

In order that these results may be comparable with other findings on the posture of New Zealand children, age-groups have been made as follows: 7-8, 9-10, 11-12, 13-15. The figures for these groups are given below for reference. It is to be noticed that these are given separately for boys and girls. All figures are expressed in percentages.

Deformity.	Girls.					Boys.				
	7-8.	9-10.	11-12.	13-15.	Total.	7-8.	9-10.	11-12.	13-15.	Total.
Lumbar ..	4.9	9.3	6.6	5.8	7.2	3.4	7.8	8.3	8.4	7.5
Dorsal ..	15.7	22.5	27.2	33.3	23.8	13.4	18.6	18.2	20.4	17.3
Head ..	33.3	38.4	41.2	29.4	37.4	29.2	23.2	20.8	18.07	22.5
Chest ..	17.6	29.6	38.2	47.05	31.8	28.02	23.2	26.2	28.9	25.9
Abdomen ..	27.4	26.4	33.3	13.7	27.6	22.05	19.3	13.3	6.0	15.7
Hallux valgus ..	0.98	1.1	..	3.9	1.0
Flat foot ..	16.6	13.7	24.2	27.4	19.2	8.5	13.6	6.7	20.4	11.4

A study of these figures reveals the fact that postural deformities of all kinds are more common in girls than in boys.

This is more particularly marked in the forward head and in flat foot.

Lordosis was not particularly common, approximately 7 per cent., and tended to a decrease in the older children.

Dorsal Deformity (spine curved in antero-posterior plane).—In girls this increased steadily, reaching 33.3 per cent. in the 13-15-year group. It is much less marked in boys, shows only a slight increase, and is 20.4 per cent. in the 13-15-year group.

Head forward.—Up to twelve years in girls this is the commonest deformity rising from 33 per cent. in 7-8 years to 41.2 per cent., and falling in the older groups to 29.4 per cent. Boys commence at 29.2 per cent. and steadily decrease to 20.4 per cent. in the oldest groups. None of the Classes 3 or 4 were found to be associated with defective eyesight.

Flat Chest.—This in girls seems to follow the same progression as forward head up to twelve years, where it is 41 per cent., but while the forward head decreases markedly in the older group, flat chest shows a marked increase up to 47 per cent. It is to be noted that flat chest and dorsal deformity run parallel, and increase steadily in girls up to the oldest group. In boys the level is more or less constant at all ages at about 28 per cent. These findings are dissimilar to those of Dr. Bakewell, in Wellington, where chest deformities appeared to decrease with age.

Prominent Abdomen.—In boys this is the highest in the 7-8 group, at 22 per cent., and falls steadily to 6 per cent. in the oldest group. Girls commence at 27 per cent., rise to 33 per cent. at twelve years, and fall sharply in the older group to 13.75 per cent. Very roughly, it may be said that deformities of the lumbar, abdomen, and head tend to decrease; those of back and chest to increase.

Flat Foot.—This deformity is very common in New Zealand children, more particularly amongst girls. Marked and severe cases (Classes 3 and 4) commence at 16.6 per cent. and rise to 27.4 in the oldest groups, and an average of 19.2 per cent. Boys show very much less of this deformity, commencing at 8.5 per cent. and rising to 20.4 per cent.; average, 11.4 per cent. The lesser degree of flat foot (Class 2) appear to have a lower incidence than indicated by any other figures available.

Dr. Champtaloup, Auckland (1,000 children), 30 per cent. all ages (Class 2); Dr. Champtaloup, Dunedin (1,100 children), 58 per cent. all ages (Class 2); Dr. Bakewell, Wellington (1,000 children), 70 per cent. (approximately) all ages.

It is possible that Dr. Bakewell's figures correspond to my Classes 2, 3, and 4. Even so, the percentage for my Classes 2, 3, and 4 at all ages is lower—46 per cent. This indicates the wisdom of advancing along these lines. The emphasis placed by physical instructors on correct use of the feet is a step in the right direction. The occurrence of symptoms was not at all common, but this fact remains—that here we have potential disability of some magnitude. Early training along these lines should do much to improve matters.

The higher incidence amongst girls is possibly influenced by the more free use of footwear and the fact that this footwear is not always of a suitable type. We are living in a sensible age in this respect, but one does see some evidence of unsuitably shod feet.

Hallux valgus was entirely absent in boys. In girls 13-15 it was present in 3.9 per cent.

Genu Valgum and Genu Varum.—(1) *Genu varum*: This is comparatively rare, occurring in 5 per cent. of girls and 9 per cent. of boys, or in 7 per cent. of the whole group.

(2) *Genu valgum*: As has been indicated by other workers, this is extremely common. The figures available indicate considerable variation in incidence. Dr. Bakewell's figures indicate a tendency to decreased incidence as the age advances. In the present investigation the incidence in girls decreases definitely, but the same order is not observed in boys. These findings are inconclusive, and one is unable to suggest any influencing factor.