

Pre-school Child: There was an encouraging increase in the number of departmental clinics established for medical supervision of this group. Eighty have now been established at Plunket rooms and kindergartens, and 5,628 children were seen, in comparison with 1,527 for previous year. The health of these children gives some concern. Medical examinations have revealed minor structural deformities of bones and joints, and malnutrition is too high. Dietary errors are very obvious in the home control of these children.

Nursing.—The activities of the Nursing Division during 1942 were very much influenced by the state of emergency owing to the entry of Japan into the war. The post-graduate course was suspended with the dual object of leaving nurses at their normal posts and of enabling the Department to use the two Nurse Instructors for organizing work. Miss Bridges helped with inspection of hospitals and the arranging for additional nursing staffs for emergency hospitals. Miss Cameron assisted with the organization of the system for the control of cases and contacts under the Social Hygiene Regulations.

The Emergency Nursing Service created early in the war proved of use, particularly in those districts where there were large troop concentrations and winter epidemics of influenza and minor infectious diseases. This service consisted of registered nurses and Voluntary Aids of the New Zealand Red Cross Society and the Order of St. John. Authority has been given for setting up a Civilian Nursing Reserve, and the reserve is now in process of organization. Reservists will be employed by the Department and will be posted to Hospital Boards which require assistance, the Hospital Boards reimbursing the Department at the scale of salary laid down.

During the year the first examination for the recently introduced State course for hospital dietitians was held. This examination will be conducted annually in future. The course is of one year's duration for graduates of the Home-science School and two years for approved registered nurses.

Maternal Welfare.—There has been a steady advance in maternal welfare since 1927, when public attention was first drawn to New Zealand's unenviable position as regards maternal mortality. Deaths from childbirth and other puerperal causes have been substantially reduced. Strict control of midwifery practice, increased and better accommodation for maternity cases, and a high standard of education in obstetrics for medical students have been important factors in this connection. Hospital Boards have been impressed with the need for providing additional accommodation for maternity cases and for training maternity nurses.

Dental Hygiene.—The expansion of the School Dental Service has continued steadily during the year, although not so rapidly as it would have done in normal times. It is worthy of record that with the extension of treatment to Standard VI this year the final phase in the development of the Service has now been commenced. The School Dental Service now operates in 387 centres, as compared with 376 at the end of the previous year. The staff has increased to 551 (including 137 student dental nurses in training). The number of children under regular treatment is 146,496, an increase of 19,790 during the year. Additional schools to the number of 99 have been brought within the scope of the Service, making the total number of schools now receiving dental treatment 2,120. There has been a very satisfactory increase in the number of pre-school-age children enrolled for regular dental treatment. The number now stands at 12,993. The ratio of extractions to fillings shows a further reduction, and is now 9.4 per 100 fillings. The total number of extractions for the year was 84,031 and of fillings (including both permanent and deciduous teeth) 895,474. The latter included 191,904 prophylactic fillings.

Close attention has been given to dental health education during the year. New film strips have been prepared, and material for exhibition purposes is being steadily accumulated and is being made good use of by the staff.

Further attention has been given to the disquieting shortage in the number of students undertaking the dental course at the Otago University, and the introduction of Government bursaries during the year under review gives promise of providing some measure of relief in this direction. Twenty-five bursaries were awarded early in 1943, and the number of students commencing dental study now shows a satisfactory increase.

Matters connected with the administration of dental legislation have demanded attention throughout the year, including routine administration of the affairs of the Dental Council of New Zealand. Special activities due to the war have included such matters as the orderly recruitment of dentists and dental mechanics for service with the armed forces; creating and maintaining the administrative machinery for the examination and treatment of returned personnel of the forces; arranging necessary dental treatment for inmates of defaulters' detention camps, &c.; and attention to these matters has continued throughout the year.

Maori Hygiene.—The mean Maori population was estimated to be 94,473, as against 92,328 in 1941. The following table shows a comparison between Maori and European vital statistics:—

	Maori.	European.
Birth-rate per 1,000 of population	45.65	21.73
Crude death-rate per 1,000 of population	18.33	10.60
Infant-mortality rate per 1,000 live births	97.61	28.71
Maternal-mortality rate per 1,000 live births	4.64	2.53

The Maori maternal-mortality rate is now within measurable distance of what the European rate used to be, but in two other respects the Maoris lag a long way behind the Europeans. The extremely high incidence of tuberculosis amongst the Maoris constitutes a major public-health problem. The death-rate from this disease was 42.24 per 10,000 in 1942, which is more than ten times as high as amongst the Europeans. The Maori infant-mortality rate again compares most unfavourably with the European rate, and shows the need for a more intensive programme of infant-welfare work.

Social Security.—Medical, hospital, and allied benefits under Part III of the Social Security Act.

Massage Benefits: During the year under review benefits in respect of massage treatment afforded by masseurs in private practice were introduced (on 1st September) in accordance with the Social Security (Massage Benefits) Regulations 1942 (Serial number 1942/255).

The general arrangement for these benefits consists of individual contracts with registered masseurs under which they are paid from the Social Security Fund a fee of 3s. 6d. for each massage treatment and undertake not to charge the patient any additional fees in excess of 3s. 6d. for each treatment afforded in the masseur's rooms or 7s. for each treatment afforded elsewhere than in the masseur's rooms.

No massage treatment is recognized for the purpose of the benefits unless it is given on the recommendation of a medical practitioner, and no more than four weeks' treatment may be given on a single