Kindergartens and Pre-school Children.

The routine medical examination of kindergartens was carried out in Auckland, Wellington, Dunedin, and Hawke's Bay, the result of the examination of 470 kindergarten children being as follows:—

Number of children examined, 478. Percentage found to have defects, 80·54. Percentage with defects other than dental, 60·04. Percentage of children showing evidence of—Subnormal nutrition, 2·30; pediculosis, 1·25; uncleanliness, 0·42. Skin—Impetigo, 2·93: scabies, nil; ringworm, 0·42; other skin diseases, 3·55. Heart—Organic disease, nil; respiratory disease, 2·93. Total deformities of trunk and chest, 19·03. Mouth—Deformity of jaw or palate, including irregularity, 8·16; dental caries, 44·35; fillings, 7·95; perfect sets of teeth, 38·07. Nasal obstruction, 10·46. Enlarged tonsils, 24·47. Enlarged glands, 16·73. Goitre—All degrees, nil. Ear—Otorrhœa, 1·05. Defective speech, 0·84.

The co-operation of the parents and kindergarten teachers in this work is noted with appreciation.

Pre-school Children.—It has been recognized for some time that provision should be made for the periodical medical examination of pre-school children—that is, children between the ages of two and five years. The Plunket Society in New Zealand take over the supervision of infants from birth until two years of age, and it is the hiatus between this age and the admission of the child to school at five years which it is hoped to bridge by an extension of the School Medical Service.

The results of an advisory clinic conducted in the Wanganui district some years ago afforded striking evidence as to the necessity for regular medical supervision of this age-group. The response on the part of the parents was excellent, and advice on the many problems inseparable from young children was eagerly sought. The clinic became overcrowded, and unfortunately the facilities for examination and the staff available did not permit of its continuance or extension.

Physical Education.

The desirability of a properly co-ordinated scheme of physical education in New Zealand has received serious attention during recent years. All School Medical Officers report on the necessity for a more regular and definite scheme. For example:—

Dr. Dawson states: "There is room for improvement in physical training. One is impressed by the bad carriage of the head. Many of our otherwise splendid specimens of humanity are spoilt by this defect. It is usual when watching children marching to see them with their heads forward and watching the heels of the one in front. The erect carriage of the head expands the chest and strengthens the lumbar muscles. The man who carries his head erect and can look his fellow-man in the eyes has an immense psychological advantage."

Dr. Phillipps remarks: "It is absurd to suppose that one-quarter of an hour's drill, however excellent in type and however well carried out by the teachers, can in any way compensate for, in too many cases, $23\frac{3}{4}$ hours of unhealthy living."

Dr. Irwin reports: "It appears to me that there is too little stress laid on posture. Children are so frequently taken out to drill without any allusion made to posture."

Dr. Moir states: "The teachers with whom I have discussed the question of physical education are not satisfied with the present method. They feel that the system is not fully understood by the older teachers, and are of opinion that better results could be obtained if specialized instructors were available to visit the schools periodically and advise on or correct their efforts. Or, as is being tried in some places, one teacher might be specially trained in physical education with a view to undertaking this work in each school."

Dr. Anderson comments: "I do not see any improvement in the posture of the school-children as the years go by, and until some more definite system is evolved than the fifteen minutes taken at the mid-morning break, I cannot see that there is any hope for improvement."

Dr. McLaglan states: "The posture of our children and their slovenly springless walk can only be described as lamentable. The bad posture of our rising generation is due to something much more fundamental than the bad handling of the daily ten minutes' drill. Of course, better drill would help, but the underlying factors are more difficult and more elusive. I note that the Finnish physical culture experts are demanding fifteen minutes out of each one of the five school hours; this is much more rational, and accords more with the physical needs of the body."

Physical education is designed primarily to maintain healthy growth and vitality. It will be seen, however, that this can only be attained by the inauguration of a system based on sound scientific lines, with a proper evaluation of up-to-date physiology. This is confirmed by the annual report of the Chief Medical Officer of the Board of Education, England, which states: "There is an absence of contact between the scientist and the physical trainer, and hence a lack of modern scientific standards for testing systems of physical training. The consequence has been that methods or so-called systems of physical training have been put forward from time to time as an improvement on the Swedish system for universal application, and have gained a large measure of popularity, although they embody features that are at least of questionable value. It is true that there are many difficulties in the way of determining standards for physical training likely to meet with general scientific approval. If such standards, which were not on the one hand too rigid and on the other too elastic, could be framed by physiologists in collaboration with experts in physical training the advantages would be great."

In order to consider the problem of physical education in New Zealand schools and in the community generally, a conference is being called by the Minister of Education for April, 1937, and it is hoped that as an outcome of this conference a definite and appropriate system will be introduced.