

TREATMENT.

It is perhaps well to make clear that the school medical officer does not in all cases claim to make an exact diagnosis or to prescribe specific treatment, but rather recommends when it is advisable that a medical or dental practitioner be consulted. The school medical officer is seldom in a position to consult with the parents as to the child's history and symptoms, or to keep a case under observation. This belongs to the sphere of the practitioner. No treatment is undertaken by school medical officers.

In connection with the subject of treatment I will quote from my report for the year 1919: "A matter upon which the school medical officers are generally agreed is the need for further provision 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 unprocureable, and even in some of the large centres the hospital facilities are 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."

Until recently this difficulty has not been very great, as according to past reports an average of over 70 per cent. of the reported cases have received treatment; but the problem has been accentuated during the past two years owing to the fact that increase in the school medical staff has enabled the work to be extended to the smaller schools of the more sparsely populated districts, where necessarily there is more difficulty in obtaining treatment. For instance, one district which had previously received little medical inspection, and which does not include any of the more populous centres, furnishes the following figures:—

Received treatment in the backblocks	15 per cent.
Received treatment in the intermediate country	33 ..
Received treatment in the borough town of the district	57 ..

As an indication of the progress which has been made the following figures are given for comparison from a district in which a school medical officer has been at work for a number of years in the intermediate country and borough towns:—

Received treatment for dental defect	58 per cent.
Received treatment for other defects	72 ..
Total number receiving treatment	61 ..

Another medical officer gives the following figures for one of the four main centres:—

Received treatment for dental defect	76.5 per cent.
Received treatment for other defects	80 ..
Total number receiving treatment	77.5 ..

The whole subject of elaborating facilities for treatment and co-ordinating it with the work of school medical inspection can now, under the control of the Department of Health, be more easily dealt with than has heretofore been possible.

It remains to mention a scheme which has been set in operation in parts of the Auckland Province for the treatment of cases of *defective vision* in country schools. Practically the eye specialists, situated as they are in the larger towns, have been quite out of reach of these children. It was therefore arranged for an Auckland specialist to visit the country schools, examine the eyes, and prescribe glasses for those children selected by the school medical officer. A total of ninety children had up to the end of the year been so treated. The possibility of an extension of such a scheme to other districts is under consideration.

SECTION 3.—HEALTH OF SCHOOL-CHILDREN.

With reference to the state of the health of the school-children of New Zealand, this most certainly must be regarded as very much below what it ought to be in a country having such advantages in climate, prosperity, and general welfare. It is true that the average height and weight in relation to age is higher in New Zealand than in England, but more pertinent indices of health are to be found in the state of the teeth, the presence or absence of chest-deformity, anæmia, adenoids, and unhealthy tonsils.

Dental disease is practically universal, though a steadily increasing number of children now receive dental treatment. One medical officer states: "As compared with conditions found some years ago there is evidence of gradual but distinct improvement in the care taken of the teeth. Schools not previously visited by medical officers compare unfavourably with those regularly inspected. Undoubtedly there is yet a vast field for reform, but the fact remains that parents as a whole are more alive to the importance of a clean mouth than they were."

Concerning *chest-deformity*, one of the chief manifestations of rickets in New Zealand, one medical officer states: "In my opinion the percentage of chest-deformity reflects most accurately the general health and conditions of the children, and is therefore of the utmost value in estimating the relative importance of the different factors which go to cause ill health and physical defects." Another officer says: "It is interesting to compare the result of the examination of children of the entrant class with that of older children. The proportion of malnutrition is approximately the same as in children of Standard II: physical deformity is rather more frequent. Rickety manifestations appear much too often, especially in a few schools of the poorer areas. Thus, in one city school thirty-three out of fifty-eight young children showed physical deformity, with rickets as the chief underlying factor. Better supervision of the child in the pre-school period; better education