Of the 356 children examined by Dr. Short, 322 were negative and were dismissed for twelve months. Thirty showed signs of some tubercular infection—of these nineteen were treated by general preventive measures only (extra diet, milk, cod-liver oil, &c.). Nine, in addition, received tuberculin inunction—one as an inpatient, the others at home; two received ultra-violet ray therapy. All this group were re-examined at three or six monthly intervals by Dr. Short, with frequent visits made to the homes by the school nurse.

In 1930 twenty-one cases showed some positive signs; four were carried on in 1931 and are included in the thirty cases mentioned above. Seventeen improved to such a degree that the routine twelve-monthly review was considered sufficient.

Thirty-four children were examined by the ear, nose, and throat specialist. Some of these represent several weeks as inpatients, or repeated visits to the outpatient department at different times, and include mastoid and antrum exploration, removal of T.B. glands, &c.

With regard to the exposure to infection, the following figures may be of interest:—

(*a*) Number of children recently exposed to infection (*i.e.*, active case in the home or recently deceased) 291

(*b*) Number of children not recently exposed to infection (*i.e.*, latent case in the home or long deceased) 375

Of the thirty cases showing signs of infection, eighteen at least come from group (*a*); three of the others are Maoris.

For the child who is a tuberculosis contact, removal from his home environment to a health camp often offers the best hope, and justifies our efforts to establish some such means of care and supervision on a permanent basis.

Goitre.

The results of the routine examination by School Medical Officers indicate a decrease in the general incidence of goitre. Dr. Baker McLaglan, who has given special attention to the question, states, "Goitre is certainly not on the increase anywhere. It has markedly decreased in Canterbury, as shown by my statistics taken at the close of 1929. It is too soon to say, but I have the impression that it is beginning to decline on the West Coast, too. . . The use of iodized salt is now almost universal." On the other hand, Dr. Mecredy, Medical Officer of Health, Taranaki, a district hitherto credited with a low incidence of goitre and possessing a relatively high iodine content of soil, states, "As my reports for the last year indicate, I am now certain that there is a definite increase in the incidence of goitre throughout the Taranaki District as a whole. In some parts this is more marked than in others. From 1927 to 1929 I found that just over 10 per cent. of the children examined had goitre, and just over 2 per cent. a "visible" goitre. In 1930, however, the figures were 21 per cent. for total goitre and 8 per cent. for "visible" goitre, while in the year under review the figures were respectively 39·4 per cent. and 14·7 per cent. This indicates a rather startling increase, and does not seem to be in accord with the theory that iodine deficiency is responsible."

These findings give support to the view that low iodine content of soil is only one element in a complex situation, and that, when endeavouring to determine a cause for goitre, consideration must be given to the interaction of other influences as body hormones, toxic absorption from the bowels, &c. Further investigation into the question of goitre in Taranaki is now being undertaken. It is to be noted that the Dominion annual consumption of iodized salt shows a steady increase.

Physical Education.

In conjunction with the Physical Instructors of the Education Department corrective classes have been established where practicable. In Wellington Dr. Bakewell reports favourable results from three corrective classes established last year. The class at the Newtown School especially showed striking improvement, and demonstrated that the work is well worth doing provided a suitable teacher can be found. The difficulty is that Headmasters, though very sympathetic, are finding it impossible to release a teacher for the work of taking the remedial classes; this handicap, which has always existed, appears to increase rather than diminish as the years go by.

Dr. Stevenson, in Dunedin, reports favourably on the result of six remedial classes in town schools and the benefit derived by children referred to the Orthopædic Department at the Public Hospital for faulty posture, mouth-breathing, and flat foot. Dr. Mecredy comments favourably on the greater elasticity of the physical drill programme under the new system. He also points out a tendency in certain schools to lay too much stress on competitive games and athletics to the detriment at times of the welfare of the individual child.

Pediculosis and Skin-disease.

The return given for pediculosis and dirt diseases indicates on the whole a decrease in recent years. In view of the fact, however, that this year's return includes a group of 1,399 Native-school children in whom these conditions are much more frequent, there must be a more definite improvement in cleanliness and in freedom from skin-disease among the general school population than is apparent. The greater frequency of pediculosis and skin-disease among Maori school-children is a constant source of difficulty in mixed schools. When the Maori child attends a Native school he is as a rule better off, because the health education and practical supervision is more suited to his