

overcome in putting this important innovation into effect. However, with only one exception (Beresford Street School Dental Clinic, Auckland), the Committees accepted the increased responsibility, and immediately took steps to set up the organization necessary to meet the situation. The prevailing financial depression has made their task no easy one, but, nevertheless, good progress has been made at most centres. It is pleasing to note the ready manner in which teachers, School Committees, and Dental Clinic Committees are co-operating with one another to secure the funds necessary to retain the service for the children under their care. Unfortunately, their efforts are not always supported as they might be by those who should be most keenly interested—namely, the parents themselves. The apathy on the part of certain parents has resulted in a number of children becoming ineligible for further treatment at school dental clinics. At a few places the drop in the number of children under treatment was such as to actually necessitate a reduction in the clinic staff. Even so, however, the total number of children receiving regular and systematic treatment at the end of 1931 shows a net increase of 1,343 over the number under treatment at the end of the previous year. Taking into consideration the far-reaching nature of this variation of policy, and the fact that in most cases a considerable portion of the financial year had elapsed before the local Committees were in a position to put their plans into operation, the result must be regarded as satisfactory.

#### SECTION 4.—WELLINGTON DENTAL CLINIC.

The Superintendent of the Wellington Dental Clinic, Mr. J. B. Bibby, reports as follows:—

Operations performed in the Dental Clinic, Wellington, for the year ending 31st March, 1932, are as follow, the 1930-31 figures being shown in parentheses:—

Attendances.	Fillings.	Extractions.	Other Operations.
46,488	30,551	2,881	24,497
(47,486)	(38,185)	(3,708)	(28,787)

The figures for 1931-32 show a decrease; this is chiefly due to a reduction in the number of dental nurses in training during this period.

It is pleasing to note that the relative number of extractions to fillings still continues to fall. The 1931-32 figures for extractions are lower than those of the previous year: 1930-31, 1 extraction per 10·3 fillings; 1931-32, 1 extraction per 10·6 fillings. This is partly accounted for by the fact that an increasing number of children come under the care of the clinic at a very early age. More home care has also contributed to this result.

The number of new patients who have been admitted to the clinic for the first time during the twelve months 1st April, 1931, to 31st March, 1932, is 1,626.

The following table, giving the percentage of new patients of various ages who were admitted for initial treatment, is of particular interest, as showing the increasingly early age at which children are being placed under the care of the clinic for regular and systematic attention:—

Age.	1921-22.	1926-27.	1931-32.*
Under 2 years .. .. .	..	0·1	1·8
2 years and under 3 years .. .. .	0·7	1·4	13·7
3 years and under 4 years .. .. .	1·5	6·2	20·4
4 years and under 5 years .. .. .	2·8	11·8	18·5
5 years and under 6 years .. .. .	6·5	11·4	15·8
6 years and under 7 years .. .. .	8·7	12·6	13·6
7 years and under 8 years .. .. .	15·8	10·4	10·3
Over 8 years .. .. .	63·9	46·1	5·9

\* Age of 1931-32 patients was six to nine months greater at date of admission than when actual application for treatment was made.

It will be seen from the above that in 1931-32, more than half (54·4 per cent.) of the children admitted were under five years of age. Ten years ago, 1921-22, only 5 per cent. of the admissions were under five years of age, while 63·9 per cent. were over the age of eight. These figures demonstrate in a striking manner how parents have learned to appreciate the value of early dental care.

On the 1st September, 1931, an annual charge of 2s. 6d. for each patient treated was instituted at this clinic. Although exemption for those unable to pay this small fee is provided, there has been a considerable decrease in the number of applications for treatment.

During the year an endeavour has been made to keep in touch with the work of the Division of School Hygiene, and the Child Welfare Branch of the Education Department. Ninety-five tuberculosis contacts, referred to the clinic by officers of the School Medical Service, are now receiving regular treatment, and as large a number of State wards who are under the care of the last-named Department. Treatment has also been extended to the children of the Presbyterian Boys' Orphanage, Presbyterian Girls' Orphanage, the Levin Memorial Home, and the St. Mary's Anglican Orphanages (three). Over 130 children from these institutions are now under treatment.