

## PHYSICAL EDUCATION.

This important work continues to make highly satisfactory progress. The work throws itself into two main sections—the improvement of the physically fit, and the removal of the curable defects of the physically defective. An important field is almost untouched by the work done in the schools—that of the class of children who, through hereditary defects, or accidents, disease, or malnutrition in infancy, have already in them physical defects which, becoming more pronounced as the child advances in years, tend to impair the efficiency and happiness of the individual in middle life and old age. The solution of the problem is recognized as one of great importance, as evidenced by the activities of the many societies interested in the well-being of young children.

On request from this Department, the Division of School Hygiene made an investigation into the physical condition of the children in the Wellington District. The following excerpts from this report are taken as being of special interest:—

“The figures show that certain deformities tend to increase steadily during the child’s progress through the school (*i.e.*, from 5 to 15 years). The two types of defect in which this increase is most definite are the forward inclination of the head and deformities of the feet.”

“Chest deformities did not seem to vary to such a degree in the different age groups—if anything, they tend to decrease with age. I found less deformity of the chest than I expected; certainly definite cases were very infrequent.”

“The defect knock-knees is very common in all ages. The 5–6-year group showed 79 per cent. incidence. It tends to decrease, or at any rate to appear less evident, in the 13–15 years group. Nevertheless, it is so prevalent at all ages that it appears probable that the usual standing position for the average New Zealand child is with the feet parallel and a few inches apart.”

“When children are classified into four groups according to posture it is to be noted that 41 per cent. of the whole show faulty posture to a degree requiring remedial measures. The 7–8-year-old group once more includes greatest percentage showing faulty posture.”

“New Zealand appears to be producing a type of individual with characteristics more closely resembling those of the ‘thin’ type of the earlier classification—a slender, loose-limbed, perhaps rather ungainly-looking child—compared to the stocky type, in which stability is apparently somewhat sacrificed to mobility.”

“Defective posture and imperfect body-balance may assist in the production of foot-deformities, but the frequency with which normal feet are discovered in the habitual ‘barefoot’ child suggests that the modern footwear is still the prime factor.”

The results of the investigations will be used to give direction to the work, and will doubtless give food for thought to the parents of young children in this country.

Wherever desirable, physically defective children are grouped in classes and receive corrective exercises or such other treatment as may be indicated by the School Medical Officer.

Swimming and life-saving are receiving increased attention, and, wherever possible, regular instruction is being given. An increasing number of training-college students qualify as instructors.

Refresher courses for the instruction of teachers were held in the principal centres, and were well attended.

Twelve selected training-college students were trained as specialists in physical education at the Dunedin Training College under Dr. Renfrew White, the course including instruction in anatomy, physiology, corrective work, folk and country dancing, and swimming and life-saving.

Fourteen physical instructors are employed as itinerant teachers, and have carried out their work with enthusiasm.