

It is the wrongly fed, insufficiently rested child that most readily develops physical deformity. The fatigued nervous system is expressed in general bodily slackness. There is deficient muscular and ligamentous tone. The typical faulty posture is thus acquired, with drooping head, flat chest, wing shoulders, prominent abdomen. Vitality is depressed, and the bodily mechanism out of gear. For the prevention of defect a simple routine is needed where adequate rest alternates with free exercise and play, and where full advantage is taken of sunlight, fresh air, and suitable food. The school curriculum should permit of this. It is essential that the class-room should offer hygienic conditions—*e.g.*, good lighting and ventilation, suitable furniture, &c. Few young children get sufficient rest. Absolute relaxation in the recumbent position for half an hour daily would be a boon to primer children, and also to all who suffer from physical or nervous fatigue.

The answer to the question, "When does a deviation from set standard become a defect worth recording?" is difficult. We wish to emphasize the fact that Dr. Bakewell's paper is suggestive rather than dogmatic. The ultimate test of physical perfection must be the reaction of the individual to life. Many minor defects of posture noted are almost certainly only of æsthetic importance, since physical and mental endurance are often found in association with the unathletic frame. From careful observation and consideration of evidence in future, however, we hope to obtain more definite information with regard to the physical development of the New Zealand child.

#### TUBERCULOSIS CONTACTS.

The system of following up and keeping under supervision children from homes where there is an inmate suffering from tuberculosis is being satisfactorily established. The percentage of such contacts showing actual sign of infection is extremely small, but there is no doubt but that, as a group, they show a higher proportion of subnormal nutrition. In Dunedin the open-air school at Kew continues to do good work for children of this type.

In Auckland a civic effort is being made to establish a "sunshine school," in the management of which officers of the School Medical Service will co-operate. Here it is hoped to provide such measures as open-air class-rooms, extra feeding, sunlight treatment, &c.

#### THE PRE-SCHOOL CHILD.

Examination of kindergartens is being put upon a more established basis. In the Wanganui District arrangements for the examination of pre-school children are being freely utilized, the results of this work being its own justification.

#### MENTALLY BACKWARD AND FEEBLE-MINDED CHILDREN.

The passing of the Mental Defectives Amendment Act, 1928, gives opportunity for better provision for the ascertainment and care of feeble-minded children. With the establishment of psychiatric clinics it will be possible to obtain not only the expert examination of many cases which at present do not attend school, and therefore escape notice, but the better classification for training and educational purposes of feeble-minded children at present in special classes and special schools. All School Medical Officers appreciate the urgent necessity for such a measure.

#### MEDICAL EXAMINATION OF TEACHERS.

The result of the medical examination of entrants to the teaching profession last year showed that out of 657 applicants 20 per cent. suffered from faulty posture, 20 per cent. from dental caries, 8 per cent. from some degree of obstructed breathing, 16 per cent. from some degree of goitre, and 13 per cent. from defective eyesight. Since the percentage of defective eyesight of Standard VI children examined in the primary schools last year was only 4.6, it is evident that there must be a great deterioration of vision during the secondary-school period. In many cases the relationship of this defect to excessive study is apparent.

*Reasons for Rejection.*—For thirty-two candidates for entrance into the teaching profession rejected as physically unfit the reason given is as follows: Tuberculosis (past or present), 4; poor physique, 6; poor physique plus unhealthy tonsils, 1; poor physique plus defective eyesight, 2; poor physique plus defective posture, 2; poor physique plus cardiac irregularity, 2; dysmenorrhœa, 1; defective eyesight plus nervous instability, 1; defective eyesight plus goitre, 1; defective eyesight alone, 3; goitre, 3; congenital heart-disease, 1; rheumatism, 1; nervous debility, 1; fæcal fistula, 1; mastoid, 1; fainting-attacks, 1.

There is no doubt as to the desirability of secondary-school pupils receiving regular medical examination as do children attending primary schools. At present an arrangement is being made by which all applicants for entrance into the teaching profession are examined one or two years before the termination of their secondary-school life. By this means unsuitable candidates are rejected at a time when they are able to devote themselves to preparing for another means of livelihood. There were appointed in New Zealand last year 565 pupil-teachers, all of whom, in addition to some hundreds of rejected applicants, were examined by School Medical Officers.

The evidence of School Medical Officers in general indicates that the standard of physical fitness of applicants for entrance to the teaching profession is not as high as it should be. Moreover, the amount of remedial defect found among them is sufficient to indicate that supervision of the health of boys and girls in secondary schools is inadequate. We should certainly look forward to the day when a candidate for entrance to the teaching profession or for the Public Service should be able to produce a record card showing his medical history from the time of his beginning school until the day of his seeking employment, as could easily be provided by extending medical inspection to secondary schools.