

School Hygiene.—The percentage of malnutrition among school-children noted during the last year shows a slight increase, and apart from routine work the energies of the School Medical and Nursing Services have been more than ever, during this period of economic depression and distress, directed towards measures for sustaining a satisfactory level of nutrition. Much has been done in the direction of extending the scope of health camps for the reception of delicate and ill-nourished children.

The results of an inquiry into the incidence of cyclical vomiting by Dr. Champtaloup is summarized in the report of the Director, Division of School Hygiene. In co-operation with the Education and Mental Hospitals Departments useful service has been rendered in the supervision of neglected children and in the examination of the mentally backward and feeble-minded. The question of goitre is being kept under constant observation. Preventive treatment for diphtheria has been resumed. The following quotation from the pen of Sir Arthur Newsholme is of more than passing interest:—

“The value of school medical inspection and the treatment following on it in improving national health is not open to doubt. . . . The outstanding fact is that a vast amount of ignored and neglected disease and defects has been discovered by School Medical Inspectors. Had it not been for this work much of this would have remained undetected and untreated, with serious results in adult inefficiency in life. . . . Any general statement of school work which left out of account that invaluable work of school nurses would be incomplete. They see school-children much oftener than school doctors, they follow up defects found by the latter, and their independent work in treating such minor conditions as impetigo, eczema, sore fingers, and pediculosis, not only increases average school attendance, but also does much to prevent glandular enlargements or more serious diseases.”

Nursing.—Miss Lambie, in her first report as Director, Division of Nursing, outlines the various measures taken to improve the standard of nursing in New Zealand. It will be seen that definite progress has been made.

Dental Hygiene.—An attempt has been made to place the scheme for the dental treatment of children on a more satisfactory financial basis by imposing upon local Committees the obligation of finding an additional £30 for each dental nurse employed. The local Committees, generally speaking, have shown their appreciation of the service by finding the money.

The decentralized control made possible by the appointment of four District Dental Superintendents is proving a success, and has not only enabled closer administrative control, but has actually been found to be more economical than the previous system.

Hospitals.—Very close supervision was exercised during the year over hospital expenditure, and Hospital Boards generally showed themselves fully alive to the position and co-operated loyally with the Department in an endeavour to stop every avenue of waste. As a result, hospital maintenance for last year showed a reduction throughout the whole of New Zealand of approximately 14 per cent. as compared with the preceding year.

Prevailing difficulties of finance have been accentuated so far as Hospital Boards are concerned by the widespread distress which not only increased demands for charitable aid, but caused a falling-off of in-patients fees collection.

Chiefly on account of the increase in relief necessitated by unemployment, a net deficiency of approximately £85,000 was incurred by Hospital Boards as a whole. This has to be made good in the current year and, but for the fact that the Boards are as from 1st July being relieved of the duty of granting relief in cases due to unemployment, the situation to be faced would have been one of very acute difficulty.

As it is, the position calls for renewed efforts on the part of Hospital Boards in order that contributions levied upon local authorities and Government subsidy shall be kept within reasonable limits. Estimates submitted for the current year indicate that further substantial savings in hospital expenditure are being aimed at. The Director of the Division of Hospitals in his report indicates some directions in which economies should be sought for.

With the exception of a few hospitals, it is considered there is still scope for reducing the per diem costs of treatment as well as the bed population. There is also a definite movement to close or lease small hospitals which often prove themselves relatively very costly when run by public authorities. Actual experience shows that as an alternative to closing a small hospital an arrangement by which it is leased to a qualified person with an annual grant in respect of indigent patients is an economical and satisfactory one.

The Department is still pursuing the policy of having charges for maintenance and treatment raised to approach the cost, and there has been further improvement during the year just closed. Several Boards have, however, shown themselves opposed to the policy, and it is proposed, where necessary, to invoke the provisions of section 80 of the Hospitals and Charitable Institutions Act, under which an adequate scale of fees may be fixed. It has been emphasized that an inadequate scale of charges for public hospitals virtually admitting all classes of patients not only conflicts with the principle under which Hospital Boards are financed from local rates and general taxation, but constitutes unfair competition with private hospitals and in a measure establishes a vicious circle as private enterprise finds fewer and fewer patients to deal with.

Full statistical and financial information with regard to hospitals and institutions under the control of Boards will be published as a special appendix to this report at a later date when the returns from Boards' secretaries are all to hand.

Maori Hygiene.—The birth-rate and death-rate amongst Maoris—33·74 and 14·81 per 1,000 of population respectively—are much in excess of the rates amongst Europeans. The excess of births over deaths, however, has during the past three years given the Maori a highly satisfactory natural increase.

The Maori infantile-mortality rate of 95·59 is unfortunately much higher than the European rate. It is disappointing to note that the comparatively low figure reached in 1929 was not maintained in the two succeeding years. During the year under review circulars on this subject were sent to all