SECTION II.

Question 2.—Measures now taken in New Zealand for the prevention and treatment of pulmonary tuberculosis.

New Zealand does not lag behind other countries in the measures adopted for combating the disease. The Health Department is alert to the progress made in preventive medicine, and is actively engaged in trying out new methods of attack. Most of the measures adopted in this country for combating pulmonary tuberculosis have been initiated by the Health Department. They include—(*a*) Notification; (*b*) inspection of the homes of tuberculous subjects and the education of the patient by the distribution of leaflets giving information and instruction; (*c*) the medical examination of school-children, and the active measures arising therefrom for the care of the malnourished and of those who have been brought in contact with the disease in their homes, such as the use of open-air schools, nutrition classes, and health camps; (*d*) the establishment of tuberculosis dispensaries; (*e*) the segregation of chronic cases in hospitals; (*f*) the treatment of other cases in sanatoria; (*g*) research.

(*a*) Notification.

This is one of the most important measures adopted for controlling the disease, for obviously ignorance of the position of the enemy precludes attack. One of the chief obstacles to notification is the distaste of a certain class of patients to the publicity involved. They object to the visit of the Inspector which follows, and in this they are sometimes supported by the medical practitioner, who thinks it undesirable that his patient's mind should be disturbed by a visit of inspection. The Health Officers are willing to refrain from inspection if the practitioner will indicate that this in any particular case is unnecessary.

(*b*) Inspection.

This follows immediately upon notification. It is usually undertaken by a male Inspector, but in some districts a nurse attached to the Health Office or to the tuberculosis dispensary visits the home. If the patient is to be treated at home, advice and instructions are given, and a booklet issued by the Health Department containing information as regards precautionary measures to be taken is left with the patient. The Inspector notes details of all children in the house, and reports to the Medical Officer of Health. Information concerning those of the children who are attending school is passed on to the School Medical Officer, and these are visited in their homes by nurses attached to School Medical Officers. If the patient is removed to an institution, thorough disinfection of the home follows his removal.

(*c*) The Medical Examination of School-children.

This is a highly organized function of the Health Department. The Division of School Hygiene comprises a Director, thirteen School Medical Officers, and thirty-one nurses. Definite tuberculosis is rarely found at school inspections. The largest number of children marked for special consideration are the undernourished, who may possibly be the subjects of latent tuberculosis, and those who have come in contact with pulmonary tuberculosis in their homes. The School Medical Officer interviews the parents, and gives advice regarding the care and nurture of the children. The home is visited by the school nurse, and practical advice is given to the householder and a leaflet is left for his guidance. In some cases the special care required can be tendered at home. In other cases residence in a convalescent home is necessary, and in a few cases sanatorium treatment is called for. Some children are selected for open-air schools, and some for health-camps. In Christchurch a limited number of contacts is accommodated in the Open-air Home for Children, Cashmere.

Open-air Schools.—Throughout the Dominion the Education Department is co-operating by building schools which, according to American standards, can be classed as open-air. In Christchurch where the open-air-school movement is particularly active, several schools on the three-wall "Fendalton plan" have been erected. These are used for all children attending the school, irrespective of health. They find favour with both pupil and teacher; but it is questionable if they offer any advantage over the modern schools of the Education Department. In Dunedin the Sarah Ann Cohen Memorial School has been constructed on the Fendalton plan. This school differs from the Christchurch schools in that the children attending are specially selected on grounds of malnutrition. A special school curriculum is adopted, allowing rest periods, and a milk ration in the morning. A hot midday meal is obtained at the Convalescent Home adjoining. Better facilities for supplying warmth on cold days are desirable.

Nutrition Classes.—In Wanganui and Auckland definite groups of children have been selected for special observation in nutrition. In some Wanganui schools a special milk ration is served to undernourished children in the morning. In Auckland Normal School the school lunch for junior classes is supervised, and suggestions are made with regard to its quality. In all these nutrition classes rest periods are observed, and education on health matters is given to the children.

Health Camps.—For several years past health camps have been held annually in different parts of the North Island. Children attending are specially selected as undernourished. Graduated exercises, sun-bathing, and rest periods are prescribed, and life is lived almost wholly in the open air. The results have been very encouraging.