

*School Hygiene.*—Dr. Paterson visited Great Britain and the Continent and gained an insight into modern developments in child welfare, with special regard to school-children. While abroad, this officer investigated particularly what was being done with special groups of children who were under-nourished, crippled, suffering from ear troubles, mentally backward, or psychologically abnormal. Dr. Paterson conferred with officers of the Ministry of Health, the London County Council, and other public health authorities in Great Britain, and represented New Zealand at the International Labour Conference at Geneva.

There was little variation in the health of the New Zealand school-child during the year as judged by the results of medical inspection. Dr. Paterson in her report shows that close attention was paid to the many factors concerned in the health of our school-children, and particularly so as regards the problem of nutrition. The selection of children for admission to the health camps entailed much work. The finance of these camps benefited to the extent of some £11,000 by the sale of the Christmas health stamps and donations through the Post and Telegraph Department and the willing assistance of various voluntary organizations. The results of the health camps have amply demonstrated what good can be done for such children, and therefore the generous financial help rendered by the public in this direction is most gratifying.

*Hospitals.*—Dr. Shore in his report draws attention to the fact that it has been necessary for many Boards to undertake building extensions so as to provide the necessary accommodation for patients seeking admission. During the year Boards were asked to submit their proposals for a five-year building programme with a view to assisting in planning needs to fit in with probable future extensions, and also to obtain estimates of the amounts required for the work annually during that period. The estimates of Hospital Boards are coming to hand, and a preliminary examination of those so far received indicates in many cases that the actual maintenance expenditure of Boards has been greater than that provided in the estimates. It is observed that hospital expenditure is still being affected by the factors referred to in my last report, and it seems certain that the requirements for the coming year will also substantially exceed this year's figure, which in many cases will be increased by the deficits being carried forward.

Full statistical and financial information in regard to hospitals is published as a special appendix to this report.

*Nursing Division.*—Miss Lambie in her report outlines the various measures taken for the development and improvement of nursing in New Zealand. Among special matters to which attention has been drawn are: The need for training Maoris as assistants to district nurses; the better selection of Maoris for training as nurses and their employment to the best advantage; the factors bearing on the present shortage of nurses; the extension of district nursing; the value of an almoner's department. During the year a committee of the Registered Nurses Association was set up to study the present system of training nurses in New Zealand.

*Maternal Welfare.*—Dr. Paget in his report reviews matters associated with maternal welfare and, in doing so, comments on the encouraging reduction in the puerperal-mortality rate. (The rate for the year, 4.21 per 1,000 live births, is lower than the rate of 4.8 for 1934.) He also deals with the most difficult problem of puerperal sepsis following abortion. A close inspection has been maintained of maternity hospitals. The Department has received helpful co-operation from the licensees and it was found, with very few exceptions, that these hospitals were being well administered.

The erection of the maternity hospital at Dunedin, designed for obstetrical teaching, will afford better facilities for the training in obstetrics of students at the Otago University Medical School.

The New Zealand Obstetrical and Gynæcological Society is showing steady progress and its work is proving of distinct value in the sphere of maternal welfare.

*Dental Hygiene.*—Thirty new probationer dental nurses were appointed in 1935 and 51 additional appointments have since been authorized to meet the growing demands for dental treatment of children. Dental clinics have now been established in 252 centres. One thousand five hundred and ninety schools are now under dental supervision. The number of children who received dental treatment was 84,738. Amongst special matters reviewed in the Director's report are the work of the Wellington Dental Clinic, the fundamental requirements of a school dental service, dental disease among Maori children, and dental health education.

*Maori Hygiene.*—In last year's report an account was given of the health activities amongst the Maoris. The estimated Maori population as at the 31st December, 1935, was 75,008—an increase of 1,719 over the figure for the previous year. The death-rate was 19.29 (17.51 in 1934). The infant-mortality rate was 103.05 per 1,000 live births (93.59 in 1934). There has been a further increase in the Maori birth-rate which was 43.34 per 1,000 population as against 40.67 for 1934. The excess of births over deaths gives the Maori race the satisfactory natural increase of 2.41 per cent. The death-rate for all forms of tuberculosis was 40.26 per 10,000 of population (pulmonary 32.40; other forms 7.86).