Health Leaflets.

Several of the Department's leaflets were revised during the year and some additions made to the original number. In this connection I have to acknowledge contributions by Drs. Baker, Gunn, Clark, and Mecredy. The leaflets play an important part in the propaganda of the division, and in addition are used to a considerable extent by teachers as the basis of their health lessons in the schools. The most important of these publications, a pamphlet entitled "The Health of Children, with Special Reference to Food and Feeding," prepared by the Directors of Child Welfare, Dental Hygiene, and myself, was published during the year. It occupies an important place in briefly defining the lines along which instruction should be given in regard to this vital subject of diet. The pamphlet is now being amplified and reprinted.

SECTION 4.—THE WORK OF THE SCHOOL NURSES.

Each school nurse has her allotted district and set of schools. She is an essential factor in the work. By the majority of parents the nurses are warmly welcomed, and they receive much gratitude for the advice and assistance which they give. Dr. Clark says, "The school nurse is a most popular and well-known person in the school community, and her influence is great and good with the little folk." For the further extension of the school medical work—indeed, in order to obtain the full benefit of the work of the existing staff of medical officers—a much larger number of nurses is required.

SECTION 5. — CO-OPERATION WITH UNIVERSITY MEDICAL SCHOOL AND TEACHERS' TRAINING COLLEGES.

The co-operation of the Professor of Public Health and Bacteriology at the Otago University Medical School should prove of far-reaching value to the work of the division. Lectures on the scope and aims of the school medical service as being an important branch of preventive medicine have been included in the public-health course for medical students, and this should go far to establish a greater degree of co-operation and understanding between the practising doctor and the school medical officer. These lectures were this year given by Dr. Mecredy, one of the school medical officers of Otago. The keen co-operation of the home-science department of the Otago University is also very much valued.

At the majority of the teachers' training colleges, by request of the training-college authorities, series of lectures have been given by the school medical officers. It is becoming more and more necessary to define the scope of these lectures and their relation to the general course in hygiene. This of course is bound up with the whole matter of the school-teachers' responsibilities in regard to health training in schools, to which reference has already been made in this report. As yet the school medical officer has no official status in the training college; on the other hand, it would be difficult to overestimate the practical importance of the sound training of prospective teachers by the school medical staff.

SECTION 6.—PHYSICAL EDUCATION: CHILD WELFARE.

Physical Instructors.

While the staff of physical instructors is controlled by the Education Department, it must be recognized that the school system of physical education is an integral part of the health supervision of the school-child; it is important both as a remedial and as a preventive measure, and for a large class of defects—postural and other deformities of the chest and spine in particular—it is the only generally available means of treatment. The reduction of the staff of physical instructors is therefore very much to be regretted, as the efficiency of the teachers' work depends on adequate instruction and supervision by the itinerant instructors. It is significant that in one district which is particularly well staffed with physical instructors the resulting high efficiency of the general physical training resulted in there being so few bad cases of postural deformity that it was unnecessary to continue the special corrective classes this year, whereas in districts where the staff is inadequate some school medical officers have even questioned the value of the instructors' work when spread over such disproportionately large areas. It must be emphasized that efficient physical training for school-children is an indispensable accompaniment to the work of the school medical officer.

The Organized School Lunch.

Many children, owing to the distance of their homes, of necessity take a sandwich lunch with them to school. There are a number of children also who would be greatly benefited by taking lunch in a quiet and orderly fashion at school in place of hurrying to and from their homes for a hasty meal with the nervous anxiety of being late on their return. For health reasons it should be compulsory for children lunching at school to sit down and eat their lunch in an orderly fashion without hurry. This can be readily arranged for under schemes of self-government with little extra work for the teaching staff. Parents would undoubtedly welcome such supervision of the midday school meal. It is important that the organized lunch should take its proper place in the curriculum as a valuable item in the practical health training of school-children. It affords a unique opportunity for practical training in good manners as well as for the illustration of important principles of dietetics. While excellent work has been done in some few districts in establishing the organized school lunch, much still remains to be done.