

years, and with the findings reported by the London County Council authorities and by School Medical Officers in Australia. However, in view of the modern opinion that tuberculosis infection is almost universal before adolescence, it is probable that a percentage of school children now classified by School Medical Officers as of subnormal nutrition has latent tuberculosis. This group as reported in 1927 constitutes 7.14 per cent. of the children examined, and is the group under supervision.

In 1927 a special investigation was carried out in Wellington under Dr. Champtaloup, and in Canterbury under Dr. Baker-McLagan, to enquire into the incidence of tuberculosis in New Zealand school children. Schools were selected for examination in poor and well-to-do city areas, and in the country so that a fairly representative group of children was observed. The written consent of parents was first obtained. The investigation consisted of a general medical examination supplemented where indicated by special expert methods of diagnosis, e.g., X-ray examination, examination by tuberculosis specialist. Moro's inunction test was used as an aid to diagnosis. Evidence of tubercular infection was found almost twice as often among city children as among country. Maori figures were much higher, 25 per cent, all of whom live in the country giving positive signs.

During the following year these children were regularly weighed and measured monthly, and an endeavour made to create a satisfactory conditions of environment at home and at school as possible, this work being carried out by the school nurse.

The results of this primary survey were encouraging, so it was decided in 1928 to expand this programme to include all tuberculosis contacts—that is, children whose parents suffered from tuberculosis or who had lived in contact with the disease. Naturally this is an ever-increasing group owing to the number of sufferers who are living in the community

and not under hospital and sanatoria conditions.

The procedure for obtaining the information regarding these cases is as follows:—Tuberculosis being a notifiable disease, all cases are known by the Medical Officer of Health. Where households in which children of pre-school or school age are known to be living in association with a tuberculosis patient, the names and addresses are forwarded to the School Medical Officer of the district. The School Medical Officer then as soon as possible carries out a thorough medical examination of the children concerned and the cases are referred to the school nurse for observation.

In Wellington at the present time over 200 children from pre-school age to secondary school age are under supervision, covering an area of 41 town and suburban schools and seven country ones. The school nurse has been detailed to carry out this work and, as can be imagined, it is of great interest. Her work lies in assisting the School Medical Officer with the examination of the children and in seeing that any remedial defect, such as enlarged tonsils or defective vision, etc., is corrected. Such common defects exert a harmful influence upon their general health, thus decreasing their power of resistance to tuberculosis.

The greater part of the nurse's work lies in the homes in endeavouring to improve the environment. The fact that tuberculosis is a disease which affects those of earning capacity creates a difficult financial situation in all types of homes. If the mother is the one who is affected, the whole household suffers, additional expense is involved in running the home from a domestic point of view, or else a condition of upheaval eventuates in which all the members of the family are affected. If it is the father or an earning member of the family, much less income is brought in, the family exchequer suffers and conditions of poverty arise. This in turn affects the type of house occupied and its locality as well as the food supply and general hygienic conditions. All these are facts which