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FUTURE DEVELOPMENT: PREVENTIVE APPROACH TO THE DENTAL PROBLEM

With the inauguration early in 1947 of organized dental care for adolescents, the National Dental Service entered upon the second major phase of its development. The first phase—organized care of the pre-school and school population—is already well established. It is therefore timely to indicate the general lines on which the National Dental Service should be developed.

At the present time, adolescents (up to age sixteen years only in the first instance) are being cared for by means of the interim (private practitioner) service, whereby private practitioners give six-monthly attention to duly enrolled persons on a fee-for-service basis under the provisions of the Social Security Act. Regular dental care at frequent intervals has long been recognized as an essential feature of any organized dental health plan, but, fundamental as this is, it does not go far enough in the light of modern knowledge.

Recent advances in dental science have provided means for controlling dental disease and reducing its incidence, and the Department would be failing in its obligations if it did not make available to the public all available facilities for making a determined attack on this insidious and almost universal disease. The appointment, in small numbers to commence with, of full-time salaried dentists to the staff of the Department provides the means for making a new approach to the dental problem by attacking it on a preventive basis. It is planned to create the organization necessary for this purpose and to train all full-time dental officers in the technical procedures that are involved. Certain of the techniques can be applied in the course of routine dental care, but others depend for their success on the co-operation of the patient.

To be successful in reducing the high incidence of dental decay in New Zealand would be a major achievement. It is the aim of the Department to attempt this, and to apply to this end the knowledge and the methods that scientific research makes available. This is the keynote of the plan for the development of the Department's organized dental services.

INDUSTRIAL HYGIENE DIVISION

During the eleven months since Dr. Garland's appointment he has visited and inspected 220 workplaces, most of which come within the definition of a factory. Among the first 200 factories visited, 52 were engaged in engineering of some sort or another; 30 in the production of clothing, boots, or textiles; 18 in food-manufacture; 11 in woodwork; 14 in battery-making, metal recovery, or lead-pipe manufacture; 9 in fertilizer or cement manufacture; 9 in printing; 6 in paint-manufacture; and 4 in soap-manufacture. The remaining factories were engaged in making some twenty or thirty other types of manufactured goods.

Of the 18,000 or so factories registered in the Dominion, nearly 16,000 employ 10 or less workers. In the 200 under discussion there were employed approximately 24,500 men and 4,050 women. Only 35 employed 10 or less workers, so that the sample visited is not truly representative of New Zealand industry; it is representative of the group of factories employing more labour than is employed by the average establishment. Where there is a large number of workers, the cost per head of amenities is less than where there is a small number, and standards consequently tend to be higher.

The factories were graded A, those with standards above the requirements of the Factories Act; B, those conforming to the Factories Act; C, those below Factories Act standards, but capable at reasonable expense of being made to conform; and D, those so bad that they could either in no circumstances be made to conform to Factories Act standards or could not be made to conform at reasonable expense. Twenty factories