

PART V.—SCHOOL HYGIENE

SECTION I.—CONTROL AND ADMINISTRATION.

TRANSFER OF CONTROL.

The most notable event of the year directly concerning the school medical service has been its transfer from the control of the Education Department to that of the Department of Health. The school medical service is primarily a health service, and, viewed in this light, more properly comes under the control of the Department of Health. For practical purposes the linking-up of the school medical service with the other Health services of the Dominion will undoubtedly prove to be of great advantage, especially in providing readier access to treatment by utilizing more widely the existing public-health system.

Fears have been expressed by some lest the transfer to the Department of Health would result in a lack of co-ordination between this branch of the Health service and the schools in which its work is necessarily carried on. The need for close co-operation between school medical officers and school nurses on the one hand, and Education Boards, School Inspectors, and school-teachers on the other, is, however, well recognized, and the cordial relations which have hitherto contributed so much to the success and efficiency of the work will doubtless be maintained. It cannot be too strongly emphasized that the mission of the school medical service is largely educational, and in this respect the school medical work is to a great extent dependent upon the sympathy and co-operation of school-teachers, School Inspectors, and Education Boards.

PHYSICAL-TRAINING BRANCH.

The physical-training branch, with its staff of fifteen itinerant instructors and a Chief Physical Instructor, continues under the control of the Education Department. Although it may be said that physical training deals essentially with the health of the school-child, and should therefore be grouped with the school medical branch, yet in actuality the physical instructors much more definitely belong to the teaching staff of the schools; in fact, a scheme is under consideration by which the marks allotted to teachers by physical instructors for their efficiency in conducting physical-training classes would be taken into account in the grading of teachers. These considerations make it impossible that the physical-training staff should be under other control than that of the Education Department. It is nevertheless of very great importance that there should be a generous co-operation between the school medical and physical training staffs, and this co-operation needs all the more to be emphasized since the two branches have ceased to be under the same control.

RETURNS OF MEDICAL INSPECTION.

During the year a total of 1,356 schools were visited, and the result of the examination (partial or complete) of 78,980 children recorded. Of those who were examined in the routine way an average of 79 per cent. was returned as having physical or mental defect of some kind. In interpreting this percentage it should be understood that under the heading of "dental decay" are recorded only those cases with carious permanent teeth, or more than three carious temporary teeth—i.e., an average of 54.6 per cent. for all districts. The number of children with perfect sets of teeth is probably not more than 2 or 3 per cent.

During the past year effort was concentrated particularly upon the routine examination of the entrant and primer classes, to which the following figures largely refer. Some of the percentages of defect are therefore not so high as those obtained in previous years, when Standard II was examined for statistical purposes.

Impaired nutrition was found present in 7.25 per cent. I should emphasize that these figures represent only such cases as are not referable to any other heading. For instance, deformity of the chest and dental caries are well-recognized indications of faulty nutrition. Others, again, are included under less definite headings, such as "anæmia" and "suspected tuberculosis."

Deformity of trunk and chest was found present in 23.8 per cent. This figure includes not only cases of such definite deformity as pigeon-breast, spinal curvation, and so on, but also cases of faulty posture associated with round shoulders and flat chest. These habitual faults of posture, unless corrected, develop in time into fixed deformities. It is for this type especially that the "corrective class" with its special physical exercises is devised.

Defective vision was detected in 4 per cent. of those examined. This figure is probably below that of the actual defect existing, as the test was applied by some officers only where defect was suspected. The result of previous examination of children in Standard II gives 10 per cent. suffering from defective vision.

Obstructed breathing occurs to some extent in 19.0 per cent. of children, in the following proportions: Adenoids, 2.8 per cent.; enlarged tonsils, 13.4 per cent.; adenoids and enlarged tonsils, 2.8 per cent. Many of these cases show obstructed breathing to slight degree, and, by well-regulated breathing-exercises and physical drill, improve without operation.