holiday homes, health camps, &c. Under present conditions much energy is expended in raising funds for this purpose. A great economy of effort and wider benefit would result if it were possible to place on a more permanent financial basis these means of affording timely care for debilitated children.

Goitre: New Zealand School-children.

The following is an outline of observations made by School Medical Officers, and in no way professes to be a comprehensive statement of the goitre problem among New Zealand school-children. A systematic classification of goitre in school-children was initiated in 1921. The classification adopted was that suggested by Drs. Hercus and Baker-McLaglan as a result of their work on the school-children of Canterbury. It was as follows: Incipient—Slight bulging of the skin over the trachea, just discernable on inspection, particularly during deglutition, and indicating on palpation a slight thickening or widening of the isthmus or palpable lateral lobes which communicate a sense of fullness. Slight—Definite bulging of the neck and corresponding enlargement on palpation. Medium—Marked deformity, bulging; palpation unnecessary. Large—With excessive deformity.

From this classification it is evident that a very strict standard is observed, and that a large number of goitres classified as "incipient" would by a slightly less rigid standard be not classified as goitres at all.

Incidence.—Figures showing incidence are given below. Those quoted are the findings of Dr. Baker-McLaglan, who made a tour throughout the Dominion for the purpose of acquiring a uniform standard of classification and record. The "incipient" group bulk from one-third to one-half in the returns of School Medical Officers, so that if small, medium, and large groups alone be considered to be goitre New Zealand's percentage incidence will be markedly decreased. It does not appear certain as yet that we have arrived at an answer to the question, What is a normal thyroid?

Dr. Baker-McLaglan's findings showed that at five years old some enlargement of the thyroid is as frequent in boys as in girls, but drops in boys at adolescence. In girls, on the other hand, as is well known, frequency rises rapidly till adolescence, decreasing a little among University girls. With the rise in frequency the general severity of the cases rises also.

Goitre is found among Maoris, but in what extent is not yet defined.

Dr. Baker-McLaglan's returns were utilized by Dr. Hercus for the purpose of his report, "Endemic Goitre in New Zealand and its Relation to Soil Iodine"; Dr. Hercus, working in conjunction with Dr. Benson and Mr. Carter, of the Otago University, finding a definite relationship between goitre incidence and low iodine content of soil.

No.	District.	Number of Medical Examinations of Children.	Recognition of Goitrous Condition.	Percentage Incidence of Goitre.
1	Steward Island	..	..	..
2	Bluff	280	59	21
3	Inverca gill and Southland	2,960	1,049	35
4	Waimea Plains	1,025	324	32
5	Clutha Valley	2,947	1,197	41
6	Taieri Valley and Milton	1,366	406	30
7	Dunedin	8,413	1,573	19
8	North Otago	895	155	17
..	Southland and Otago	17,886	4,763	27
9	South Canterbury	5,206	3,228	62
10	Christchurch	5,548	3,548	64
11	Banks Peninsula	1,293	397	31
12	North Canterbury	2,782	1,608	59
13	Marlborough	700	263	38
14	Nelson	929	273	29
15	West Coast	1,675	889	53
..	Canterbury, Marlborough, and Nelson ..	18,133	10,206	56
16	Wellington	2,633	657	25
17	Hutt Valley	2,343	968	41
18	Wairarapa and Dannevirke	5,684	1,596	28
19	Hawke's Bay	2,513	912	36
20	Gisborne	1,257	427	34
21	Horowhenua	1,111	137	12
22	Palmerston	8,829	2,910	33
23	Wanganui	5,397	2,422	45
24	Taranaki	5,493	381	7
25	Main Trunk	2,570	611	24
26	Taumarunui	359	132	34
27	West Coast and Te Kuiti	574	65	11
28	Waikato and Piako Valleys	2,973	896	30
29	Taupo and Rotorua	280	78	28
30	Bay of Plenty	2,000	625	31
31	Cape Colville Peninsula	220	33	15
32	Auckland	7,598	821	11
33	North Auckland	4,950	247	5