of cutting down the salaries whenever a vacancy occurs (as they are prone to do), either a larger number of inquiries will be held in the ensuing five years than need be, or the coroner will be inadequately paid. It is not difficult to prove that this cheese-paring policy defeats its object. For, if instead of thus seeking to save expense, the coroners were permitted to pay a reasonable fee of, say, 10s. 6d. to qualified practitioners for supplying information (often in their power to give) which would enable the coroner to dispense with inquest on receipt of notice from the police or registrar of a death appearing to demand investigation, it is obvious that many thousand pounds would be saved the county rates which, under the present short-sighted system are needlessly expended.

An enlightened council would probably prefer to make arrangements for supplying a decent central court (at least in thickly-populated places) with mortuary annexed, so that the present objectionable custom of holding inquests in the public houses might be less frequently resorted to, and the witnesses and jurors saved from the temptation to which they are now exposed. Moreover corpses need not then be left (perhaps for several days) in small tenements with accommodation hardly sufficient for the living members of the family, but in which one room must now be given up for the body of the deceased, a practice which modern ideas of sanitation has emphatically condemned.

These are some of the benefits to the public which medical coroners may be trusted steadily to pursue, and, through the medium of the BRITISH MEDICAL JOURNAL, perhaps eventually to attain.

THE EYESIGHT OF SCHOOL CHILDREN.

By J. F. BULLAR, M.A., M.B., F.R.C.S.,

Ophthalmic Surgeon, Free Eye Hospital, Southampton.

IN a leading article on Sight Testing in the *Mercantile Marine* in the JOURNAL for June 9th attention was called to the great advantage to be gained by the examination of the sight of all children at an early age at school.

Not only at sea but in many other capacities people are continually being handicapped by taking up employments for which their sight makes them ill-fitted.

I have come across scores of cases in which needlewomen, tailors, clerks, and others engaged in fine work have had to give it up or could only continue it with difficulty and did it indifferently on account of high degrees of astigmatism, hypermetropia, or other conditions affecting the use of the eyes.

Although great help may be given by glasses it is quite as unreasonable for a highly astigmatic man to become a tailor as for a man with a wooden leg to be a peripatetic country postman.

Some time ago I was asked by the Government Inspector of Schools for this district to examine the sight of the Board School children (about 16,000), but as the work was to be unpaid I was obliged to decline. However, we talked the matter over, and, eventually with the co-operation of the inspector—Mr. Rooper—I drew up some tables with which it should be easy for any master or mistress to make a preliminary test which could hardly allow any serious defect of sight or high degree of hypermetropia to escape detection.

The tables are divided into columns headed as in the specimen entries below:

No.	Date.	Teacher's Initials.	Name of Child.	Age.	Test 1.		Test 2.		Teacher's Remarks.	Medical Notes.
					Right Eye.	Left Eye.	Right Eye.	Left Eye.		
1	21-6-1900	J. B.	M. E.	9	6	6	12	12	—	—
2	21-6-1900	J. B.	R. J.	8	18	18	9	9	Cannot read well	To be examined.
3	23-6-1900	A. W.	K. R.	10	9	18	6	13	Has a squint	To be examined.

They are accompanied by the following instructions for their use:

"The apparatus required for both tests is a set of test types (made for these tables by Curry and Paxton), and for Test No. 2 a pair of spectacles with round glasses $\frac{1}{2}$ inch in diameter, with lenses + 1.50 D.

"Directions for Test 1.

"1. Fix the card of letters in good light. The light should be daylight, but not direct sunlight. The child should stand with his toes on a chalk line 20 feet from the card.

"2. Cover first the child's left eye. Let him attempt to read the rows of letters on the card from the top downwards. Enter in Column 6 of the tables the number which is printed over the last line of letters which the child can read perfectly.

"3. Cover next the right eye, and after proceeding as before, enter in Column 7 of the tables the number printed over the last line of letters which the child can read perfectly.

"Directions for Test 2.

"Let the child put on the glasses.

"1. Cover the left eye (over the glass) and let the child attempt as before to read the letters from above downwards.

"Enter in Column 8 the number over the last line he can read.

"Cover the right eye (over the glass) and proceed as before, and enter in Column 9 the number over the last line the child reads perfectly.

"CAUTIONS.

"(a) A fresh card must be used for every test.

"(b) The child must not look at the card with both eyes, nor have time to study the card before the test is applied. Hence the child should be placed on the chalk line and one eye covered before the card is hung in his view, and only one child at a time should be admitted into the testing room. In this way learning the letters by heart is avoided.

"(c) Note that the child may chance to see better with the glass, or worse, or the glass may make no difference.

"(d) The column for the teacher's remarks should contain notes of obvious defects, such as sore eyes, squint, etc. No child should be tested until it is certain that it is familiar with all the letters of the alphabet.

"(e) Observe that Test No. 1 excludes all practical important defects except long sight, and that long sight is controlled by Test No. 2."

The last column is intended for the use of the medical man to whom the tables should be sent when they are filled up. He will leave it blank opposite the names of the children whose sight is perfect or nearly so, and merely note those who require examination, either on account of bad sight or of hypermetropia, as shown by reading well in the second test.

For practical purposes it would be unnecessary to trouble about slight defects of vision or slight degrees of hypermetropia, and it would, of course, be easy to alter the strength of the + glass used in the second test if it should be found desirable.

The tables which I have described are intended, of course, merely to ascertain the existence of defects and not their nature. My idea is that some such test should be used in all schools, and that the master should inform the parents of those children whose sight appears to be defective.

If at present this is a counsel of perfection with regard to the Board Schools—and it is not for me to decide whether money is better spent on starting a poor child in a suitable career or in the endeavour to teach it French and the anatomy of frogs—it might at any rate be carried out in schools for the wealthier classes, and we should then see fewer cases of boys disqualified by defective sight after having suffered the process known as cramming for the army and navy.

THE MILAN COMMITTEE for the establishment of a sanatorium for poor persons suffering from consumption, of which Dr. Gatti is President, has collected £24,000, and is engaged in the preparations of building a first sanatorium.

THE COOMBE LYING-IN HOSPITAL, DUBLIN.—At a meeting of the Governors of the Coombe Lying-in Hospital, Dublin, held on December 17th, Mr. Thomas George Stevens, F.R.C.S.I., was elected Master in the room of Dr. F. W. Kidd, whose Mastership had just terminated after the usual seven years of office. Mr. Stevens held the post of Assistant Master in the Coombe Hospital for the usual period, and at its expiration was appointed Gynaecologist at Jervis Street, Dublin, a position which he still holds.

PRESENTATION.—Dr. Alexander Buchanan (nephew of the late Professor Robert Buchanan of the Chair of Logic in the University of Glasgow), who has been medical officer in the parish of Tiree for forty years, has been presented with his portrait in oils along with a very handsome writing desk as an expression of the high appreciation of the parishioners. The presentation was made by Mr. Hugh Macdiarmid, factor for the Duke of Argyll.

These tables have been published at their own risk and expense by Messrs. Cox and Sharland of Southampton.