When we come to consider the children whom we have classed in group (*c*) who show poor nutrition, as well as some physical deformity, our problem is more complex. Poorly-nourished children are, for the most part, limp and toneless, easily fatigued, inclined to be "slackers" mentally as well as physically, pale, listless, often anæmic. These children readily fall into the various faulty postures described. They literally assume, because of their general laxity, the attitude of least resistance, and collapse into "huddled heaps" during the hours of enforced immobility.

These children are more difficult to treat because of their general tonelessness and lack of energy. They are the children who escape effort whenever possible, who go through their regular daily exercise in a large squad with the least possible exertion to themselves. They have no "snap," no brightness, and possibly perform in their listless way all the various movements required; but, because they do not assume a correct posture to start with, the system designed to aid them may actually be exaggerating their defect, and at the best they are reaping no benefit from it. Unless a certain amount of individual attention can be given to the physical needs of these children the majority of them will not greatly improve.

So far as their school life is concerned their immediate needs are these:—

(1.) To have any pronounced defects, such as enlarged tonsils or adenoids, defective eyesight, decayed teeth, detected and remedied. This may mean repeated notices to parents and personal interviews by the School Nurse.

(2.) To have shorter periods of enforced immobility, and more frequent spells of open-air activity.

(3.) To have individual attention in their Swedish work. This means that they must be taught in small squads by competent teachers.

During the past year the Medical Inspectors, with the co-operation of the Physical Instructors and teachers, have endeavoured to meet these needs. In the large schools of the various centres children of the type described have been selected by the Medical Inspectors and set aside for special physical work in a small squad known as the "corrective class." So far as possible we have tried to secure half an hour of physical work daily for these squads in two periods of fifteen minutes. This has meant in many cases considerable rearranging of school-work, since it has meant the setting free for these periods of a competent teacher. We are glad to state that head teachers have met us wholeheartedly in arranging for these classes.

The essentials for success in these corrective classes are enthusiasm, accuracy, sympathy, persistence on the part of the teacher, and the power to enlist the active interest and co-operation of the children themselves in the improvement of their own physical condition.

The classes have consisted of from ten to twenty children, selected by the Medical Inspector after careful examination as likely to benefit from extra Swedish drill under favourable conditions. In many cases the corrective class was photographed at the time of selection, and we now have some photographs of the same children after a year's special work. The improvement must be seen to be believed. Speaking generally, it is evident that the corrective classes are a distinct and growing success.

The Physical Instructors have given special attention to the corrective classes and special help to the teachers of them, and the Medical Inspectors have tried to secure the co-operation of the parents by circulars pointing out the importance of simple food, long sleep, loose clothing, and of having medical or dental attention where necessary. We wish to make these corrective classes a permanent and special branch of our work, and draw attention to the following facts in connection with them:—

(1.) The selection of children for corrective work belongs to the Medical Inspector alone. It is unsafe to put any delicate-looking child into such a class without medical examination. Indeed, every child should be medically examined before undertaking strenuous physical work; but these more delicate children especially must be so safeguarded. It is particularly among these children that one finds the unsuspected case of heart-weakness, and sometimes the general condition is so poor that to give extra drill is merely to add to the already existing fatigue. Thus it occasionally happens, to the teacher's surprise and disappointment, that the most needy-looking children are not included by the doctor in the corrective class.

(2.) We wish it to be clearly understood that these classes are not actually remedial in character. We do not include in them the worst cases of, say, spinal curvature. Where any deformity is well established in a delicate child the treatment must be expert and individual. In such cases we notify the parents, and advise that the child be placed under expert care and advice. The special classes are what they claim to be—corrective only—designed to deal with that class of physical deformities which belongs especially to the province of the school doctor, the large class of "deformities in the making."

(3.) These classes are an instructive demonstration of the good results of regular Swedish exercise, where the teacher is not hopelessly handicapped by large numbers and great variations in type. It is the manageable size of the squad, the knowledge of the individual weaknesses, and the chance for individual attention that have gained for these classes their very successful results.

At the yearly re-examination those who have sufficiently improved will be passed on to their ordinary drill squad, and the gaps in the ranks filled by new cases.

During the past year, and in connection with the establishment of these corrective classes, a good deal has been done in the way of further training of teachers in physical work. During the winter evening classes (voluntary) have been held in the large centres, and the Medical Inspectors