It was later decided to include in the routine examination children in the primers, Standard II, and Standard VI, so that wherever possible children should receive three complete physical examinations during their primary-school life, and special examinations were carried out when parents, teachers, or the School Medical Officer considered them necessary. Examination of kindergarten and pre-school children has also been undertaken by the service, and it is hoped that the examination of all secondary-school pupils will soon be possible so that New Zealand children will then be under medical supervision during their whole school life.

Up to 1937 school nurses carried out the necessary preparation and follow-up work in connection with the School Medical Service, but their duties are being widened to include district nursing as well as school-work, and it is by district nurses that the whole of the school-work will in future be carried out. The areas apportioned to district nurses are now being limited, and it is considered that within these areas the district nurses will be able to undertake the school work and the necessary following up. At the present time there are ninety-eight nurses undertaking school-work throughout New Zealand.

In 1938, 1,406 schools were visited and 73,419 children examined completely and 34,137 partially, making a total of 107,556 examinations.

With the opening of district health offices at Whangarei, Gisborne, New Plymouth, and Nelson school medical work in these districts was undertaken by the respective Medical Officer of Health, and the staff of the School Medical Service as at the 31st March, 1939, was allocated as under :—

	Full-time School Medical Officer.	Part-time Medical Officer of Health and School Medical Officer.
North Auckland		1
Auckland Central	2	
South Auckland	(*Vacant*)	
Taranaki		1
East Cape (Gisborne)		1
Hawke's Bay	1	
Wanganui-Palmerston North	1	
Wellington	2	
Nelson and Marlborough		1
Canterbury	2	
Otago	1	
Southland	1	
On extended leave abroad	1	
Total	11	4

In addition, four School Medical Officers have been appointed and will take up duty in April, 1939.

From the beginning of the service it was recognized as a fundamental principle that medical treatment must be available for every child in need of it and that adequate provision must be made for the ill-nourished and neglected. The actual scope of the examination is, of course, limited by the conditions under which it is carried out, but the large numbers examined make it possible to judge effects, incidences, and results in the mass in a way that would be impossible with smaller numbers. In the past great difficulty was experienced in providing suitable accommodation for the School Medical Officer to work in, but it is now realized that adequate facilities must be available, and in some schools special rooms are being set apart for the regular visits of the nurse and the routine examination of the School Medical Officer.

The problem of education for dull and backward children was early recognized by the School Medical Service, and in 1916 it was recommended that special classes should be formed in the existing primary schools for the training of children incapable of progressing along the beaten tracks of knowledge. Such classes have now been formed by the Education Department in many centres, and where these children are found at medical inspection the School Medical Officer co-operates with officers of the Education Department in arranging their transfer. School Medical Officers also make arrangements for the entrance of mentally backward and feeble-minded children to special schools or other institutions as circumstances indicate.

The supervision of school buildings and sanitation has always received special attention from the School Medical Service as school premises should form a healthy environment for the child. At the commencement many defects of lighting, ventilation, and heating were found in the older schools; overcrowding was common and furniture clumsy and old fashioned. Great improvement has taken place since then—all newer schools make excellent provision for ventilation, and many of the recently erected buildings are of the open-air type.

Close co-operation is maintained by the School Medical Service with the Child Welfare Branch of the Education Department, under the supervision of which are all measures for the protection of destitute and neglected children,