Helping the Child with Dyslexia

Nearly 10-15% of school children have some difficulty in reading(l). The management of dyslexia is quite unsatisfactory. A simple step that should help a child with dyslexia who is studying in an English medium school would be to transfer him to a school where the medium of instruction is his mother tongue. This will be beneficial because:

- (i) The child with dyslexia has a better command over his mother tongue than English. He thinks in his mother tongue. When he learns something in school he has to read in English, translate this mentally into his mother tongue, understand it, and then memorize the information in English. This applies until he becomes very fluent in English. The child with dyslexia already has significant comprehension difficulties, and the above process will multiply his defect.
- (ii) In All Indian languages there is a clear and specific correlation between the spelling of a word and its pronounciation. Thus it is easy to associate a letter with its sound, which is the first step in learning the art of reading. English, however, offers

multiple obstacles at this step. "Put" and "Cut" are spelt similarly and pronounced differently. The word grouping "gh" is pronounced differently in "rough" and "though", and in neither word is it pronounced similar to the letters "g" or "h".

(iii) Excepting the most severely affected children, most children with dyslexia will show significant improvement if they receive personalized attention from an individual who has plenty of time and patience. This can only be a dedicated parent. (a home tutor is a costly alternative). As a general rule, parents would find it easier to teach their children in the mother tongue.

This is not to imply that a child with dyslexia should receive an inferior education, it is a plea to lessen the language burden of the child, thus enabling him to develop his overall potential.

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Myasthenia Gravis Masquerading As Ocular Injury

Myasthenia gravis in children is rare and its presentation could vary. However, presentation as an ocular injury is unusual. General practitioners and Pediatricians should consider Myasthenia gravis in any child who presents with symptoms of ptosis. We report a child who presented to us with unilateral ptosis secondary to history of ocular injury.

A 7-year-old girl presented with dropping of left eyelid secondary to injury near, the eye. She had inguinal hernias for which she had undergone surgical correction in the past. The Casualty Officer found no