

TUBERCULOSIS CONTACTS.

Much work continues to be carried out in the supervision of tuberculosis contacts.

From Gisborne Dr. Heycock reports: "The clinic inaugurated at the various public hospitals last year has continued to function this year . . . The nurses are compiling index-cards of all the cases in their districts. School contacts are being gradually listed and brought under constant supervision. Follow-up work of this nature among the Maori is more difficult and tedious owing to the family habits of the race and the tendency of individuals to wander from pa to pa, and to follow seasonal occupation in different districts."

Dr. Stevenson reports upon the supervision of 297 contacts in Dunedin City and surrounding district. "Of these, 112 were city children, of whom 105 had a complete medical examination during the year; 110 children were weighed monthly throughout the year, 88 being of average weight and 22 were underweight. Of the 185 country children, 81 had a complete medical examination: 147 were weighed monthly, 114 being of average weight and 33 underweight. Headmasters continue to give their support to this work and to them many thanks are due."

In Southland Dr. Irwin states: "In regard to these contacts, the number is approximating to four hundred, and their supervision is important and becoming a very extensive work there."

Summary of Tuberculosis Contacts in the Wellington District for Year ending December, 1937.

Total number of children on list	..	..	..	..	..	555
Number of children—						
Reporting—						
Six-monthly ..	..	..	..	..	..	7
Four-monthly ..	..	..	..	..	..	3
Three-monthly ..	..	..	..	..	..	5
Referred to—						
Nose and Throat Department ..	..	..	..	..	..	33
X-ray ..	..	..	..	..	..	58
Orthopædic specialist ..	..	..	..	..	..	1
Mantoux test ..	..	..	..	..	..	39
B.M.R. ..	..	..	..	..	..	1
Dental Department ..	..	..	..	..	..	9
Ultra violet therapy ..	..	..	..	..	..	2
Out-patient, diet, remedial exercises ..	..	..	..	..	..	3
Hospital for observation ..	..	..	..	..	..	6
Recommended for health camp ..	..	..	..	..	..	20

In addition, 31 children attended the clinic at Upper Hutt.

NUTRITION.

The standard of nutrition as assessed in New Zealand has been discussed on many occasions, but the following extract from the annual report of the Chief Medical Officer of the Board of Education for 1936 will no doubt be of interest:—

"Dr. T. C. Lonie points out that there is no agreed mathematical standard of nutrition, and that although physiologists are constantly seeking for some method of uniform measurement of the state of well-being, of health and of fitness, some of which attain a high accuracy of measurement of certain physiological factors, yet it must be remembered that from the point of view of the School Medical Service nutrition must be capable of broad assessment in a very short space of time:—

" 'Not more than ten minutes at most,' he says, 'can be spent on the complete routine examination and, of course, this completely rules out any elaborate tests. We have, however, in weight and height two standards of measurement which are not subject to the objection that they vary according to the examiner, and which, taken in conjunction with each other and with age, do measure a certain nutritional standard. One does not pretend that this is an accurate measure of nutrition, but it would at least give us a uniform and comparable measure of two of the main related factors concerned. The great variation of any child from these related standards would then be *prima facie* reason for a much more searching assessment of his nutrition state, while if a whole group of children varied from the standard in a like manner it would be evident that some common factor, either racial or environmental, was at work. The suggestion of a weight-height-age standard has been urged by many competent authorities. Such standards could be easily worked out, both regionally and nationally. They are quite impersonal, and while one recognises their limitations, they are, to my mind, much better than the present system of assessing the general state of well-being of the child.'

"Desirable as such regional standards may be, it is generally accepted that for assessment of nutrition at routine examinations clinical examination is more reliable than any such application of "mean" standards . . .

"The value of *periodic* weighing and measuring is, however, very great, for it is the best method of estimating the rate of growth, one of the most important indices of the function of nutrition. A loss of weight, or even failure to make sufficient increase, is, of course, a most valuable sign of subnormal nutrition in a child."