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**THE ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER
FOR EDUCATION.**

THE Annual Report for 1908 of the Chief Medical Officer of the Board of Education has just been published, and the sections dealing with the nose and throat (pp. 57-9) and ear disease and hearing (pp. 61-4) are interesting reading.

The returns given from different parts of the country as to the prevalence of tonsils and adenoids vary as to the number of children affected, but from 8 to 10 per cent. of all children examined on admission into school appears to be the average. Comparisons between the returns from different counties, boroughs, and urban districts, though of little comparative value owing to the fact that the affected children are not classified in age-groups, are interesting. Flintshire is the lowest with 4.1 per cent., Lindsey highest with 15.7 per cent., whilst Middlesex comes close upon the latter with 13.7 per cent. Of boroughs and urban districts Aston Manor heads the list with 14.9 per cent., and Bradford, with 7.3 per cent., is the lowest. It is significant that at Bradford efficient medical inspection has been longest in existence.

One paragraph is pregnant with the importance of medical inspection. "There can, however, be but little doubt that with the facilities which medical inspection affords for interviewing the mother of the child, and the help that may be expected from the school nurse . . . , there will be less reluctance than heretofore on the part of parents to submit their children to operation." If this prophecy be fulfilled medical inspection will have an enor-

mous influence for good in the future condition of the ear, nose, and throat of our citizens.

The Report further points out that the treatment of tonsils and adenoids does not consist simply in their removal by the surgeon, but that breathing exercises and hygienic surroundings are necessary, and the excellent advice is given that, where possible, the child should be sent to an open-air school for one or two months.

In the section devoted to ear disease and hearing we find that returns show that otorrhœa is present in 1 out of every 60 children examined, in infants about 1 in 30. If we compare the county returns for ear discharge with those for adenoids, we find that Flintshire has only 1 in 117 (Lindsey and Middlesex are not given), and as this is the second lowest figure, Yorkshire (W.R.) being highest with 1 in 43, the importance of adenoids in causing ear disease is well shown. Of the towns, Bath is highest with the remarkable figure of 1 in 13. The gravity of the condition and the urgency for treatment is insisted upon.

As regards defective hearing, the approximate average is given as 5 per cent. of school children; the actual returns vary between 12·9 per cent. for Worcester and 1·0 per cent. for Leicester. The Report insists upon the examination of all children backward in speech, inattentive, dull, or backward at lessons, and of those whose parents give a history of deafness in the child. We are glad to read, in connection with testing, that "the ability of the child to hear the ticking of the watch at varying distances from the ear, though a very convenient method, is frequently fallacious, especially in the case of younger children. The test by means of the forced whisper is probably the most suitable one to adopt generally."

The foregoing remarks will show the enormous importance of school medical inspection to otologists and laryngologists, and the great promise it gives as to the prophylaxis of ear and nose diseases in future generations. It is sincerely to be hoped that this promise will be fulfilled, that medical inspection will grow and prosper, and that future governments will be manly enough, and far-sighted enough, to withstand the comment of ignorant parents whose votes they wish to retain, and will not, for party reasons, sacrifice it and with it the future good of the Nation. In a word, it is devoutly to be trusted that compulsory medical inspection may never meet the fate of compulsory vaccination.

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