measures which will need to be presented for following up the inspection with its natural sequel. Further, medical inspection was absolutely necessary not only to reveal the need and to create public interest, but to furnish the Department with adequate information as to the varieties and extent of physical defects, on which basis alone a systematic method of treatment could be established. The fact should not be overlooked, on the other hand, that a very substantial proportion of the parents, on being advised by the Medical Inspectors of physical defects in their children, take steps to obtain the necessary medical or dental attention, showing that in a large number of cases the only action necessary to be taken by the State is that of directing the parents' attention to defects the existence or seriousness of which they did not previously realize. The four reports referred to should serve to confirm these statements in the minds of teachers, school authorities, and parents generally. It will be only by the earnest co-operation of these sections of the community that the work of medical inspection will be made most profitable. The following is a short summary of the reports:—

## SUMMARY OF DR. E. S. BAKER'S REPORT.

Dr. E. S. Baker deals comprehensively with the whole subject under the three headings of (1) The Real Condition of our School-children, (2) The Prevailing Physical Defects, and (3) The Proper Line of Action for the Prevention and Cure of these Defects. Her conclusions are largely based on her personal examination of over five thousand children, of whom about fifteen hundred were selected as special cases, the remainder being children from Standards II or III in the schools visited. Defects among special cases are naturally much more common, a fact which needs to be remembered when the statistics relating to the whole of the children are tabulated.

to be remembered when the statistics relating to the whole of the children are tabulated.

Under the heading of "Prevailing Physical Defects" Dr. Baker shows that 80 per cent. have defective teeth; 43 per cent. have enlarged glands; 23 per cent. obstructed respiration, which in some cases leads to stunted physical and mental growth, deafness, and to actual physical deformities such as stooped shoulders; 22 per cent. have physical deformity such as spinal curvature and stooped shoulders; 22 per cent. suffer from malnutrition, which is often caused by the wrong kind of food and wrong habits of eating; 9 per cent. have defective vision; 5½ per cent. have defective hearing; 3 per cent. are mentally dull or backward, including six per thousand who are mentally defective; 28 per cent. suffer from external eye-diseases; 11 per cent. from tuberculosis; and 5.7 per cent. from nervous diseases. In spite of these defects, which in some cases are not very serious, the opinion is expressed that the general condition of 70 per cent. of the children is good, while that of some of them is excellent. It is pointed out that many of the defects are due to neglect of the teeth, improper feeding, neglected adenoids, want of cleanliness in some cases, and excessive clothing in others. The report states that on the whole the condition of town and country children is not strikingly different. More striking differences were found by comparing a group of seven schools showing good records physically with seven schools in the same district showing bad records. With respect to most of the defects mentioned above, these two groups of schools differed very widely, the seven bad schools showing records of nearly twice as much physical defect as the seven good schools.

Dealing with preventive measures the report refers to the need for better ventilation, lighting, and heating in many of the schools, and also to the need for more hygienic methods of cleaning the schools. Many of the playgrounds are far too small, and are not sufficiently provided with shelter-trees and seats. The type of school seats and desks in some schools is apparently responsible for physical deformities. Many of the seats should be wider, and be provided with suitable back-rests. The seats in infant-rooms are nearly always too high, and those in the upper classes nearly always too low.

A special section of this report is devoted to open-air schools, shelter-sheds, and out-of-door schoolrooms, and a much wider use of these healthful forms of teaching is strongly advocated.

Dr. Baker also deals thoroughly with the causes of many of the defects referred to, dealing with diet, kinds of food, mastication, rickets, and spinal curvature. Under the heading of "Diet" the report contains many hints which would be invaluable to many parents who have little knowledge of this important matter. The report also recommends that much can be done through the agency of school-teachers, who can in many ways cope with some of the conditions detrimental to the health of the children. Reference is also made to the need for educating parents and school authorities, but more hope is placed on the proper education of the future parents, now the children in our schools. Provision should also be made for employment of school dentists and for facilitating the carrying-out of simple operations.

The report concludes with valuable suggestions regarding administration, under the heading

of "How to get Most from a Limited Outlay."

Appendices to this report show a most thorough and systematic tabulation of the general and special defects with the number of children affected in each case, while a further complete tabular statement gives detailed results of the examination of schools in the various localities visited.

## SUMMARY OF DR. E. H. B. MACDONALD'S REPORT.

Dr. E. H. B. Macdonald bases her report largely on a personal examination of over three thousand children in the Auckland District, of whom a third were special cases.

Dr. Macdonald states, when referring to the co-operation of the teachers, that with the present limited medical staff in each district it is probably more important to interest and, where necessary, to instruct the teachers in the aims and objects of medical inspection than to examine a large number of children. Teachers would thus be able to cover the intervals between the present inspections, and many would take a more direct interest in dealing with the causes of some of the present troubles.