Defective hearing has been recorded in less than 1 per cent. of cases; the actual prevalence of impaired hearing is probably higher, as it has not always been practicable to apply an accurate test for the detection of the slighter degrees of deafness.

SECTION 2.—TREATMENT.

Conditions needing treatment may from the practical point of view be roughly divided into two classes—those which call for professional treatment by medical practitioner or dentist, and those which need home treatment only. The latter include uncleanliness, verminous conditions, certain common skin-diseases, &c., and the treatment of this group depends entirely upon the following-up efforts of the school nurses and on the standard of the individual homes. On the whole, satisfactory treatment of these conditions is obtained, and it is noticeable that the educative effect of the home treatment is often of great value in raising the general standard of care bestowed upon the children in some of the poorer homes. For instance, the very dirty and verminous child which in the early years of school medical inspection was so prevalent in some schools is now comparatively rare, the uncleanliness which is now met with being generally of a less serious nature.

As regards the treatment of defects for which the services of a doctor or dentist are required, the need for increased facility for obtaining dental treatment is by far the greatest. There is need also for the extension of special provision for treatment of defects of the nose, throat, ear, and eye. Next to dental disease these defects are the most serious of those commonly met with, and there is often great difficulty in obtaining the necessary treatment. The fact must not be lost sight of, however, that the provision of treatment does not entirely solve the problem: preventible defects must be prevented. This point is especially illustrated in the case of dental disease, on account of its progressive and constantly recurring nature What Sir George Newman, Chief Medical Officer of the British Ministry of Health, has said in connection with tuberculosis applies equally to all diseases: "What we need is the large view and the long view." In this connection invaluable constructive work is being done by the Division of Dental Hygiene in insisting upon preventive measures being carried out in all cases coming under the notice of its dental officers for treatment.

In spite of the inadequacy of the existing facilities, a very large amount of dental treatment is obtained by school-children as a result of the efforts of the school medical officers and nurses. One school medical officer, for instance, says: "Good results are being obtained. I notice that a much larger number of children are being treated, and it is quite refreshing to look into the mouths of well-filled teeth in some schools—child after child with teeth filled." This is by way of contrast with the previously neglected state of many of the children's mouths containing decayed and septic teeth devoid of attention.

A measure of the effectiveness of school medical inspection from the point of view of treatment is obtained by expressing the number of defects treated as a percentage of the number of defects notified to parents as requiring treatment. In considering the following percentages it must be borne in mind that the follow-up visits of the school nurses take place as a rule a month or two after the medical officer's inspection, and many children are thus recorded as untreated who do subsequently receive treatment, especially after the school nurse has interviewed the parents. If it were practicable for the school nurses to make a second set of follow-up visits later in the year the percentages of cases treated would be found to be considerably higher. It should be remembered also that, while the effectiveness of school medical inspection in regard to treatment depends to a very great extent upon the follow-up visits of the school nurses, this portion of the work has not yet been developed to anything like its fullest extent.

The percentages of treatments for all classes of defects over the whole Dominion is 48·4 per cent. Classified roughly according to the accessibility of facility for treatment, the proportion of cases receiving treatment for all defects, and for dental, visual, and nose and throat defects, expressed separately, are as follows:—

Table showing Number of Defects treated per 100 recommended for Treatment.

Percentages receiving treatment for—	In Large Towns.	In Small Country Towns.	In Back-country Districts.
All defects	52·25	45·30	38·19
Dental defects	54·21	44·37	35·38
Visual defects	60·12	55·21	40·21
Nose and throat defects	43·02	33·99	33·33

While there is, of course, room for considerable improvement in these figures, they may in the meantime, and under the conditions referred to, be regarded as satisfactory. There is no doubt in the vast majority of these cases that the treatment has been obtained as a direct result of the work of the school medical staff. It should at the same time be recognized that much credit is due to the parents who in the great majority of cases are anxious to obtain necessary treatment for their children and to carry out the school medical officers' recommendations.

SECTION 3.—EDUCATION AND PREVENTION.

A system of medical inspection, even were it associated with the most perfect facilities for treatment, must fail to attain the desired objective unless combined with a well-defined and active policy of education for the prevention of defect and disease. In this connection a number of lectures and addresses have been given by school medical officers during the year, several articles have been published, and two health camps for children of subnormal nutrition have been held. There is no