

health camp to which relays of 100 school-children go every six weeks is a proof of the existence of a certain amount of subnormal nutrition. It is interesting to note, however, that, although the necessity for this permanent health camp still exists, it is becoming more difficult to obtain the full quota each term. From this it is reasonable to infer that the nutrition of school-children is improving."

*Dr. Anderson* (Napier).—"This important subject seems to be of constant interest to the average individual, and almost invariably there is the association of food with it, whereas we have learnt from constant observation that, although quality of food and inability to deal with it intelligently play a big part in the question of nutrition, it is the outside factors which form the overwhelming causes of poor physique and lack of weight . . . Excessive brain work affects the child. We notice it with the secondary-school girls particularly, when they indulge too freely in outside social activities. In connection with this, it is worthy of note that children who enter boarding school invariably gain in weight and general physique. I have in mind a nervous underweight child of poor physique, from an excellent country home; we had given up all hope of physical improvement until he went to boarding school. During the first year he did nothing remarkable, although a general improvement was noticeable; but during the next twelve months he gained 14½ lb. and grew 2½ in."

*Dr. Irwin* (Southland).—"While this continues to be satisfactory on the whole for Southland, it is to be regretted that I can still offer approximately two hundred names of children for selection by the Health Camp Committee. There should be no lack of money, but people often tend to consider luxuries essentials."

#### HEALTH CAMPS.

Health camps continue to function and do good work in restoring delicate children to health. Camps were conducted last year at Auckland, Hamilton, Gisborne, Wanganui, Otaki, Nelson, Marlborough, Canterbury, Otago, and Southland, and approximately two thousand children were benefited in this way. The care of such a large group of children calls for much organization, and health camp associations are to be congratulated on the results attained. Two camps functioned throughout the year—namely, Wellington (at Otaki) and Wanganui.

One School Medical Officer states that the great improvement in physical and mental vitality of the children returning from the camp is always a striking example of the benefit to be derived from a simple routine which provides the facilities for health—namely, fresh air, sunshine, correct food, rest, and exercise. Not to be forgotten is the educational value of the camp not only to those who participate, but to those who are at home when the children return.

#### MILK-IN-SCHOOLS SCHEME.

The milk-in-schools scheme continues to expand. While it has been reported that some children for whom milk is obviously needed decline the ration, the vast majority are benefiting in no small degree.

Much of the success of the scheme is due to the teachers who are responsible for seeing that the children are instructed as to the value of milk and that they receive the ration at a regular hour each day.

At the commencement of the scheme it was hoped to compare the weights of children at schools taking the milk ration with children at schools not yet within the scheme. This was not possible, however, owing to the fact that before many months had passed the majority of the schools acting as controls were receiving the ration. Also, it was found that the parents of children in the control schools made a point of giving their children extra milk at home because they were not benefiting in the same way as those receiving milk at school.

School Medical Officers and teachers agree as to the improvement in physical well-being, alertness, and activity of the children taking the milk ration.

*Dr. Dawson* (New Plymouth), commenting on the milk ration, states that before the institution of the scheme children who had come to school after an early breakfast made heavy inroads into their lunch at morning interval, with the result that they were short of food in the middle of the day: as a result, quite a number were hungry and tired and were quite incapable of assimilating any knowledge during the last period of afternoon school. Now one notices that children who drink milk do not take any play lunch.

#### TUBERCULOSIS CONTACTS.

The School Medical Service endeavours to keep under supervision all tuberculosis contacts.

In Wellington there are 235 contacts under supervision. The children are seen at least once a year by the Chest Specialist; if necessary they are X-rayed. At the age of thirteen or fourteen they are all X-rayed. Occasionally parents refuse to allow their children to attend the Chest Clinic. Quite recently two cases have come under notice where for years opposition was met with; finally when the children have reached adolescence the parents gave their consent—at this late stage T.B. lesions were detected. Incidents such as these should make us realize that there is still a good deal of prejudice and ignorance as to what these public health services exist for.

*Dr. Moir* (Wanganui) reports that a routine X-ray examination of all contacts between four and twenty years is being undertaken, and where the results of X-ray justify it, arrangements are made for the case to be seen by the visiting tuberculosis officer.

In Napier the nurses have continued the good work of keeping in touch with all tuberculosis contacts, and, where the parents co-operate, keeping a record of their growth period. Some contacts keep in touch even though they are working and away from school completely; these still keep up their visits to the Chest Specialist and report the findings to the nurse, which is very gratifying.