Subnormal nutrition remains high, the picture of the last five years being—

	European. Per Cent.	Maori. Per Cent.
1943	9·23	11·21
1944	9·53	6·33
1945	9·49	7·94
1946	8·07	7·38
1947	8·75	6·62

A reference to the pre-school figures will show 7·59 per cent. subnormal nutrition in that age group. Subnormal nutrition is a personal assessment by the individual worker. However, the examiners have remained practically the same group of workers over these years, and the average of their findings gives a guide to the nutrition of the children when it is remembered that each year it is the same age groups that are examined.

The factors making for good nutrition are adequate rest and sleep, fresh air and sunshine, and a balanced dietary. The medical examiners find that our pre-school children are not well supervised for daytime rest and night-time sleep in many homes, and that fresh air in homes and bedrooms is not encouraged enough. Household dietary surveys made reveal wrong feeding in too large a proportion of our homes—excessive carbohydrate or energy foods and insufficient protein or body-building foods and protectives. The combination of these factors keeps our subnormal nutrition figures high. These findings by school medical examiners have been confirmed by other independent studies and investigators. For example, anæmia is present in 15 per cent. of school-children in recent studies, from too low a dietary intake of iron. When these subnormal nutrition children are referred by medical officers for a term in a health camp, where they get supervised daytime rest, the correct amount of sleep, adequate fresh air day and night, and right feeding, they almost all respond by reaching or passing the correct nutritional level for their age.

Posture continues to be unsatisfactory. Some of the poor posture is simply the result of bad habits of walking, standing, and sitting, and a smaller proportion will be consequent on subnormal nutrition. Goitre shows a further reduction from last year's low figure (7·24 per cent.) to 5·36 per cent. in European children. This would seem to indicate that the New Zealand household has learnt to use iodized salt except in a minority of homes, and that continuous health education in the prevention of simple goitre has borne fruit in the steadily lessening amount of goitre found in the last few years.

When the primary-school figures are analysed for differences between town and country children, country children show more defects, excluding dental caries. The unfavourable country balance is built up mainly in more skin-diseases ; more deformities ; more pyorrhœa and gingivitis ; more goitre ; more external eye-disease, squints, and defective vision ; more discharging ears and deafness ; more backward children and more defective speech ; more phimosis and hernia. Most of these things are preventible or possible of correction, and with improved knowledge country mothers could soon correct these unfavourable factors in the country child's health. Country mothers are absorbing and applying health teaching, for in nutrition they have redressed the unfavourable balance against the country child which has held in the past. This year's figures show the rural child as generally of better nutrition than the town one.