Enemata were necessary on account of obstinate constipation. Inflammation of both lungs and bronchitis then supervened and lasted for seven days. During recovery from pneumonia the child is stated to have gone completely blind, but this symptom probably preceded the onset of the lung mischief. After the illness had lasted for some weeks the baby began to recover her sight, the first object she saw being a tan shoe lying at the foot of her bed. Further improvement took place during the voyage from the Cape to England, which began on April 6th, and has continued since arrival in this country towards the end of April. The baby's eyes were first noticed to squint and to roll about when sight began to be regained.

On Examination.—Pupils 3 mm., with but slight response to light. Slight rotatory nystagmus. Optic discs pallid. Notices objects fairly well. Child walks fairly and talks well. Power over legs (lost during illness) almost regained.

The cases show that an attack of meningitis (or encephalitis) may entail, as permanent evidence of its former existence, (1) incomplete optic atrophy, (2) nystagmus, and (3) paresis of one or more of the extrinsic muscles of the eyeball. These symptoms, it will also be seen, may occur as isolated or grouped phenomena. In the last case to be quoted paresis of the extrinsic muscles was the only evidence of a former meningitis.

CASE VI.—*History of Meningitis at Six Months, followed by Paresis of Abduction in both Eyes.*

Donald W., aged 6 years, brought on June 2nd, 1906, on account of defective sight. Vision was almost normal on correction by suitable glasses of the compound hypermetropic astigmatism that was present. The fundi showed no departures from the normal. The movements of the external recti muscles were obviously defective, so that the outward excursions of the eyes were neither full nor well maintained. On seeking for a cause for this anomaly (which clearly might represent a congenital defect), it was ascertained that, when about 6 months old, the child had been ill for three weeks, suffering from vomiting, incessant moaning, rocking movements of the head, and a high temperature (over 105° F. on several occasions). His father, a medical man, thought the attack was one of meningitis, a view concurred in by another experienced practitioner who was called in. But when recovery took place the symptoms were put down to influenza.

In conclusion, I desire to state plainly that the present communication lays no claim whatever to originality. The existence of cases such as those I have described has been known for many years to some observers, although, so far as I am aware, they have not yet found their way into textbooks either of general medicine or of ophthalmology. For example, Mr. Edward Nettleship published¹ in 1883² a communication "On Cases of Recovery from Amaurosis in Young Children." Of the 19 cases of which notes were given in that important communication, Nos. 6 and 9 appear to belong to the group I have ventured to describe on this occasion. In a later contribution³ the same distinguished observer requoted two of the cases alluded to in his former paper.

REFERENCES.

- ¹ *Royal London Ophthalmic Hospital Reports*, vol. xiii, 1893, p. 404.
² *Transactions of the Ophthalmological Society of the United Kingdom*, vol. iv, 1884, p. 243. ³ *Royal London Ophthalmic Hospital Reports*, vol. xi, Part VI, July, 1887.

MEDICAL INSPECTION OF SCHOOLS.

SOME NOTES ON ORGANIZATION.

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As so many medical men are now about commencing the medical inspection of schools, it may be interesting to give a few notes as to the methods to adopt on starting. There will be a large amount of clerical work, and it is therefore highly important that medical men should make use of all modern business methods which will simplify the work and save time and labour.

The Board of Education has suggested the adoption of a card index system, and my experience of working a card system leaves no room for doubt that it is the most suitable. At each school a box or drawer will be required to hold the cards. These are generally made of oak of the "single drawer" kind. If, however, a more economical alternative be desired boxes of white wood covered with cloth can be used. Boxes of japanned tin or steel, similar to deed boxes, have also been placed on the market. These have covers on the folding-door principle, and are about half the cost of oak cabinets. Still cheaper are small cardboard boxes, which would do for small rural schools. These

cabinets are generally made in full size to hold about 1,000 cards and about half size for about 500 cards. The latter size will be most suitable in an ordinary elementary school. My experience is that all rods or duplex rods are quite unnecessary, as the cards keep in their places perfectly without them. In each cabinet guide cards which have a projecting tab, lettered alphabetically, are placed, and it would be an advantage if other cards with tabs numbered for each standard or class were used.

Cards.

Probably the most useful size is the 5 in. by 8 in. The large card (10 in. by 6 in.), issued as a specimen by the Board of Education, is too large, and very greatly increases the expenses of cards and cabinets. In choosing a card it ought to be remembered that thin, specially-made linen-stock cards are best. These are very tough, and are far preferable to the thick cards sent out as specimens by some firms. The choosing of cards is a very important matter, as they have to be in use during the whole period of the school life of the child. Besides this, a thick card takes up so much more space, and larger cabinets will be required. Any of the large card index firms will show the kind of linen-stock card best adapted for this work, and the extra cost of having a good card is well worth it. It is well to have two colours, or white and some colour, to distinguish boys from girls.

The Board of Education has issued a schedule of medical inspection, which they state is the minimum required from the school medical officers. It would be wise, especially in the first year, to follow closely all the details on this schedule, especially as it is highly important that there should be uniformity of medical inspection throughout the country. But in the form of the card considerable changes could be introduced with advantage.

I have drawn up a card which is reproduced here (p. 143) on a reduced scale. The card itself is 5 in. by 8 in., and may have the right hand top corner cut off. This is a little wrinkle adopted by the medical officer (education) of the London County Council, Dr. Kerr, and allows the cards to be arranged in proper order, as a card upside down or misplaced could readily be seen. This card varies very considerably from the specimen sent out by the Board of Education, but it is based on long experience of working a card index system.

The name (with surname first) should be placed at the top of the card, and on the right of the same line the exact date of birth. In looking over the cards the name of any particular child can then be seen at a glance, and similarly those of children born in any particular year.

As children move about from one school to another, besides being transferred from the infant school to the school for older scholars, it is necessary to have several spaces to record transfers, and a record of the date of leaving would also be useful.

It is highly important that the medical officer should have a record of attendance, if possible, during the whole school life of the child. With the improving average attendance of the last few years it may be taken as a broad general rule that bad attendance is oftenest caused by ill-health or by bad home conditions. A complete record of the attendance will therefore be of great assistance. Possibly also such a record where the child has been in several schools may save the teachers from hunting up old registers.

As there are spaces for twelve years, enough in most cases to cover the school life of the child, it is better to place the height and weight record immediately below the attendance rather than on the other side of the schedule, which only allows for four records to be taken. If height and weight are to be of any use in showing the growth of the child they ought to be recorded at least every year, and where possible this ought to be done. In any case if only done at the four inspections it can be recorded under the appropriate year. These additional data would not entail very much extra work, but would be of great value in the records.

With regard to the personal health columns, it is necessary to record illnesses after admission as well as previous to admission, and medical officers will probably have their own ideas as to which diseases to include. Those additional ones which I have included in the specimen card, all have direct bearing upon the child's fitness for school work.

NAME (Surname first).....						BORN.....						1.....	
ADDRESS.....													
SCHOOL.....												DATE OF LEAVING.....	
DATE OF ENTRY OR TRANSFER.....													
YEAR.....													
Actual attendance ...													
Possible attendance ...													
(5) Height ...													
(6) Weight ...													
PERSONAL HISTORY BEFORE AND AFTER ADMISSION.													
		Measles.	Scarlet Fever.	Diphtheria.	Whooping-cough.	Chicken-pox.	Mumps.	Rheumatism.	Brain Fever.	Chorea.	Epilepsy.	Hernia.	
BEFORE													
AFTER													
FAMILY HISTORY.							GENERAL OBSERVATIONS.						
DIRECTIONS TO PARENTS OR TEACHERS.													
I.			II.			III.			IV.				

Card for medical inspection; size 5 in. by 8 in.

		I.	II.	III.	IV.			I.	II.	III.	IV.
1	Date of inspection ...					13	Ear disease ...				
2	Standard and regularity of attendance					14	Hearing...				
3	Age of child ...					15	Speech ...				
4	Clothing and foot gear ...					16	Mental condition ...				
7	Nutrition ...					17	Heart and circulation ...				
8	Cleanliness and condition of skin					18	Lungs ...				
	Head ...										
	Body ...					19	Nervous system ...				
9	Teeth ...					20	Tuberculosis ...				
10	Nose and throat ...					21	Rickets ...				
	Tonsils ...					22	Deformities, spinal disease, etc.				
	Adenoids ...					23	Infectious or contagious disease				
	Submaxillary and cervical glands					24	Other disease or defects ...				
11	External eye disease...										
12	Vision / Right ... Left... ..										
							Medical officer's initials ...				

Reverse side of card for medical inspection.

The space devoted to family history, etc., is rather limited, but one thing is pretty certain, that in ordinary cases medical officers will not be able to do much writing on the cards. Any detailed notes will need a supplementary card. In making these records, "Yes" should be indicated by a X and "No" by O; doubtful being marked—? In the same way Arabic numerals should be used as marks in exactly the same way as teachers correct lessons—for example, in estimating mental development, 3 might be taken as the average child, 4 being just above and 5 much above the average, 2 being just below the average, and 1 much below the average.

On the reverse side of the card the items on the Board of Education Schedule ought to be placed horizontally in two columns, of course leaving out Nos. 5 and 6—height and weight, which have already been provided for. It is a great help in looking over the card in the drawer if the reverse side of the card is printed upside down, so that it can be read *in situ* at the back without taking out the card.

Though in the first year only those children entering school and those leaving will undergo the systematic examination, it is clear that the teachers will during the year draw the attention of the medical officer to any child obviously suffering from some defect or illness. It will therefore be necessary, as the drawer or box for the cards will be in each school, to have a card prepared for every child on the register, whether due for examination or not.

As the children are arranged in classes, the simplest plan would be to give to each class teacher a card for each child in his or her class. The teacher would then fill in the name, age, and address of the child, together with the date of entry into school and, where known, the attendances.

When completed, all the cards of the children in a particular school will be stored in the drawer, arranged in order under each separate class or standard. When the medical officer visits the school to make the medical examination it will be found that many of the children due for examination will be in the same class, which will simplify the marshalling of the children. After the examination of the child, the card will be placed back in the drawer but behind the alphabetical guide card. This will divide off all children who have been examined from those in the school who have not been examined.

In order to secure the support of parents in this work, perhaps it would be wise to send a circular letter to each parent, explaining the objects of medical inspection, asking for their co-operation in what must prove of great benefit to the child—that is, the early detection of any illness or defect. It might also be explained that due notice of any examination could be sent, so as to secure the presence of one of the parents if possible. This is a specimen circular:

EDUCATION COMMITTEE.
MEDICAL INSPECTION OF SCHOOL CHILDREN.
To the Parents or Guardians.

The Education (Administrative Provisions) Act, 1907, renders obligatory the Medical Inspection of all children attending Elementary Schools, and in accordance with the requirements of the Act, the above Authority has appointed a Medical Officer to visit the Schools. It will be his duty to watch over and look after the health of the children, and in case of illnesses or defects, notify the parents, so that steps may be taken to remedy the defect or illness.

In the first year it is not intended to examine systematically every child except those who are entering or leaving School. In making the examination, however, the hearty support of the parents is asked for, in what must prove to be of great benefit to the children, i.e., the early detection of any illness or defect.

The parents can aid very much in this matter, and the examination of the child can be better done in the presence of the parent, and where a child is to be examined systematically, a notice to this effect will be sent to the parent.

But even where there will be no examination of a child in the first year, the Education Authority feel that it would be of great benefit if the School Medical Officer had a record of the previous illnesses of every child in the Schools. The parents are, therefore, asked to kindly co-operate in this matter by filling in the enclosed form, and returning it to the School.

The information will be considered as confidential, as far as the name of the child is concerned, but will be of great use in estimating the health and physical condition of the child.

With this circular a small card, 3 in. by 5 in., would be enclosed, with a request that it be filled in and returned to the school.

EDUCATION COMMITTEE.

NAME.....
.....SCHOOL.

Has ^{he}_{she} ever had any of the following Diseases?

	Yes or No.	What Year.
Measles		
Scarlet fever		
Diphtheria... ..		
Whooping-cough... ..		
Chicken-pox		
Mumps		
Rheumatism		
Brain fever... ..		
St. Vitus's dance... ..		
Epilepsy (or fits since infancy)		
Rupture		
Any other illness		
Any Consumption in the family		

Signed.....

After the examination of a child a notice should be sent to the parent of any illness or defect. The best plan to adopt would be to have printed cards, size 3 in. by 5 in. It is important to adopt one of three uniform sizes for all cards, and I have suggested this size as being one of the usual stock sizes used by card index firms—that is, 5 in. by 8 in., 4 in. by 6 in., and 3 in. by 5 in. Several varieties of cards will be required, all of different colours, and card-board boxes, technically called "transfer boxes," can be obtained for this sized card at a very cheap rate for storage purposes.

On one side of the various cards there should be a notice to the parent that the child has been examined, and that the condition mentioned on the *reverse* side of the card has been found, and asking that the child be medically attended to. A perforated slip, with a request that it be returned after being signed, and stating that the notice had been read and a promise to have the matter attended to would be an advantage.

On the reverse side of the card could be mentioned various diseases, each on a card of a different colour—for example:

Eye disease.
Adenoids.
Defective teeth.
Discharging ears.
Blank form where the name of the disease would have to be written.
Neglect to attend to a former notice.
To keep the child at home until medically attended to.
Enlarged glands.
Skin disease.
Neglect of the child.

Each of these cards ought to have a little explanation pointing out the grave dangers of neglect of these conditions, and by having one side of all the varieties of cards printed alike, the cost of printing would be reduced.

These cards, with others, giving notice of intended visit at any particular date from the school medical officer to the head teacher and from the head teacher to the parents, inviting them to be present at the examination of their children, would be all the cards required, at all events to install the system.

THE late Mr. Thomas Gibbins, of Edgbaston, bequeathed £1,000 each to the General Hospital and the Queen's Hospital, Birmingham; £200 each to the Birmingham and Midland Eye Hospital, and the Ear and Throat Hospital, and the Hospital for Women, in the same city; and a similar sum to the Birmingham Orthopaedic and Spinal Hospital.