disease before continuing in school. As I was a member of the committee having the matter in charge, many of the teachers sent most of such cases to me. It took but a moment to determine whether there was a condition requiring treatment. If the enlargement was the result of old tonsilitis, and without acute symptoms, I gave a certificate. If acute inflammation existed, I sent the children to their family physician, or to their parents with directions to consult a doctor, and gave prompt treatment to those of my own clientele. The disease was quickly under control, and not a single case developed while the child was actually in school; what extension occurred from the first cases being apparently due to imperfect quarantine, and the mingling on the street of children from affected families with others. This inspection, simple as it was, made parents more watchful, and children with comparatively mild sore throats were often detained from school and sent to a physician who would otherwise have become much more ill before receiving attention.

In the examination of the sight and hearing of school children, Minneapolis, Baltimore and a few other cities have led the way, and many a child is now studying in comfort whose progress had been greatly handicapped and health impaired by the nerve strain due to defective vision or deafness.

Much credit should be given Drs. Wood, Harlan and others in the East, and Dr. Frank Allport, of Chicago, who planned and began this work. The results of these investigations made almost altogether by those unskilled in such matters, and hence apt to overlook slight errors, show an appalling amount of visual error among our young people, largely caused by the unhygienic conditions of our schools. These results set before every intelligent physician an opportunity for usefulness on the one hand, in establishing such tests in his own community, and, on the other, in removing from the schools those factors which have been shown to be active in producing or aggravating such defects.

So we are led again to the point from which we started, the value of our professional knowledge to the schools, and our consequent responsibility to use it for their good in advising as to questions of sanitation, the location and drainage of school grounds, the proper arrangement of foundations, the proportion of height of ceiling to floor-space so as to insure good ventilation with easy heating, *i.e.*, as easy as the welfare of the pupils will permit; the arrangement of windows, the blackboards, the desks and seats, the books in their typographical make-up, the positions and exercises of the children during school hours, and the study hours out of school; all these questions, with their tremendous bearing on the welfare of the individual pupil and the results in his life, and the consequent relation to the prosperity of the State, are subjects for whose consideration our medical training has made us competent beyond the average citizen.

That we are awaking to our possibilities of usefulness in this relation is evidenced by the increasing number of articles on these topics read at medical meetings and published in medical journals. It will be conceded that our profession has never shirked any duty presented to it (except that of uniting for efficient legislation against the scoundrels who are the camp followers of our beneficent army). It needs no prophet, then, to predict that within the next generation we shall see a