With reference to the effect of iodized salt, Dr. Baker McLaglan, as a result of some years observations in the Canterbury District, writes as follows:—

"There is no doubt in my mind that the regular consistent use of iodized salt does considerably reduce the incidence of goitre. I have seen far more children whose early goitres have diminished or disappeared, their only treatment being iodized salt, than can be accounted for by coincidence alone; but iodized salt is not infallible. In a previous report I referred to two country schools where two little communities were circumscribed and population stationary. In both communities the local store stocked nothing but iodized salt, and in neither of those schools had a single case of goitre increased, nor had a non-goitreless child developed goitre since the previous examination two years before. Most of the existing goitres had improved or disappeared. The children totalled about forty in all.

"—— School, in Canterbury, has a surprisingly low incidence of goitre, much lower than it had twelve years ago. When questioned the children or parents all say they do always, and have 'always'—namely, for years—used nothing else but iodized salt. The social standing in that school is good, and their replies reliable.

"—— School, two or three miles away, has a much higher incidence of goitre. There, the use of iodized salt is less general and less consistent, but the social standing is poor. Whilst I really think the more general and consistent use of iodized salt is one great factor in this difference, still there is no doubt that poverty, mental strain, and anxiety throw an extra strain on the thyroid. Consequently, schools of widely different social standing are not absolutely comparable.

"As you know, personal and family susceptibility to goitre varies greatly. Often a somewhat larger dose of iodine will reduce or check goitres where iodized salt alone is insufficient—such an extra dose as is obtained by painting over the goitre with weak tincture of iodine, rubbing in iodex or lin. pot. iod., or drinking one minim of the weak tincture once a week; but this too fails in a number of cases where the child seems determined to have goitre whatever you do. In these cases probably still larger doses would be better, but I have never felt free to use them, as I was unable to supervise the results closely enough."

Dr. Mecredy, working in Taranaki, last year reported an increase in the incidence of goitre, apparently unrelated to iodine content of soil which is generally high in that area. The position is being closely observed.

Physical Education.

Owing to reduction in the staff of physical instructors and also of teachers, it has not been practicable, except in a few instances, to conduct remedial classes for children suffering from defective posture. Dr. Champtoloup was responsible for the establishment of one in the Normal School, Auckland.

Dr. Stevenson (Otago) reports that postural classes were established in five town schools. As in previous years, many children were referred for treatment to the Orthopædic Department of the Dunedin Hospital, where also classes for the treatment of mouth-breathing and also of flat feet have been attended with benefit by groups of school-children in need of such special training.

Dr. Irwin, in Nelson, has given special attention to the question of flat foot, and discusses the various factors responsible. Exercises to correct the condition were recommended when necessary.

At school unfortunately few playgrounds have a smooth enough surface to permit of shoes being removed for drill, and only in a few schools do conditions permit of lying-down exercises being taken out of doors for anything but a brief period on warm days.

Medical Examination of Teachers.

As no pupil teachers or probationers were appointed by the Education Department during the year, the services of the School Medical staff were required for the examination of only a small number of teachers entering the training college directly. In previous years the number of applicants for entrance into the teaching profession equalled some seven hundred or eight hundred, and their medical examination necessarily took up a good deal of time, which School Medical Officers this year have been able to utilize in the routine examination of children. The examination of prospective applicants a year before the termination of their school career has also been discontinued. This is unfortunate, as it means the elimination of any routine examination of secondary-school pupils, only a few secondary schools, therefore, being visited.

Sanitation.

School buildings erected within recent years undoubtedly show advance, and it is satisfactory to note the wider application of open-air school principles. Newly built schools—*e.g.*, Parnell, Auckland—though they have not detached class-rooms, give access to sun and air to an extent that classifies them with open-air schools in other parts of the world. Dr. Henderson, in Auckland, has furnished an interesting report giving the percentage of absenteeism and causes of absence among pupils attending schools of the following types: (*a*) Schools with cross ventilation of class-rooms with corridor intervening; (*b*) as (*a*) with fanlights above the corridor; (*c*) open-air—Taranaki type, with modifications; (*d*) open-air—Fendalton type, with modifications. Modern fresh-air class-rooms with satisfactory cross ventilation, he finds, show as good a record in respect of attendance as do those of the detached open-air type.

The Fendalton School, Christchurch, the pioneer open-air school in Canterbury, has been widely copied with or without some modification of the original design of Dr. Phillipps. At Fendalton the open-air class-rooms built round the central garden look very attractive. The headmaster, Mr. Blank,