be quite up to the task imposed on them by the anesthetic and the operation, so that when all seems to be progressing ideally, some one organ is liable to break down, and the patient succumb, when more careful preparation for the operation would have averted the fatality. Sudden diabetic coma, unexpected heart failure, cerebral hemorrhage from an overlooked contracted kidney, cystopyelitis or an irreparable psychosis might thus have been warded off if precautions against the special danger in each individual case had been taken or the psychic balance of the patient had been correctly estimated. He makes it a principle to inaugurate a systematic course of heart tonics before attempting any operation in case of a long existing myoma, as these growths and cancer are always accompanied by impairment of the heart and blood. In case of much hemorrhage, however, he refrains from heart tonics and saline infusion as liable to increase the tendency to hemorrhage and to dilute and possibly lake the blood. Even a small amount of salt solution may have this last effect. A little morphin, he declares, is the best means of combating the air hunger of anemia and conserving the heart energy. He remarks that all anesthetics have a more or less injurious action on the kidneys and even after spinal anesthesia the amount of albumin and formed elements in the urine notably increases; in pregnancy nephritis, spinal anesthesia is particularly dangerous on this account. If pathologic conditions in the kidneys are suspected they should be treated, the physician meanwhile striving to learn whether or not this complication contraindicates operation.

Every form of diabetes contraindicates all except urgent operations; coma is liable to develop in diabetics after inhalation or even local anesthesia, and Füth has reported a case of death after myomectomy under spinal anesthesia. Holzbach reports another case in which death followed in coma 48 hours after spinal anesthesia, preceded by the scopolamin "twilight sleep" from which the patient never roused. Purging enemas, etc., should be restricted to the minimum in diabetics before operations, while the food should be extra nourishing. With the transverse incision the intestines do not interfere with the field of operation, no matter how engorged they may be, while the bowels move afterward just as well whether the patient was purged beforehand or not. In fourteen recent major operations no attempt was made to keep the patients on a special diet or to empty the bowels before the operation and no meteorism followed while the bowels moved after the operation unusually early.

Subnormal Children and the Public School.—Henry H. Goddard (*Training School*, September, 1910) discusses what the public schools can do for subnormal children. He defines a subnormal child as one who is unable to do school work at the usual rate or who is behind his grade. The temporarily subnormal are those whose backwardness is due to sickness, physical impairment or unfavorable environment, who when the cause is removed will progress at a normal rate. The development of permanently subnormal children, if not at once totally arrested, is at least permanently retarded so that they become increasingly below the normal child of corresponding age, finally becoming completely arrested. These are the feeble-minded. They may be divided into (1) those whose development is totally arrested before the age of 3 (idiots); (2) those whose development is permanently arrested between the ages of 3 and 7 (imbeciles); (3) those whose development is arrested between the ages of 7 and 12. These it is proposed to call "morons," from the Greek word for fool—one who is deficient in judgment or sense. The morons and the imbeciles are the ones with whose development the schools are concerned. The school should give special attention to every child a year or more behind grade. Generally a sufficient physical reason can be found for his backwardness. If the reason is defective sight or hearing, the child should be sent to a specialist. If the reason lies in previous sickness or change in attendance from one city system to another then he may not need special care. If no condition of environment or of the physical organism is at fault, the child is either a moron or an imbecile, will always be behind and his development will finally stop completely some time before he is 12 years old. If his development becomes arrested at 6 he is an imbecile; if between 7 and 12 he becomes a high-grade feeble-minded child who can be trained to do a great many things, but who can never be made competent to take care of himself without direction. An examination in groups of these high-grade children, selected from 10,000 feeble-minded, shows that they are more variable in their growth and that they cease growing from two to three years earlier than the normal children. The lower grades are much farther below the normal in this respect. Such children must be taken out of the regular grades and given a special instructor who has been trained to understand them and to deal with them according to their natures. Mentally defective children constitute from 1 to 2 per cent. of the children in every school.

Value of Tuberculosis Classes to the Community.—In discussing this question, R. C. Cabot (*Journal Outdoor Life*, October, 1910) says: "A tuberculosis class is a weapon in the war against consumption. It is on the whole the most important weapon that we have, for in nine-tenths of the cases it is the only weapon available. Not more than one-tenth of those who suffer from tuberculosis can afford a change of climate or can be cared for in a sanatorium. The remaining nine-tenths must die unless they can be cured at home. This home treatment, with the hope of a home cure for tuberculosis, is the goal for which the tuberculosis class aims. The essentials of a tuberculosis class are: (a) a physician who knows tuberculosis thoroughly and is willing to give his time for a few hours a week to the examination of suspected cases and the general supervision of their treatment; (b) a nurse or trained visitor, who will carry out in the homes of the patients the details of the physician's instructions; (c) for the support and guidance of the undertaking, an antituberculosis association, whose members succeed by hook or crook in collecting between $750 and $1,000 a year. . . . One of the valuable functions of a tuberculosis class is to spread abroad the knowledge that not all tuberculosis, but only neglected tuberculosis, is dangerous—that not every patient, but only those who do not destroy their sputa and who neglect to cover the mouth while coughing, are a danger to others. The mere presence or contiguity of a consumptive is not dangerous. The presence of a tuberculosis class in a town, through its effect on public opinion, will tend to compel doctors and boards of health to obey the law. Rich and poor are alike in danger as long as there is tuberculosis not properly cared for in the community. In streets, public buildings, electric and steam cars there is always danger of contracting the disease as long as a single consumptive is allowed to remain ignorant of the dangers he scatters around him. To build a fence between the sound citizens and those infected, we need not so much isolation hospitals as we need home care and home teaching for every sufferer. When the patient refuses to protect himself and the rest of the community by adequate care of his sputa, the board of health should execute its authority, as it does in other contagious diseases."

Some Medical Aspects of Aviation.—Dr. E. Reymond of Paris is an experienced aviator besides practicing medicine and serving in the senate. He recently delivered a lecture on aviation at the Société de l'internat which is published in its bulletin (1910, vii, 223). He analyzes the flight of birds, remarking that he never had understood it until after he had tried to fly himself, and then describes his sensations as the monoplane rises with him and, being unable to see over the edge as it rises, he does not know whether he is going up or not. The injuries from a fall are about the same as from a fall from a high roof and the possibility of fracture of the spine or base of the skull calls for lumbar puncture. On the whole he has found that the accidents are much less serious than anticipated. In a recent collision between two aeroplanes at a height of about fifty feet, one aviator was extensively scratched and bruised but the lesions were all superficial. The other aviator was unconscious, but not even a bruise was found on him when he was taken from the machine, and two days later he was aviating again. Reymond remarks in conclusion that the sight of the aviator