fully and intelligently framed for the detection of disease; and yet many ignorant but well-meaning teachers feel that comprehensive annual tests are entirely unnecessary, forgetting the fact that while conspicuous departures from health may be evident to a casual observer, many serious but hidden conditions are only detected by minute and careful examinations. Besides this, unless the tests are distinctly *expected* from each teacher, many children will escape thoughtful observation of even the most limited character, for while most teachers take a deep interest in their scholars, and conscientiously endeavor to promote their interests in every way, intellectually, morally and physically, still teachers are frequently seen who regard their profession lightly, and endeavor to get through each day's work with as little personal effort as possible. Under such circumstances it is certainly too much to expect that much time will be given to the investigation of the physical condition of pupils, and the child is, therefore, nearly as much neglected, or subjected to nearly the same degree of lack of intelligent supervision, as can be found in many of the squalid homes of public school children. The tests, therefore, should be uniform and systematic, and should annually include *all* pupils above the first grade, as it has been found impossible to satisfactorily examine quite young children. Some teachers have the impression that a child needs only one examination, but inasmuch as eye, ear, nose and throat diseases may develop from year to year in previously perfectly healthy children, it is essential that each annual test should include all children above the first grade. The tests should be made early in the fall of the year, and should become an integral part of the regular school curriculum. By making the tests shortly after the opening of the fall term, the physical condition of pupils is early ascertained, and steps can be taken tending toward the correction of any existing abnormalities. Should parents be warned of the presence of physical defects in their children, and fail to act upon such warning, the teacher will have ample opportunity to counsel child and parent concerning the necessity of a medical consultation, which would hardly be possible if the tests are postponed until toward the close of school, in the spring of the year. Besides this, the fall tests will have the advantage of enabling the teacher to co-operate with the physician in the execution of his advice, and to observe the results of treatment in the afflicted children.

Some objections have been raised to the examinations being made by school teachers, some feeling that parents would object, others that teachers are incompetent, and still others that it is an unjust tax upon the time and energy of the teachers. Concerning the first of these objections: Its triviality is almost sufficient for its dismissal, and it need only be said that the tests are absolutely harmless and painless, that no instruments or appliances are used, and that the child is practically not even touched during the examinations. Should any child or parent object, however, acquiescence to their wishes should be observed, as compulsion is undesirable, and clashing with parental authority should always, if possible, be avoided. Concerning the incompetency of teachers: I have only to say that any one who is competent to be a teacher can make the tests with perfect ease. They are absolutely simple and uncomplicated, consisting of such questions as, "Does the pupil habitually suffer from inflamed lids or eyes?" "Is the pupil probably 'cross-eyed'?" "Does the pupil fail to read a majority of the letters in the number XX (20) line of the Snellen's Test Types with either eye?" "Does matter (pus) or a foul odor proceed from either ear?" "Does the pupil fail to hear an ordinary voice at twenty feet in a quiet room?" etc., etc. The ascertaining of simple facts of this nature does not require a medical education, and can be easily compassed by any one of ordinary intelligence and tact, and strange as it may appear, correct replies to the questions specified in the examination instructions will disclose the existence of at least 90 per cent. of *serious* eye, ear, nose and throat diseases. For instance, the question, "Does the pupil fail to read a majority of the letters in the number XX (20) line of the Snellen's Test Types, with either eye?" will disclose the existence of myopia, and many cases of hypermetropia and astigmatism. It will also detect cataract, corneal opacities, optic neuritis and atrophy, many diseases of the vitreous, retina and choroid, etc., etc. The question, "Does the pupil habitually suffer from inflamed lids or eyes?" will detect inflammatory diseases of the cornea, conjunctiva, lids, sclera, iris, etc., etc. The question, "Does the pupil fail to hear an ordinary voice at twenty feet in a quiet room?" detects all forms of deafness, whether due to earwax, catarrh, labyrinthine, or middle ear disease, etc. The question, "Is the pupil an habitual mouth-breather?" discloses turbinated and septum diseases, polypi, adenoids, enlarged tonsils, etc.

It will, therefore, be seen that notwithstanding the extreme simplicity of the questions, they are most comprehensive in their character, and are capable of detecting a vast majority of serious eye, ear, nose and throat diseases, and while the teacher cannot and should not attempt to make a *diagnosis* of the pupil's malady, he will at least know that *something* is wrong, and this is quite sufficient; the physician consulted will do the rest. In case some abnormal condition is disclosed by the tests, the teacher sends the parent a card of warning, stating that some disease is believed to exist, which is not only unfortunate for the child, but will retard the progress of education, and advising the parent to consult the family physician or some specialist, either at the office or free dispensary. It will thus be seen that there is absolutely no reason why an intelligent teacher should feel at all incompetent to make these tests, and it is earnestly hoped that this objection will be now relegated to obscurity.

(To be continued.)

AN UNFORTUNATE ERROR CORRECTED.

Through an error in transcribing, Dr. R. M. Bonar, of Santa Rosa, a graduate of the Ohio Medical University, Columbus, Ohio, is indicated in the new Register as a graduate of the Ohio Medical College, an eclectic institution. The JOURNAL is advised that this has caused some trouble, and therefore takes pleasure in printing Dr. Bonar's letter; the statements made by him are found to be quite correct.—ED.

To the Editor of the State Journal:—Owing to a typographical error in the recent register I am being caused considerable annoyance. The data furnished you gave my school of graduation as Ohio Medical University; it appears in the register as Ohio Medical College, which is an eclectic school.

I have joined the County Society here as a regular, which I am, but the members have taken exception to my doing so. I have explained to them that it's only an error in the types, but do not wish my vindication to rest on my word alone, and I request you write a letter to the Secretary of the Sonoma County Medical Society confirming the above, if you find it to be true, and also an item in the next issue of the JOURNAL noting the correction would only be in justice to me. Very truly,

R. M. BONAR.

DR. PHILIP MILLS JONES has been appointed the representative of California on the Auxiliary Legislative Committee of the A. M. A. to meet in Washington, D. C., Feb. 11.