

*(c) Cases placed on Treatment.*

The small group of children finally selected have been placed mainly on an open-air regime, but without disturbance of school life. Two are to be admitted for sanatorium treatment; one has been admitted to hospital and later transferred to a convalescent home. In Canterbury all cases have commenced immunization with tuberculin ointment.

## SUGGESTED EXTENSION OF SCHEME.

*(a) Observation.*

This group is to be kept under close observation for an extended period. Each child has a chart on which is recorded the monthly weight seen in relation to its normal weight for age. An unsatisfactory chart calls for inquiry, instruction, and probably special treatment. In addition to this, each month the homes are to be visited by the school nurse, where conditions will be noted and advice given.

*(b) Treatment.*

The parents of each child have been personally interviewed with a view to obtaining satisfactory history and to enable sounder judgment on the case. Those requiring treatment have been further interviewed and special lines of treatment laid down. All have received printed instructions as to general mode of life, diet, &c.

Special lines of treatment are awaiting fuller development:—

*Open-air Regime.*—A number of children have been definitely placed on open-air regime, with outdoor sleeping.

*Health Camp.*—It is proposed that early in 1927 these children should be assembled in a health camp, where special attention will be paid to their particular needs, and to nutrition.

*Immunization by Inunction with Tuberculin Ointment.*—This was recommended by Sir Robert Philp, Professor of Tuberculosis, Edinburgh University. He claims that the method has a "remarkable inhibitory influence on the first buddings of tuberculosis in childhood" (see B.M.J., 24/3/23). This is supported by Dr. Blackmore, Cashmere, who has given valuable aid to this scheme. The treatment consists in weekly inunctions, with gradually increasing strengths of ointment, lasting over a period of months. This has been commenced in Canterbury, but has not as yet been put into operation in Wellington.

*Ultra-violet Light.*—This treatment is finding enthusiastic support in many quarters. It is suggested that those children ultimately requiring hospital or institution treatment may be so treated with benefit.

## CONCLUSIONS.

This work is yet in its infancy, but we have been able to select a group of children who will require watching until the age of twenty-five, and a smaller group requiring special care by the means most appropriate to the individual cases. This, if carried out more extensively in the future, should constitute a valuable means of prophylaxis, whereby the incidence of tuberculosis may be considerably lessened.

## PART IV.—DENTAL HYGIENE.

In connection with the work of my Division I beg to submit a report for the year ending the 31st March, 1927.

## SECTION I.—STAFF, CLINICS, ETC.

*Staff.*—The allocation of the staff of the Division is as follows: Wellington—Mr. J. L. Saunders, B.D.S., Deputy Director, Division of Dental Hygiene; Mr. R. D. Elliott, Inspecting Dental Officer; Mr. J. B. Bibby, Clinical Demonstrator; Miss M. McIntyre, Clinical Demonstrator; Miss E. M. Haines, Senior Dental Nurse.

In the field fifteen dental officers and forty-one dental nurses, stationed as follows: Dental officers—Two at Auckland, one at Edendale, one at Huntly, two at Masterton, two at Nelson, one at Motueka, one at Christchurch, one at Hokitika, one at Oamaru, one at Dunedin, one at Rarotonga, one at Wellington. Dental nurses—Two at Auckland, one at Ponsonby, one at Avondale, one at Dargaville, one at Papakura, one at Whangarei, one at Hamilton, one at Te Awamutu, one at Taumarunui, one at Hunterville, two at Wanganui, two at Palmerston North, one at Dannevirke, two at New Plymouth, two at Napier, two at Gisborne, one at Waipukurau, one at Hastings, one at Hawera, one at Pahiatua, one at Lower Hutt, one at Christchurch East, one at Woolston, one at Westport, one at Greytown, one at Temuka, one at Timaru, one at Oamaru, one at Papanui, one at Mosgiel, one at Dunedin, two at Invercargill, one at Gore, one at Clyde.

During the year somewhat heavy losses in staff have been sustained owing to ill health, resignations, &c. The period of service of the first draft of dental nurses has already expired, and that of the second will expire in October next. It will therefore be necessary to provide against ever-increasing staff losses in the future, as at no time under present conditions will the Department have more than ninety nurses in the field who are under bond. The period of service of several dental surgeons under their bursary agreements with the Department has also expired, and, as the number of incoming bursars is now all but exhausted, any replacements of fully qualified officers will have to