H.—31.

SUMMARY OF 51,490 COMPLETE EXAMINATIONS.

Number of children examined			51,490	O Percentage of children, &c.—continued.			
Percentage found to have				Nose and throat—			
Percentage with defects other than dental 60.69				Nasal obstruction			4.68
Percentage of children showing evidence				Enlarged tonsils			21.08
of—	C			Enlarged glands			14.80
Subnormal nutrition			6.84	Goitre—	• •	• •	
Pediculosis			1.87	All degrees			16.25
Uncleanliness			2.28	Incipient			13.08
				Small			2.94
Skin—				${f Medium}$			0.20
${ m Impetigo}$			2.04	Large			0.03
$Scabies \dots$			1.64	Eve—			
$ m Ringworm \qquad \ldots$			0.32	External eye-disease			1.62
Other skin-diseases			0.88	Total defective vision			3.14
Non-vaccination			$66 \cdot 67$	Corrected			1.39
TT				Uncorrected			1.75
Heart—			0.88	Ear-			
Organic disease	••		0.00	Otorrhœa			0.30
Functional disturbance		• •	0·72 0·99	Defective hearing			0.36
1 /	1 1	1	0 0 0	Defective speech			0.63
Total deformities of trunk and chest 20.05				Mental—	• •	• •	0 00
Mouth —				Feeble-mindedness			0.20
Deformity of jaw	or nalate	in-		Epilepsy			0.03
cluding irregularity	paraco,		7.32	Other nervous defects		•	0.16
Dental caries			56.15	Tuberculosis—	• •		0.20
Extractions of perma			7.02	Total			0.09
Fillings			25.51	Pulmonary			0.04
Perfect sets of teeth			3.83	Other tissues			0.05
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Work of School Nurses.

The demand upon the services of the school nurse increases yearly, both on account of the recognition of her value by teachers and parents and because of the extension of duties required from her by the Department. It is satisfactory to note an increase in the number of home visits paid by school nurses (this year equals approximately 15,000).

TREATMENT RETURNS.

Of 19,271 children notified for treatment in the main centres and subsequently followed up by school nurses, 64 per cent. obtained the necessary treatment. In Nelson this percentage equalled 80 per cent. In many of the big town schools the percentage of treatment obtained was over 90 per cent. Of 12,670 children in country districts notified for treatment and subsequently followed up by school nurses, 51 per cent. obtained it, Nelson again leading with 75 per cent. In studying the various returns which go to make up this total it is evident that parents in remote areas, for financial or other reasons, often find it difficult or impossible to undertake the necessary journey to the centre where treatment can be obtained.

Co-operation between Health Officials.

It is obviously desirable to secure, as far as possible, co-operation between various officers engaged in health work in a district, some of whom, such as School Medical Officers and nurses, work under the direct control of the Health Department, others of whom (e.g., district nurses) work under the control of the local Hospital Board. Hospital Boards were therefore approached and an arrangement made by which district nurses are now notified when the School Medical Officer intends visiting the district, authority being given for them to attend the medical examinations at various schools. Such an arrangement is of mutual advantage. A district nurse has undoubtedly considerable local knowledge which is of assistance to the School Medical Officer, and she herself in turn gains useful information from the opportunity thus afforded of discussing the welfare of the children in her area with the visiting School Medical Officer. A similar arrangement is made with regard to nurses to Natives, who are officers of the Health Department.

NATIVE SCHOOLS.

Owing to lack of staff, the routine examination of Native schools has hitherto been impossible, though School Medical Officers have been encouraged to inspect them whenever facilities permit. The arrangement by which a separate health unit has been created in the Poverty Bay District has enabled the Native schools of that area to receive greater attention than hitherto. This district contains that section of the Maori population which has least mixture with the white race and which shows considerable loyalty to the ancient racial customs. Dr. Turbott is devoting special attention to the physique of the present-day Maori. Some interesting observations, the result of his work in Native schools, are to be found in the Appendix to this report, entitled "Maori and Pakeha: A Study in Comparative Health." These are the more valuable in that they tend to remove any undue pessimism with regard to the future of the Maori people.