REPORT OF THE CHIEF SCHOOL MEDICAL OFFICER.

SIR,— Wellington, 30th June, 1920.

At the commencement of 1919 there were six School Medical Officers, all women. During the year one resigned to be married. By the end of the year the number of officers had increased to ten, four of these being men. Since the inauguration of the system for the medical inspection of schools there has never been such a large proportion of men on the medical staff. Although the immediate reason for this in most cases has been that on returning from war service medical men were disinclined again to take up private practice, yet it augurs well for the school medical work that men as well as women are entering the service. The number of school nurses was increased during the year from eleven to fifteen. This increase has enabled much more thorough work to be done and the Medical Officers' services to be used to greater advantage.

The work of physical education has been carried on in a satisfactory manner throughout the Dominion. The staff of physical instructors was increased from eleven to twelve during the year. Particular attention has been given to the special corrective classes for the treatment of children with certain deformities and defects. The benefits resulting from these classes, and also from the general physical training when adequately carried out, are often remarkable. Since the introduction of the breathing exercises, which form part of the system, the incidence of nasal obstruction, for instance, has notably diminished.

During the year 1,100 schools were visited by physical instructors, and the drill of about 85,000 children was inspected. Games and recreational exercises have become very popular with the children, and as a result better school-work is done. The students of Training Colleges are given regular instruction in physical education, and are finally sent out with a good working knowledge of the subject. Refresher classes for teachers have been held in a few instances. There appears to be a general need for refresher classes, as many teachers still have little knowledge of the subject. It is also felt that an extension of the time allotted in the curriculum for physical training should be increased from fifteen to twenty minutes, which is the time given to it in England.

Owing to the fact that the medical branch, until the end of 1919, had no professional supervisor, the Medical Officers have worked to a certain extent on different lines. Most, however, have examined Standard II as a routine. It has been the rule to examine as many as possible of the schools of Grade IVA and upwards. At the end of 1918 there were 318 such schools and 2,047 smaller ones. In the year 1919 a total of 704 schools was visited. It would at first sight appear that the Grade IVA limit had been passed, but it has not been uniformly so throughout the Dominion. In Wellington Province, for instance, the Grade IVA school was not always reached. This has been due to the fact that the districts allotted to Medical Officers have been of widely different sizes. Another cause of discrepancy has been due to there being three different methods of examining the children of a school: (1) The routine more-or-less-complete examination, and reporting of results, usually confined to Standard II; (2) the examination of specially selected children; (3) the partial examination of children—*i.e.*, those parts most subject to defect—the mouth, throat, &c. According as one or other method has been more strongly emphasized by the individual Medical Officer, the number of schools visited and the number of children examined has varied.

During the year a total of about 30,000 children was examined in the routine manner, and in addition a much larger number of children were specially or partially examined. It should be the aim of the Department to have every child medically examined, say, every two years, and dentally inspected much more frequently. Until the year 1919 over one-third of the children had been in schools not visited by Medical Officers, and in the schools visited one or two standards only had been thoroughly examined. For thorough inspectional work a large increase in staff will be required, but by devoting more attention to educative and preventive methods the need for the inspectional work will gradually become less.

In their reports all Medical Officers concur in emphasizing the urgent need for a scheme of dental treatment. Signs of the commencement of such a scheme towards the end of the year 1919 mark the dawn of a new era in the medical inspection of New Zealand school-children. Although, especially in the back country, it has appeared futile to spend time reporting defects for which there was no obtainable remedy, yet it must be recorded to the great credit of those lady Medical Officers who have been in the service practically from its inception that in some city schools the number of children having fillings in their teeth has increased from 9 per cent. in 1914 to 40 per cent in 1919. The system of medical inspection is now thoroughly welcomed by teachers, and is becoming increasingly appreciated by the public generally. Notes from parents protesting against the examination of their children, though frequent in earlier days, are now almost entirely replaced by requests for special examinations. The secret of this change has been the getting into personal touch with the parents themselves. This has been made increasingly possible by the appointment of the school nurse. Some of the Medical Officers have made a practice recently of inviting the parents to be present at the examination of their children. The response to the invitations has been very encouraging, and, although this makes the work much more arduous, the scheme has been very generally successful in ensuring that defects are attended to and advice acted upon.

Another matter upon which the School Medical Officers are generally agreed is the need for specialist treatment of defects of the nose, throat, ear, and eye. Next to dental disease these defects are the commonest, and there is often great difficulty in obtaining the necessary treatment. In many country districts this treatment is practically unprocurable, and even in some of the large centres the hospital facilities are wholly inadequate. This lack of opportunity for treatment is the greatest barrier in the way of further progress and greater effectiveness of the medical inspection of school-children.

The first step towards the solution of this difficulty is, in my opinion, the replacing of honorary by paid specialist hospital staffs. When adequate hospital treatment of this kind is provided, there is still a large class of people who, while not altogether dependent upon charitable hospital treatment, are yet unable to pay the fees for private medical and dental treatment. For these the distastefulness of the inquiry into their financial position necessary to the obtaining of free hospital treatment often constitutes an impediment in the way of the necessary treatment being provided.

Before leaving the subject of treatment I might state that there is a general willingness on the part of parents to do their best, and that in those cases of prejudice and apathy in parents who persistently neglect to have serious defects in their childern attended to, it has been deemed wiser to depend rather upon tactful persuasion and the gradual gaining of their co-operation, and, for the present at any rate, not to adopt coercive methods.