

Owing largely to the difficulties met with in this connection it was decided that initial efforts to complete arrangements for benefits should be directed to maternity benefits, and that, when these arrangements were completed hospital benefits should next be proceeded with.

Accordingly in consultation with representatives of the medical profession and with representatives of practising nurses and midwives and licensees of private hospitals the terms and conditions of contracts were formulated, and regulations prepared. On the 28th April formal offers of contract were made by advertisement and by circular to licensees of private hospitals, doctors, midwives, and maternity nurses. At the time of writing the great majority of licensees of private hospitals have entered into contracts, and further applications are coming to hand each day. The response from obstetric nurses has been similarly gratifying. The response from medical practitioners, however, has been disappointing, and it is evident that the early provision of medical services in relation to maternity benefits necessitates further serious discussions with the representatives of the medical profession.

Milk-in-schools Scheme.

The milk-in-schools scheme was commenced on the 1st March, 1937, the object being to make available, free of cost, to all school-children in the Dominion a half-pint of pasteurized bottled milk on each school day.

Two alternative schemes—malted-milk powder or a supply of milk for cocoa-making purposes—were offered to schools where it was found impracticable to extend the pasteurized bottled-milk supply owing to areas of isolation and scattered school population, presenting insuperable difficulties. All types of schools are participating—State primary, technical, high, and Native schools, as well as denominational and other private schools and kindergartens. The scheme has progressed to a point where milk is now available to approximately 190,000 children, or over 67 per cent. of the school population of the Dominion.

It has been found possible to arrange for pasteurized bottled milk to be made available to 1,264 children attending seventeen Native schools and for malted milk to be made available to 2,364 children attending thirty-two Native schools. A complete report has been made on each of the remaining ninety-five schools, on the buildings and facilities required before the malted-milk-powder scheme can be put in operation. It is hoped that the malted milk will be available to the majority of the 6,204 children attending these ninety-five schools in the course of the next few months. Medical Officers of Health continue to testify as to the value of this service. Dr. D. Cook, Palmerston North, reports in emphasizing its good effects among the Maori children:—

“At Ratana Pa I have had personal evidence as to the value of the milk, and its use in the school has stimulated consumption in the home; a point of interest here is that there is no waste at this school, each bottle of milk consumed to the last lick.”

Dr. T. J. Hughes, Auckland:—

“The milk-in-schools scheme is working quite satisfactorily, and many appreciative references have been received expressing satisfaction with its operation.”

Health Camps.

The health-camp movement was placed on a more permanent basis by the formation of the National Health Camp Federation and the passing of the King George the Fifth Memorial Fund Act, 1938, for the administration of this fund for the establishment of children's health camps.

The national federation is now well organized and has experienced increasing demands for establishment of camps. Summer and secondary camps have been held in almost every province during the summer months, and permanent health camps are being established at Auckland, Christchurch, and Dunedin. The Wellington Camp at Otaki is in full working-order and has functioned throughout the year.

The good will of the public has been maintained for the purpose of raising funds to meet the needs of the health-camp scheme. Through the sale of the Christmas health stamps the finances benefited to the extent of £7,026, which result is well up to that obtained in any of the previous campaigns. In addition, the health-camp funds have been augmented by a grant of £10,282 from art-union proceeds, and this sum has been distributed among the district committees in the same proportion as the health-stamp proceeds.

Industrial Hygiene.

With the expansion of industries this sphere of public-health work is becoming one of increasing importance. Close co-operation has been maintained with the Labour Department. Published in the appendix to this report is a report by Dr. F. S. Maclean, Medical Officer of Health, Wellington, on cases of lead poisoning occurring in certain industries and measures taken and suggested for its prevention. Regulations to prevent lead poisoning amongst the employees in motor-body and electric-storage-battery industries have been drafted.

New Health District.

A separate health district, known as “the Nelson-Marlborough Health District” was constituted. Dr. Boyd, formerly Assistant Medical Officer of Health, Christchurch, was appointed to take charge of the district, with his offices at Nelson.