Native Schools.

The figures for medical inspection of Native schools show an improvement in the percentage of subnormal nutrition and skin-diseases over those for last year. The following extracts from reports are of interest:—

Dr. Cook.—"Subnormal nutrition is still prevalent in certain localities, but there is no doubt that the evidence has decreased in Native children. Most Native children have better clothes, and there is an increasing tendency to a school uniform. Washing facilities, also cooking facilities, are being provided at some Native schools. The former should do much to cure skin-conditions, while new habits in food-consumption should follow the latter."

Dr. Heycock.—"There has been much building activity during the last twelve months, and the overcrowding in Native schools largely relieved. Whereas in 1936 there was only one open-air school in this district, there are this year five open-air schools and seven other schools which have an open-air class-room. In every instance these open-air rooms are replacing very old, unhygienic class-rooms. The teachers are all enthusiastic about the healthy conditions they now teach under, and it is no exaggeration to say that the children look happier and more alert in these open-air rooms. This is a great practical step forward in teaching the Maoris the value of airy rooms open to the sunlight."

Dr. Deem.—"The skin-condition and general cleanliness of the Maoris has greatly improved following the regular monthly visit of the district nurse to the schools. Many of the teachers in the Native schools insist on a certain standard of cleanliness and tidyness, and they deserve great credit for their efforts and results."

Medical Inspection.

It is found necessary to again stress the value of the routine medical examination of children, as the view has been expressed that some of the time spent in routine examination might be profitably employed in carrying out special investigations. While admitting the advisability of widening the scope of work undertaken by School Medical Officers, the whole foundation of school medical work rests on the routine inspection. In this respect the following extract from the annual report of the London County Council, 1936, is of moment:—

> "The foundation of the medical work in the schools continues to be the periodical examination of the children in certain age-groups prescribed by the Board of Education . . . Over and over again it has been shown that it is unsafe to rely upon the teachers for bringing before the school doctors children who appear to them to need medical examination as a basis upon which to found the medical work in the schools. It is strange that, while some Medical Officers are deploring the time spent in routine inspections, others with strong public support are advocating regular 'vetting' of all classes of the population at periodical intervals, and there is at present a vigorous campaign being prosecuted by social workers with the object of securing more frequent examinations of all children in the schools, particularly at the younger ages, and of providing routine inspection for those who have left school.
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> "If the routine inspections were abolished, or had they never been prescribed by the Board of Education, it is highly probable that public opinion would demand and secure their resumption or introduction.
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> "Upon the routine inspection of the children as one of the foundations is built a complete system of care in which reference of children is made to special modifications of education, to convalescence, to supervisory centres for rheumatism, or for nutritional observation, or to treatment centres or hospitals for defects of all kinds. Many children detected at primary examinations to have defects are kept under continuous observation by systematic reinspection until the school doctor is satisfied with their condition, and, apart from routine inspections, increasing numbers of children not falling within the age-groups are examined by the school doctors as special cases at the instance of teacher, care worker, parent, or attendance officer."

To the above nothing further need be added.

The presence of teachers at the medical examination of their pupils is of the utmost value to the examining officer, and appreciation has been expressed of the assistance received from them. It was, however, thought advisable to repeat in the *Education Gazette* the following:—

> "The Department is of opinion that, in order that the maximum benefit of medical inspection may be obtained in every case, it is necessary that the School Medical Officers should have the fullest co-operation of those most concerned with the welfare of the child—the parent and the teachers. It is therefore desirable that wherever possible the class-teacher should be in the room during such inspection to supply those details of class-room observations that are of such unquestionable value, and also to gain first-hand knowledge of the child's physical condition.
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> "It is not possible for a School Medical Officer to show on the card the full description of any child. A teacher can render valuable assistance by giving to the School Medical Officer additional details of personal history, reports of defects, such as slightly impaired hearing, restlessness, inattention, and many other conditions met with during the ordinary class routine. The physical condition of the child and the nature of its defects, remediable or otherwise, are of the utmost importance to the teacher, and a knowledge of these can be accurately obtained only when the teacher is present at the medical examination.
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> "Health and physical well-being are of paramount importance, and teachers will no doubt be quick to realize the opportunity afforded by the medical examination of their pupils."