

KINDERGARTEN AND PRE-SCHOOL CHILDREN.

This is a branch of preventive medicine in which School Medical Officers have always been anxious to increase their activities, but in which, owing to lack of staff, they have not been able to do more than touch the fringe. Children of this age take much longer to examine; they must always be accompanied by their parents, and special arrangements have to be made for their examination. However, 860 kindergarten and pre-school children were examined this year, as against 335 last year; it is hoped that next year this number may be very much increased. The result of the examinations in 1938 was as follows:—

| | | | | | | |
|--|----|----|----|----|----|-------|
| Number of children examined | .. | .. | .. | .. | .. | 860 |
| Percentage found to have defects | .. | .. | .. | .. | .. | 58·37 |
| Percentage with defects other than dental | .. | .. | .. | .. | .. | 35·58 |
| Percentage of children showing evidence of— | | | | | | |
| Subnormal nutrition | .. | .. | .. | .. | .. | 5·93 |
| Pediculosis | .. | .. | .. | .. | .. | 0·23 |
| Uncleanliness | .. | .. | .. | .. | .. | 0·70 |
| Skin— | | | | | | |
| Impetigo | .. | .. | .. | .. | .. | 1·05 |
| Scabies | .. | .. | .. | .. | .. | 0·35 |
| Ringworm | .. | .. | .. | .. | .. | 0·23 |
| Other skin-diseases | .. | .. | .. | .. | .. | 1·51 |
| Heart— | | | | | | |
| Organic disease | .. | .. | .. | .. | .. | 0·46 |
| Respiratory disease | .. | .. | .. | .. | .. | 1·63 |
| Total deformities of trunk and chest | .. | .. | .. | .. | .. | 6·28 |
| Mouth— | | | | | | |
| Deformity of jaw or palate, including irregularity | .. | .. | .. | .. | .. | 0·23 |
| Dental caries | .. | .. | .. | .. | .. | 39·30 |
| Fillings | .. | .. | .. | .. | .. | 7·32 |
| Perfect sets of teeth | .. | .. | .. | .. | .. | 38·02 |
| Nasal obstruction | .. | .. | .. | .. | .. | 2·67 |
| Enlarged tonsils | .. | .. | .. | .. | .. | 21·28 |
| Enlarged glands | .. | .. | .. | .. | .. | 7·67 |
| Goitre, all degrees | .. | .. | .. | .. | .. | 6·39 |
| Ear, otorrhœa | .. | .. | .. | .. | .. | 0·46 |
| Defective speech | .. | .. | .. | .. | .. | 0·70 |

SECONDARY SCHOOLS.

It is hoped to include the inspection of secondary schools as a routine of our annual programme. Where School Medical Officers have been able to undertake these inspections it has been found that they are just as necessary as among primary-school children. School Medical Officers found the experience of value, and the great personal interest of teachers and pupils alike showed an appreciation of the service and advice given. Dr. Catherine Anderson, who examined some 1,300 secondary-school pupils in the Hawke's Bay district, states:—

“The defects in the secondary group of pupils are similar to those found in the primary schools, except that the skin conditions alter somewhat. This undoubtedly is the age of acne. Although diet helps to a certain extent in clearing up acne it was noteworthy that after the prolonged swimming season some of the stubborn cases cleared completely, which appeared to show that the sea-water had come tonic effect on the skin.”

Dr. McLaglan makes the following observations:—

“Arrangements for medical examination of high schools present difficulties to their headmasters which they did not realize till they had to make them. The difficulties can be summed up under two headings—(1) room for the School Medical Officer to work in, and (2) interference with time-tables. It is rather early to dogmatize, but as a result of my observations last year I concluded:—

- “(1) That the standard of health and growth of the high-school pupil was surprisingly good.
- “(2) That their teachers took great personal interest in their pupils as individuals, both physically and mentally.
- “(3) That the standard of happiness amongst the pupils themselves was very high and that fun and recreations were fostered by their teachers.
- “(4) That it was most important to get high-school pupils' eyes tested once a year.
- “(5) That feet of all pupils should be examined, chiefly for flat-foot. Japanese canvas shoes were, unfortunately, too common evidently because of their cheapness compared to good leather shoes, which are preferable in that they are a better support and protection for the feet.
- “(6) Adolescence of Girls: Chlorosis was virtually non-existent. Katamenia was almost always normal, and its onset seemed unaccompanied by physical or even much psychological upset. Dysmenorrhœa was rare, metrorrhagia more common, and there were some cases of irregularity and an occasional case of delayed onset.”