re-education. Freud's methods he considered sometimes dangerous and always cumbersome and tedious. Re-education was slower than analysis or suggestion, more laborious, and called for wider powers; but it was necessary for permanent results.

Dr. BOSTOCK, in a paper on insanity in the Australian aborigine and its bearing on the evolution of mental disease, reached the following conclusions: (1) Dementia is early, with increasing tendency to motor trends, and to visual rather than to auditory hallucinations; (2) paranoid types are not represented; (3) dementia praecox and manic-depressive forms occur; (4) epilepsy is probably more frequent in those in contact with civilization and may be a factor in race extinction; (5) confusional and other psychoses associated with senility and alcohol differ remarkably little from these states in the white population; (6) general paralysis of the insane is not infrequent and shows the demented form; (7) the aboriginal has not reached the evolutionary stage where the neuroses and certain of the psychoses, hysteria, and the phobias exist.

Professor CARMALT JONES, in a paper on the muscle pressure sense, stressed its importance in cases where diagnosis was difficult. In tabes its loss was the most important symptom of the disease, is never absent in definite cases, and is often present when one or more of the classical signs is wanting. Hysteria and profound degrees of paraplegia were the only other conditions known to him which showed loss of this sense. The absence of deep reflexes and the presence of muscle tenderness did not form an essential combination in the diagnosis of peripheral neuritis: this combination was found in tuberculous meningitis and in one case quoted of anterior poliomyelitis.

VITAL STATISTICS OF ENGLAND AND WALES.

WE published last week (p. 176) a preliminary statement showing the birth rates and death rates and the rates of infant mortality in England and Wales in the 105 county boroughs and great towns and in 157 smaller towns containing from 20,000 to 50,000 inhabitants. Similar statements have been supplied to us annually by the courtesy of the Registrar-General for many years past, and it has seemed worth while to collect the figures for the five years before the war and the five years since. The following table shows that there has been a downward tendency in the crude death rate and the infant mortality rate, and, with some considerable fluctuations, in the birth rate also.

England and Wales.

FIVE YEARS BEFORE THE WAR.				FIVE YEARS AFTER THE WAR.			
Year.	Birth Rate per 1,000 Total Population.	Death Rate per 1,000 Population (Crude Rate).	Deaths under 1 Year per 1,000 Births.	Year.	Birth Rate per 1,000 Total Population.	Death Rate per 1,000 Population (Crude Rate).	Deaths under 1 Year per 1,000 Births.
1900	25.6	14.5	109	1919	18.5	13.7 ¹	89
1910	21.8	13.4	106	1920	15.4	12.4	80
1911	21.4	14.6	133	1921	22.4	12.1	83
1912	23.8	13.3	95	1922	20.6	12.9	77
1913	27.9	13.7	109	1923	19.7	11.6	69

¹ From the Registrar-General's report for 1919.

Some comments on the figures will be found at page 209.

OUTBREAKS of typhoid fever have occurred in a large number of small districts in central Germany during the last few weeks as the result of infection of the water supply.

At the eighteenth French Medical Congress, to be held at Nancy in 1925, Professors M. Labbé of Paris, K. Petren of Lund (Sweden), and Dr. Dantrebande of Brussels will read papers on acidosis; Dr. Gallavardin of Lyons and Professor Richon of Nancy, on angina; and Professors F. Bezançon of Paris, J. Parisot, and L. Caussade of Nancy, on pulmonary gangrene.

MYOPE CLASSES.

BY

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THE growth of interest, in this country and abroad, in the provision of special educational facilities for myopes and other short-sighted children, brings many inquiries into the arrangements of these myope classes. In this regard a paper drawn up for the use of teachers may be of more general service in showing the scope and practice of the classes with which I am most familiar. The publication of these notes will serve a further purpose if other eye surgeons or school doctors who have an oversight of myope classes would communicate the results of their experiences.

HINTS FOR TEACHERS OF MYOPE CLASSES.

The Children.

1. Myope classes are established for the purpose of providing suitable education for children who are short-sighted; whose sight is too poor to enable them to do the work of the ordinary school with safety; and who yet see too well to be provided for in a school for the blind.

2. The myope class will contain three types of children: True myopes, who will form about two-thirds of the number on the roll; children with scarred eyes whose vision is poor; and children whose eyes have not developed properly and who therefore see imperfectly.

3. The myopes have frail eyes, overstretched and therefore weakened. Sight is also defective, even with the glasses they need and should always wear. Certain of them have very high myopia; the medical record cards of these children are marked CARE; these children should wear red buttons on the breast to indicate that they need exceptional care. If the monitors are always chosen from amongst the wearers of the red buttons no objection will be taken to the wearing of them.

4. The children with scarred eyes see as through a fog. Some are liable to recurrent attacks of inflammation, especially if they get overtired or wet. If an eye should get red, apply a hot fomentation and send the child to hospital. Where there is long-continued freedom from attacks the scarring may get less dense and vision improve, enough possibly for some to return to the ordinary school.

5. Children with congenitally defective eyes may, for the most part, do any work they can see to do.

Teacher and Child.

6. The teacher of the myope class is the pivot of its working. On the initiative and resource of the teacher depend its success.

7. The number of children allotted to each myope class is reduced below normal class standards since individual teaching is necessary.

8. Individual care allows of the cultivation of the bent of the child better than large class methods, and increases the interest both to teacher and child.

9. A child with more than average capability in any direction may be greatly benefited by encouraging him to help other children in the particular line of work in which he excels.

10. Cultivation of thought and memory is the first consideration in the training of these children. Teach by word-pictures and stories, and illustrate by showing objects and bold blackboard drawings.

11. Cultivate association memory in the child to the utmost. Encourage each child to produce drawings on the blackboard, models in paper, or plasticine, to illustrate the lesson given. Especially let arithmetic be associated with concrete examples, so that it may be applied to actual conditions of life known to the child.

Curriculum.

12. Cultivate amicable relations with the normal school in which the myope class is housed. Experience has shown that the heads of normal departments and class teachers are most willing to help the myope classes. Keep a record of the work done in the normal standards day by day. Keep your own children of similar age as near to the same level of work as possible, at least to the appreciation of the broad lines of that work.

13. After any of your children have attended oral teaching in the normal school set them to write out on their blackboards the main facts of the lesson they have heard. Let those of equal standing criticize each other's work. Myopes must not make notes during oral lessons in the normal school.

14. In blackboard work see that the surfaces are black and free from grease; soap and water with a dash of paraffin cleans best. Report defective boards to the proper authority. The

chalk writing must always be done free-arm fashion—that is, at full arm's length. Chalk marks should be thick and heavy, and not spider lines. The size of letters written on the individual blackboards should be two inches in body height for the smaller children and not less than one inch in body height for the older children. Blackboard writing done by the teacher on the demonstration boards should be extra bold and large.

15. Printing with the rubber types is one of the best exercises in precision and care that can be given to the older children. The work fixes the sense of the printed matter in the mind better than any other measure. Printing should be done upright against the wall in a good light. The "copy" to be printed must be written out by the teacher on the blackboard, and not taken directly from a book by the child.

16. Printed wall sheets of type of two-inch body may be used for group teaching; and of type of one-inch body for individual reading by children. The sheet should be clipped on a blackboard at arm's length before the child.

17. The sheets printed by the children, when of good quality, should be added to the class "library." It should be considered a high honour for a child to secure the acceptance of a piece of work for that library.

18. It is possible for a good worker to print extensive passages from selected literature on rolls of paper which may be mounted on rollers for class purposes.

19. Exchange surplus printed sheets with other myope classes; usually a steady supply can be obtained by single classes from centres where there are two or more classes.

20. *Books, exercise books, pens or pencils, of any sort, are not to be used by any of the children in the class under any circumstances.* These articles are to be reserved for the exclusive use of the teacher.

21. The withdrawal of books of every sort from the use of the children is done with the express purpose of cultivating the habit of not reading. Reading is too great a temptation for them, and one that must be avoided habitually. Make the child's chief interest an outdoor interest, then the indoor interest of books will be diminished.

22. Elder children may make permanent records of their work on black paper with white chalk, or white paper with black crayon, the writing to have a body size of not less than half an inch, and to be done free-arm fashion.

23. Every form of handiwork that does not entail close and continuous examination of small objects or markings may be employed. Cultivate the habit of *feeling* processes rather than seeing them. Sewing is prohibited. String work, large bead work, knitting, netting, stick work, basket making, coarse plaiting, woodwork, bent iron work, modelling, weaving, may all be employed. It is important to give each subject some additional associated educational value over and above that of the training of the hands in craftsmanship.

Physical Conditions.

24. Physical conditions react seriously upon the sight of these children. Bodies must be held erect, stooping must be checked daily and hourly. Work must be done at arm's length, therefore work must be large; peering means fatigue. Children must not work facing the light: this should fall from the left-hand side.

25. Glasses must be worn by those children for whom they are ordered, and when broken they should be replaced promptly.

26. Children who live at a distance from the school should be examined on wet days to make sure their feet are not wet. It is good for such children to keep an old pair of shoes at school for use on wet days.

27. Luncheons should be inspected to ensure that the child has a sufficiency of food for the day.

28. Lessons should be short, not more than half an hour at a time. The sequence should be as varied as possible, so that lessons of similar order do not follow each other.

29. When daylight is poor, suspend all blackboard and handiwork lessons, clear the floor of desks, and give singing, drill, physical exercises, or teach geography on a floor map about which the children can walk, or teach history by impromptu acting. Blackboard and handiwork lessons should not be done by artificial light.

30. Physical exercises for myopes may include all those taught to the normal children, except such exercises as involve the body being fully bent forward and downwards. All drill and dancing may be taught, but no jumping should be allowed. These exercises may be done with the normal children. Swimming may be allowed, but not diving; the swimming lesson must be short, especially for the children with scarred eyes. Boxing is absolutely prohibited. Ball games may be played with a soft ball, but not in company with the normal children; the short-sighted children see slowly and so are handicapped and run an extra risk. Skipping may be practised when this is done with regular alternation of the feet; jumping and skipping with both feet together must not be done.

The Doctor.

31. Refer all difficult cases, or where some failure of vision is suspected, to the visiting eye doctor immediately. Reports should be sent to the head office and not to private addresses. Send the medical record in such cases. Keep a note book in which any ordinary difficulty or question regarding the conduct of work may be entered. Ask the eye doctor about these points at his visit; he is there to help you.

The Parents.

32. Cultivate friendly relations with the parents; welcome visits and inquiries from them. The exhibition of the work of the children on specified occasions when parents and friends are invited greatly increases interest in the classes in all quarters, and makes both teacher and child feel that their class is not a side-issue but in the full stream of scholastic progress.

Other Myope Teachers.

33. Cultivate the interchange of ideas with teachers of other myope classes: everything you think of as a possible improvement is worth trying, and so also are their ideas, and the permanent utility of each suggestion should be checked by careful experiment and observation.

Cinematograph and Other Entertainments.

34. Attendance of children of myope classes at cinematograph displays should be discouraged. Short-sighted children suffer readily from eye fatigue, which may cause more lasting injurious effects. All forms of music should be encouraged, particularly playing and singing by ear.

Employment.

35. At frequent intervals discuss with the children, especially the elder ones, the various kinds of employment carried on in the neighbourhood, or other kinds known to you. Point out the advantages of work for short-sighted children that leads the worker to go out and about, and the disadvantages of work that means sitting indoors and at a desk or bench for many hours together.

36. Keep a record of the work that your children go to when they leave school. Invite them to let you know how they get on, and what changes they make in their work. There is much need of careful and continuous records of the progress of these children after leaving school.

Medical Record Cards.

37. The teacher should study these cards so as to appreciate the difficulties of vision of each child. Ask the visiting eye doctor to explain what is not understood. In making any inquiry regarding a child, the medical record card should accompany the inquiry. When a new child is admitted to the class and no medical record is sent, apply for it to the head office. These medical record cards are *strictly confidential* and should be seen by no one except the teacher and the doctors, or other officers of the education department. Parents and friends are not entitled to see them.

ROYAL MEDICAL BENEVOLENT FUND.

At the last meeting of the Committee twenty-five cases were considered and £299 voted to twenty-three applicants. The following is a summary of the new cases relieved:

Widow, aged 67, of F.R.F.P.S.Glas. who died in 1906; has six children. The married daughters cannot give monetary assistance but send clothes occasionally. The eldest son, a doctor, has five children of his own and is only able to allow the applicant 5s. a week; the second son allows a similar amount. Voted £18 in twelve instalments.

Widow, aged 80, of M.R.C.S.Eng. who died in 1881. She mortgaged her property to start her son in business, but he died of consumption in 1915 before he could repay the loan. Then owing to the war she was unable to pay the interest, and the mortgagees foreclosed, leaving her penniless. One daughter has six children and is in reduced circumstances but allows her mother 10s. a week; the other daughter, a widow living on a small income, allows 35s. a week, which is more than she can afford. Voted £26 in twelve instalments.

Daughter, aged 60, of M.R.C.S.Eng. who died in 1881. The applicant has a superintendent's post at a hostel at £50 a year, but is much over-worked, and is in danger of breaking down. Voted £10.

Widow, aged 57, of L.R.C.P.Edin. who died in 1911. She is in very bad health and has only received £4 10s. during the last twelve months by daily catering. This case was brought to the notice of the Fund by the Charity Organization Society, which has been helping the applicant to pay her rent (7s. 6d. a week). Voted £10; the Charity Organization Society has been asked to administer the grant.

Subscriptions may be sent to the Honorary Treasurer, Sir Charters Symonds, K.B.E., M.S., at 11, Chandos Street, Cavendish Square, London, W.1.

The Royal Medical Benevolent Fund Guild still receives many applications for clothing, especially for coats and skirts for ladies and girls holding secretarial posts, and suits for working boys. The Guild appeals for second-hand clothes and household articles. The gifts should be sent to the Secretary of the Guild, 43, Bolsover Street, W.1.