

The fact remains that we can ill afford to be satisfied with the health of the rising generation: widespread defect is evident in children of school age, which, though not immediately serious in its power to incapacitate, yet in the aggregate and in its ultimate effects places serious limitations on the possibilities of health and efficiency in the adult population. The vast bulk of this defect, however, is readily preventible by a rational and common-sense regard for the simple necessities of healthy upbringing.

SECTION 2.—TREATMENT OF DEFECTS.

According to the facilities for treatment in different districts from 40 per cent. to 84 per cent. of the cases notified have received treatment. A new system of estimating the proportion of cases treated has been set in operation during the year by which more complete information will be obtainable annually regarding this important matter. The main difficulty in the way of many parents obtaining the necessary treatment for their children is that of expense, and in country districts the long distances to be travelled and the time involved. In a small proportion of cases obstinacy and indifference is the stumbling-block. Generally speaking, however, the vast majority of parents welcome the advice of the school medical staff and are whole-heartedly anxious to obtain any treatment which may be required in the interests of their children's health.

In connection with treatment, special reference should be made to the progress of the valuable work carried on by Dr. Eleanor Baker in connection with the treatment of goitre with salts of iodine. The results have been of an encouraging nature, roughly half the cases deriving considerable benefit from the treatment.

A successful camp for children whose health and nutrition were below par was again conducted this year by Dr. Elizabeth Gunn in her district. A total of ninety-six children were treated, all of whom gained considerably in health and nutrition as a result of the simple diet, ample rest, and free open-air life in the camp; a special feature was made of heliotherapy. In connection with this and previous camps held by Dr. Gunn the Department is much indebted to the generosity of Mr. B. P. Lethbridge, on whose ground the camp was held.

THE NOTIFYING OF PARENTS.

As regards the general methods of conducting the work, this has been briefly described in previous reports. Steady progress has been made in several important respects. The success of the work depends essentially on getting into personal touch with and awakening the individual interest of both children and parents. This takes time: it necessitates more intensive work. The plan of inviting the parents to be present during the medical examination of their children has this year been more generally adopted. By this method a definite link is established between the parent, the medical officer, and the child; the child's health can be more fully discussed, and doubts and difficulties cleared up. Parents welcome the opportunity of personally consulting the school medical officer, and very encouraging attendances of parents have been reported—from 50 to 80 per cent., and occasionally 100 per cent., attending. The credit of having first adopted this plan in New Zealand must be given to Dr. Elizabeth Gunn, and it is the aim of the division to apply it generally.

When parents do not attend the inspection notices are sent to those whose children require treatment or special attention. In filling in these notices some medical officers endeavour to make them as personal as possible. Dr. Baker especially—who originated the plan of elaborating the formal notice to suit each particular case—finds the extra work entailed to be well worth while. There is no doubt that when the parent cannot be interviewed the personal note is the next best method of approach.

SECTION 3.—EDUCATION AND PREVENTION.

It should be clearly recognized that there are two main aims in the school medical officer's work: one the ensuring of necessary treatment, the other—fundamentally of much greater importance—the prevention of the need for treatment by improving the child's habits of life and the hygiene of the home. Work in both these directions is carried on to a great extent simultaneously. Much valuable information on matters of general health is spread amongst parents through the medium of the various printed leaflets. But for a large class of parents the leaflet is not a very effective means of approach: the message must be delivered more personally. Much general information, however, cannot be given to parents individually during the inspection of their children: the parents must also be addressed collectively. Most school medical officers, however, have found this on the whole disappointing work. Parents are not as a rule interested in health in a general way; their interest is really alive only when the immediate health of their own particular child is concerned. The parent's interest is therefore best aroused through the child. For this reason health talks to the children have largely replaced addresses to the parents; but the two may sometimes be combined successfully by inviting the parents to be present when the children are addressed. I have found that parents attending these addresses take a particularly keen interest in what is told to their children, and they are thus in a better position to co-operate in carrying out the principles of health in the home.

HEALTH TALKS TO CHILDREN.

In improving the health habits of the rising generation the child's willing and interested co-operation is absolutely essential; and furthermore, the child whose interest has been effectively awakened will himself instruct his parents. Dr. H. J. C. Wilkie says: "The children are more accessible and more receptive, and carry home what they are taught." Dr. Rosa Collier, in the same connection,