

would thus appear that nutrition affords a safe basis for prophecy as to the ultimate success of the individual in escaping tuberculosis.

Moro Test.—Dr. Baker-McLaglan remarks, "I am not clear yet whether one is to regard positive reaction as a reaction of infection or as a reaction of resistance to an infection. The children to detect and worry about are the infected children whose resistance is too feeble to give a positive reaction." Dr. Champtaloup remarks, "One doubts whether there is any great value in continuing the operation of giving the Moro test to these children. It has, of course, a certain statistical value and gives an interesting comparison of results, but does not seem to add to the effectiveness of the work. It certainly shows us that the child has received some infection, but leaves us in doubt as to whether it indicates a desirable state of immunity or a latent focus."

NOTE.—As there is no routine medical examination of secondary schools, few data are available regarding incidence of tuberculosis during adolescence. The physical condition of applicants for entrance into the teaching profession and of training-college students, however, indicates the necessity for better medical supervision during their secondary-school period. The comparatively high mortality from tuberculosis in early manhood and womanhood is another argument for medical examination of secondary schools.

Protection of Children exposed to Risk of Tubercular Infection.—From consideration of the modern view that tuberculosis in adult life originates from infection in childhood, it is essential that every precaution be taken to safeguard the children of households where an inmate suffers from tuberculosis. A scheme was outlined, therefore, for keeping these children under the regular supervision of a School Medical Officer. A school nurse was instructed to visit the homes and advise as to general measures for nutrition and hygiene. Printed recommendations were given to parents, outlining the procedure necessary for the protection of their children. It is intended that children requiring it be recommended for examination by the family medical practitioner or by the tuberculosis officer at the hospital. The object of keeping this group under observation is to ensure that they receive timely attention where necessary.

Dr. Champtaloup's report (27/9/27) from Dunedin: "One hundred and twelve tuberculosis contacts have been included in this scheme. Of these, nineteen refused the tuberculin test. Of the ninety-three tested, 63.4 per cent. gave a positive reaction. The nutrition of these children—i.e., the whole group of contacts—was slightly below the average for New Zealand. I do not think any definite conclusions can be argued from this fact, however, since a much larger group of children last year showed no impairment of nutrition. . . . The positive cases again showed a lower nutrition than the negatives. In the age-group 10–14 the average height was 1 in. shorter and the average weight 4–5 lb. less. Again more extensive observations need to be made before placing reliance on any deductions."

It is too early to give a definite pronouncement as to the adequacy of the result obtained by following up children who are contacts of cases of tuberculosis. Already, however, it has become evident that closer supervision of the individuals composing this group enables us to select at an early stage of the disease children who would undoubtedly become victims to tuberculosis.

Arrangements have been made for the treatment at local dental clinics of all children who are tuberculosis contacts.

Means to be adopted for the Prevention of Tuberculosis in School-children.—Generally speaking, these must include the provision of a healthy environment at home or at school. They must include the education of parents as to the value of a suitable dietary, airy sleeping-accommodation, long rest, &c. School Medical Officers, therefore, interview as many parents as possible. The inspection of the home by the school nurse gives her an opportunity of making suggestions for the best use of available sleeping-accommodation and of suggesting other hygienic measures. From the constant supervision of these children, we are able to define the following groups: (1) Children requiring special care, but for whom satisfactory attention in their own homes may be obtained; (2) children who would benefit from residence in a convalescent holiday or home; (3) children selected for health camps; (4) children requiring residence in a sanatorium. It is to be understood that in all cases the co-operation of the family medical practitioner is desired.

Health camps have been already referred to in a previous section of this report.

Open-air schools: There has been in recent years increasing advocacy of open-air schools. In this connection it should be stated that the type of building erected in recent years by the New Zealand Education Department would, according to American standards, be classified as "open-air." The "Fendalton" plan of open-air school has been especially popular in Canterbury. In Dunedin the Sarah Ann Cohen Memorial School has been erected according to the Fendalton plan. Children attending this school are those showing definite premonitory signs of tuberculosis. A special school curriculum is provided, allowing rest periods, milk ration in the morning; a hot mid-day meal is obtained at the convalescent home adjoining. The benefit to the children has been amply demonstrated.

Nutrition classes: See previous reference in this report.

In all measures taken for the welfare of these children lack of financial resources soon becomes evident. Whether it is a question for providing extra milk for a nutrition class, of arranging a health camp for the under-nourished, or for sending a child to a convalescent home, one is invariably brought up against the problem of "no funds." For a large group of these children their main hope lies in removal from their present environment for a time at least. The results of health camps have amply demonstrated what can be done by a simple regime permitting adequate rest, fresh air, sunshine, proper feeding.

Reports from School Medical Officers show that it is often impossible to make adequate provision in the home itself. There is, of course, no disease where good nutrition is more imperative, both from the preventive and curative aspect, than tuberculosis; but where it is found hand-in-hand with poverty good nurture is impossible. While not advocating the wholesale removal of "contact children" from their homes, one is entering safe grounds in stressing the need for better provision in the way of