Classes for Speech Defects resulted from the efforts of the School Medical Service.

From the beginning of its operations, the School Medical Service advocated the establishment of special school dental clinics for the curative treatment of children suffering from dental caries and a report on Medical Inspection of Schools and School-children for 1916 presented to Parliament by the four School Medical Officers states:

"With regard to curative treatment we feel that though the existing dental hospitals are doing valuable work for school-children they are not sufficient, and that the school-children require special school dental clinics, to which they can have direct access through the recommendation of the school medical staff. There should be no delay, and no question as to private means. Many parents would gladly take their children to a school clinic who would hesitate to attend a dental hospital although unable to pay private fees. Further—and this is important—the treatment times can be arranged specially to suit school-children, and to avoid unnecessary interference with their school-work."

Immunization against diphtheria was first carried out by the School Medical Service in 1925, when treatment by toxin anti-toxin was made available in certain endemic areas. Since that time many thousands of children have been immunized throughout New Zealand, but anatoxin is now the agent used.

Many special investigations have been undertaken, amongst which are the following:—

(*a*) An inquiry into the condition of rural school-children.

(*b*) An inquiry into the incidence of tuberculosis among children of New Zealand.

(*c*) An investigation into the physical growth and mental attainment of New Zealand school-children was carried out in co-operation with the Education Department.

(*d*) A survey of goitre incidence.

(*e*) Maori and pakeha: A study of comparative health.

(*f*) The posture of New Zealand school-children.

(*g*) Observations on physical condition and postural deformities of New Zealand school children.

(*h*) Nutritional value of milk.

(*i*) Maori susceptibility to certain diseases.

(*j*) Height-weight-age survey.

It has been stated that the foundation of medical work in the schools is the periodical examination of children, and although it is hoped to give School Medical Officers the opportunity for research work and other investigations the routine examination of children must remain the fundamental of the Service.

Report for the Year.

Staff.

At the present time the permanent staff consists of a Director, 11 School Medical Officers and 4 Medical Officers, who in their districts are appointed to act as Medical Officer of Health and School Medical Officer. In addition, four new School Medical Officers are about to take up duty.

Many changes have taken place among the medical staff during the year. It is with regret that we record the resignations of the following officers: Dr. Helen Bakewell, who was stationed at Wellington from 1923; Dr. Ellen Heycock, who was at Gisborne for three years; Dr. Helen Deem, who spent two years and a half at Hamilton; and Dr. Adah Platts Mills, who was at Wellington for two years. Doctors Teresa Craig and Beryl Bowden accepted temporary positions on the staff for three and six months respectively, but both officers have now left the service. Our permanent staff has been augmented by the appointment of Dr. Anna Lewin to Canterbury and Dr. Muriel Rippin, who is at present in Dunedin as Dr. Grace Stevenson is abroad on twelve months' leave of absence. In February the District Health Office at Nelson was opened, and Dr. Boyd, Medical Officer of Health from Christchurch, now acts in the combined capacity as Medical Officer of Health and School Medical Officer for that district.

Advertisements for School Medical Officers in New Zealand and Australia having brought no response, applications were called for in Britain, and we have been able to secure four officers, who take up duty next year. It is hoped that we shall soon be able to obtain sufficient staff to achieve the Government's aim of giving each school-child a complete medical examination each year. While we are short of officers, little but ordinary routine work can be undertaken. Research work and other investigations, which are so necessary if the service is to develop and if full benefit is to be obtained from our efforts, can only be carried out when we have a sufficient staff. To be able to spend time in undertaking some special investigation makes the duties of a School Medical Officer more interesting and widens the scope of our work, which is preventive medicine and the care of the school-child.

In order that the greatest advantage may be obtained from a School Medical Officer and her work, each School Medical Officer must be some years in the one district. This means that she has an intimate knowledge of all her schools, the Education Board considers her a member of their staff, and