In the same way *the duties of the school nurse* vary greatly according to the system under which she works. As in London, many duties which would otherwise be hers are taken over by the voluntary workers of the care committees, much of her time is devoted to superintending the cleanliness of the children—noting verminous or infectious skin conditions, and arranging for their treatment at the local centre. She also assists the School Medical Officer in his examinations, or she may be appointed to a treatment centre and give necessary assistance there. In Scotland, where there is not the same organization of voluntary workers, she visits in the children's homes. Necessarily also the different phases of the work, as entailed by the existence of special schools, provision of school meals, baths, &c., give variety to the work of the school nurse. In Liverpool a section of the nursing staff devotes all its energies to the early detection and supervision of contagious diseases—*e.g.*, measles. In Toronto a school nurse is also a public-health nurse, and her interests are therefore much wider and more varied.

Comparative Results of School Medical Inspection.—I have been present at routine medical inspections in London, Glasgow, Edinburgh, Toronto, and New York (in this last children were not undressed). The method of examination approximates our own. A school nurse is present, and details regarding weight, height, cleanliness, condition of clothing are recorded by her before the child sees the doctor. She often makes a preliminary examination of hearing and eyesight. One thing that has impressed me is the questionable value of comparative statistics. There was evident at these examinations the same divergence among medical officers as among ourselves. Marked defects are always recorded, but in the case of slighter deviations from the normal the personal equation of the examiner has to be considered. What one thinks worthy of record another ignores. Thus at one examination there was no notice taken of postural defect; at another the child was extorted to stand straight, but the faulty posture was not recorded; and in a third instance a postural scoliosis was marked accurately on the special card, and the child noted for supervision. Again, nutrition which I should have noted as subnormal was frequently recorded as normal. Broadly speaking, I feel sure that, regarding the question of recording of defect, in New Zealand we note as defective conditions which are elsewhere thought to be not worthy of record. Thus our statistics, compared with those of other countries, probably show an amount of defect which in proportion is not as great as appears.

Treatment Centres, or School Clinics.—It is generally recognized that the parents, when circumstances permit, should be encouraged to get necessary medical or surgical treatment from the private practitioner. When, as is the case with a large percentage, they are not in a position to pay his fees, or when they are too careless to seek treatment, it is obvious that provision must be made by the authorities responsible for the school medical service. This is generally done by the establishment of the treatment centre or school clinic.

The activities of a school clinic include the examination of eyes for defective vision, the provision of dental treatment, inoperative treatment for adenoids and enlarged tonsils, the care of minor ailments, and in some places the treatment of verminous or contagious skin conditions.

I visited treatment centres in action at St. Pancras, Fulham, North Islington, Harrow, Glasgow, Edinburgh, Aberdeen, Birmingham, Bradford, Shropshire, Liverpool, and Toronto. Details of the organization and treatment given will be found in my larger report.

Provision for Special Groups of School-children.—It is recognized that children suffering from physical defect or from mental retardation cannot receive satisfactory education in classes where the curriculum and environment are adapted to the requirement of the average child. Such children are injured in the effort to conform to the existing standard, and have no opportunity of overcoming weakness which under favourable conditions would be eradicated. Moreover, they are a drag on the rest of the class, and tend to become a discouraged and neglected minority when they do not altogether succumb to influence of unsuitable surroundings. Hence such children are, when discovered at the routine medical inspection or subsequent to a report from the teacher, formed into classes or schools which provide educational facilities and at the same time offer a regime adapted to their particular needs.

Such special classes or schools deal with children suffering from conditions as anæmia, rickets, malnutrition, tuberculosis, heart trouble, defects of eyesight and hearing, mental backwardness, epilepsy. I forward a full description of several such schools (many of which are of an open-air type), and have also dealt with the nutrition clinics of America.

One of the most striking features in the educational world to-day is the amount of attention bestowed upon the problem of mentally backward and feeble-minded children, interwoven with which is the problem of the juvenile delinquent. In England the duties of a local Education Authority respecting mentally defective children are—(1) The ascertainment of defect; (2) the determination of educability or otherwise; (3) the provision of educational facilities; (4) the notification of custodial cases to the local authorities under the Mental Deficiency Act, 1913. In America the problem is dealt with in an equally comprehensive manner, and I feel sure that in New Zealand we must before long follow the example of these older countries.

Other matters relating to school medical work, such as physical education, juvenile employment, school buildings, &c., will be found dealt with at greater length in my main report. I shall submit an account also of many aspects of maternity and infant-welfare work which came under my notice.

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The Director-General of Health.

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