular conjunctivitis are not infrequent complications.

Phlyctenular Conjunctivitis.—This condition is usually accompanied by pain and photophobia. The children suffering from this disease are usually in poor health and have some nasal or postnasal trouble which should not be forgotten in the treatment, as it will in the majority of cases hasten the cure. One must not be content with an examination on the child, but must enquire very carefully into the conditions in which the child is living, as the poor ventilation of the home and the overcrowding in the sleeping apartments is a great factor in the causation of this disease.

I would like to mention one or two cases which show how much damage may be done to children's eyes by neglect of parents who had been advised to bring their children in for re-examination and also for operation and had failed to do so.

Case One—Child age 8, had a squint in the right eye with vision 15-120; left eye normal; operation was advised but refused. The child was brought in four years later and complained that she could not see out of left eye that was normal before. On re-examination the vision in the right eye was practically gone, the left eye had become very myopic from strain and overuse and by the extra strain from the child being allowed to read in bed.

Case Two—Little girl aged 6 when I first saw her, but two years previous to this the father had consulted me about a squint, which he said the child had developed a few weeks before. I advised him to bring her in for examination at once. This he neglected to do for two years, till the squint had become very pronounced. The vision then in the squinting eye was only 3/200. On testing the child's eyes they were found to be very hyperopic. Glasses and muscle exercises were ordered, with the result that in a short time the squint was cured but the improvement in vision in the squinting eye was only about a third of normal.

MEDICAL EXAMINATION OF CHILDREN.

(From an address on the 22nd of last December in Melbourne, Australia, by Sir John Corst, late vice-president of the Council of Education, Great Britain).

Another great question is the regular medical examination and inspection of school children. In Victoria, with your compulsory attendance laws, you have assembled in your classes the whole of the next generation of your people. You have a rare, a unique opportunity to test and examine the health of your people. No way in the world could be more accurate or more timely. If there is anything in your social order which tends to the deterioration of the race, here you find it out directly. If there is any remedial measure to be taken to improve your race, here you can apply it. Many diseases, many ailments, which after full growth are incurable and irremediable, can be cured in childhood. Besides this care of your rising generation, you can prevent the spread of infectious diseases. The bodies of ill-fed, ailing and weakly children are the great nurseries of the microbes which are the source of almost all diseases. Take in particular tuberculosis which, turning into phthisis, carries off so many young men and women. Its microbe is developed more easily and freely in the bodies of ill-to-do young children than in any other place. An examination of such children would insure their segregation until cured, and would do more than anything else to stamp out the disease. What an economic advantage is thus to be gained! Do not fall into the error, because the population of Victoria is well-to-do and parents can feed and clothe their children sufficiently, that that shuts out the necessity for examination. Examinations made in Britain and elsewhere have shown that there is an immense amount of hidden disease among the children of well-to-do people.

(From "The Doctor in the Public School," by John J. Cronin, M. D., in the American Monthly Review of Reviews for April).

We have shown beyond peradventure that physical defects exist in about sixty per cent. of all school children in New York; that in most cases these defects are remediable by proper treatment, and that the early discovery of these defects is the prime factor in the maintenance of the health of the school children and in enabling them to pursue their studies.

We have shown, furthermore, that backward, mentally deficient and truant children can be vastly improved by the early recognition of physical infirmities which underlie their mental or moral defects, and that by appropriate treatment, if applied early enough, we can save these children from illiteracy, from drudgery in factories at small wages, or from an almost inevitable criminal career.

In view of these facts, what can be more important than a systematic individual physical examination of every school child, at stated periods, and what can be of more lasting benefit than the early application of the proper treatment in all cases in which physical defects are found?