as fully as in other years. The following partial return gives some indication, however, of the extent to which treatment is obtained for defects notified by School Medical Officers :—

Area.	Defects notified.	Followed up.	Treated.	Percentages.
Large towns	6,232	5,544	3,726	67·2
Small country towns	3,467	3,159	1,858	58·8
Scattered districts	4,742	4,018	2,331	58·0

In some of the large towns the percentage of treatment obtained was over 80 per cent.- the percentage in individual schools being often over 90 per cent. The amount of treatment obtained in the remote backblocks, as one would expect, is much less, averaging only 38 per cent.

In the cities facilities for obtaining treatment are good. In scattered districts they are still inadequate, especially for the correction of special defects, as defective sight, hearing, &c. Dental clinics have proved a boon wherever they have been placed, and the numerous demands from areas in which it has not as yet been practicable to establish them show the increasing public recognition of their value. It is to be hoped that the time may soon come when facilities for obtaining medical and dental treatment are more readily available for remote areas.

School Nurses.—The value of the work of school nurses is now so generally recognized that it becomes increasingly difficult for them to meet the demands made upon them. The improvement in cleanliness alone which has resulted from their efforts would justify their existence, but when one considers that annually they visit thousands of homes and assist in the solution of innumerable and various problems of child care, it is evident that their influence in the community welfare must be very great.

SECTION 6.—SANITATION OF SCHOOLS.

School-cleaning is often inadequate. The difficulty of securing efficient labour is great, especially in country districts. I again advocate the system adopted in Victoria, where the Education Department has its own staff of school-cleaners in addition to the usual school caretakers. These officers visit the various schools periodically throughout the year, giving each one in turn a thorough "spring cleaning." In some country schools an excellent standard of cleanliness is found, owing to the fact that the school-children themselves, under the supervision of the teacher, undertake the cleaning of the school, the money thus saved being devoted to school funds. Though this system meets with objection from some parents, it is surely evident that it is more degrading for children to sit at school in untidy and dusty surroundings than it is for them to combine to bring about a more hygienic state of affairs.

Outbuildings.—Where there is a water-carriage system the condition of the sanitary conveniences is as a rule fairly satisfactory. In country districts, however, there is great need for improvement.

SECTION 7.—DIPHTHERIA.

The incidence of diphtheria for the year ended 31st December, 1925, was 1,118 cases for the whole Dominion, with forty-five deaths. Hitherto methods controlling diphtheria have been cumbersome, inadequate, and expensive. In past epidemics it has been the custom to isolate not only diphtheria patients but also individuals found to be carriers of diphtheria bacilli. As a definite proportion of the population are carriers of the bacillus without any impairment of general health, and hence may be an unconscious source of infection to others, it is evident that the task of eliminating all such carriers from the general public is impracticable, and any attempt to do so would involve nothing short of dislocation of the business life of the community. Obviously it is much better to prevent diphtheria than to control it when it appears, and, fortunately, the means of doing this is at hand. It is now possible to protect a child from diphtheria in the same way as vaccination protects against smallpox. This may be done by giving him an injection of a vaccine, toxin anti-toxin, at weekly intervals for three weeks, which confers practically an absolute immunity to diphtheria. Preventive treatment for diphtheria by toxin anti-toxin had hitherto been carried out in only a few selected schools and orphanages. It was felt right that this means of defence should be made available in certain endemic areas. Meetings of the parents were addressed by School Medical Officers on this question, and arrangements were made for children to receive immunization. No child was given immunization without the written consent of the parents. Treatment was not compulsory, strong persuasion even not being adopted, as it appeared wiser to gradually educate the public by demonstrating the benefit of the treatment than to antagonize them by enforcing a measure which they did not fully comprehend. Approximately eleven hundred children were immunized during the period April to December last year. Except in Otago, where medical students carried out treatment under the supervision of the School Medical Officers, the preliminary Schick test to determine susceptibility was dispensed with and straight-out immunization adopted. Except for temporary slight sickness in a few, treatment was carried out with little inconvenience. A satisfactory feature of the work was the request from several School Committees that the children attending the school should have the benefit of treatment.

SECTION 8.—INSPECTION OF SECONDARY SCHOOLS.

By request of the Board of Governors, the pupils (305 in number) of a girls' secondary school were medically examined. In addition to the usual routine examination, special observations were made with respect to posture and hæmoglobin content.