

The medical examination of candidates for entrance to the teaching profession was carried out by School Medical Officers for the first time in 1922, when 344 candidates were examined. In 1938 some 1,133 candidates were examined, of whom 11 were rejected as medically unfit. Wherever possible a preliminary examination is given to these candidates the year before they expect to enter training college, in order that advice may be given as to the treatment of any remediable defects before the final examination at the end of the year, and to allow them to choose another occupation if they are found to be physically unfit for teaching.

The work of the service is essentially preventive and educational. This latter aspect is particularly important, as the object is to instruct the pupil while at his most impressionable age as to the principles of correct living. Many thousands of pamphlets giving advice in simple language on health topics, such as care of the eyes, care of the ears, care of the nose and throat, care of the hair and scalp, school lunches, diet, clothing, &c., are distributed annually, and many popular lectures and radio talks on health matters are given by the School Medical Officers in various districts to teachers, parents, and children.

The activities of the School Medical Service now extend over a period of twenty-five years. The work of a School Medical Officer is not spectacular taken day by day; it is only on looking back over these years that it is realized how much has been achieved:—

- (a) The percentage of children suffering from such dirt diseases as pediculosis, impetigo, scabies, uncleanliness is much lower. Where formerly in a big city school forty children would be found at medical inspection with verminous conditions, perhaps one would be found now.
- (b) There is a decreased incidence of remediable and neglected physical defect. Children with neglected septic teeth, neglected discharging ears, children so short-sighted they kept falling down because they could not see inequalities in the ground, children absolutely blocked with tonsils and adenoids were found in all schools; these conditions are not seen untreated now, except occasionally in the entrant sections.
- (c) There is improvement in general nutrition and growth of New Zealand school-children, children are taller and heavier now than when the first survey was taken in 1913.
- (d) The tuberculosis death-rate is steadily declining. It is interesting to note here that in 1928 a system was established to enable children from homes where there was an inmate suffering from tuberculosis to be kept under supervision; the school nurse visits such homes and arranges for the children to be weighed periodically and for an examination (in most cases by a specialist) to be made annually or more often if considered necessary. The percentage of contacts showing actual signs of infection is extremely small, but in these cases early diagnosis is of the greatest value in successful treatment.
- (e) The hygiene of the school has improved (credit for this must be shared with the Education Department).
- (f) There is a widely increased public knowledge of the essentials for right living, for which the health instruction received in the schools during the last twenty-five years is to a great extent responsible.

During these years also several large-scale surveys have been made and special work carried out, of which the following are instances:—

*Health Camps.*—In 1919 Dr. Elizabeth Gunn, then School Medical Officer at Wanganui, inaugurated the first health camp for delicate children with the object of restoring them to health. This camp for fifty children was held on the property of the late Mr. B. P. Lethbridge at Turakina, and it was with his help and the help of the Wanganui Education Board that the camps, which were held in this district until 1930, were so successful. The health-camp movement has since spread all over New Zealand and, under the ægis of the late Dr. Ada Paterson, a National Federation of Health Camps was formed in 1936 which preserved the voluntary nature of the various organizations while ensuring that the available resources were utilized to the best advantage. That the benefits derived by children from treatment in a health camp are realized by the public is to be found in the success of the King George V Memorial Appeal, which resulted in the sum of approximately £89,000 being subscribed for the establishment of health camps in various parts of New Zealand; this sum carried a Government subsidy of £1 for £1, so that some £178,000 will be available for this work.

The *Milk-in-schools Scheme*, the object of which is to make available to every child attending school in New Zealand a half-pint of milk, is the outcome of the advocacy of the School Medical Service. This scheme was commenced by the Government on the 1st March, 1937, and up to the end of that month some 70,000 children in the four main centres were receiving the ration. The scheme is extending and as at the present time this free issue of milk is available to 190,000 children, or approximately 67 per cent. of the total school population of the Dominion.

*Open-air Schools.*—A crusade for open-air schools was initiated and fostered by the School Medical Service. On the recommendation of Dr. Elizabeth Gunn, then School Medical Officer in Wellington, the Education Department in 1914 granted the sum of £192 for the erection of an open-air class-room at the Wellington South School.