

(3.) FINDINGS OF MEDICAL INSPECTION.

Percentage figures, it should be borne in mind, do not afford much criterion for comparison with other countries, as there are no international standards for general use. The standard adopted in New Zealand is, generally speaking, a high one, but the standards of individual medical officers inevitably differ somewhat from each other. The following figures relate not to mere physical imperfections, but to defects which actually interfere with health or efficiency, or which are in some way of definitely pathological significance. The percentages are based on the examination of 34,382 school-children, and include all ages :—

Percentage of children found to have defects	..	..	..	..	88·34
Percentage with defects other than dental	..	..	..	..	60·40
Percentage of children showing evidence of—					
Subnormal nutrition	..	..	..	..	7·41
Pediculosis	..	..	..	..	1·86
Skin-disease	..	..	..	..	2·83
Heart abnormality	..	..	..	..	0·90
Postural and structural deformity of the trunk and chest	..	..	..	..	26·03
Faulty development of the jaws and irregularity of the teeth	..	..	..	..	13·36
Dental decay	..	..	..	..	67·16
Enlarged tonsils	..	..	..	..	11·23
Obstructed nasal breathing (mostly due to adenoids)	..	..	..	..	3·21
Enlarged glands in the neck	..	..	..	..	11·25
Goitre	..	..	..	..	6·20
External eye-disease	..	..	..	..	0·95
Defective vision	..	..	..	..	3·18
Defective hearing	..	..	..	..	0·79

These figures may be considered in further detail and in relation to the three age-groups examined—Primer classes (aged five to six years), Standard II (eight to nine years), and Standard VI (twelve to thirteen years).

Subnormal or impaired nutrition is most marked in Standard II.

Skin-diseases show a general tendency to decrease in frequency as age increases. There are two probable reasons for this : first, a greater knowledge of personal hygiene ; and, secondly, a diminished susceptibility of the skin to infection in the case of the older children.

The percentage of *heart abnormality*, as would be expected, increases with age—being 0·8, 1·01, and 1·11 in the three age-groups. It has not been found practicable to differentiate between organic and functional heart-conditions.

The frequency of *lung-disease* (bronchitis, &c.) found in children attending school decreases with increasing age. A reliable figure cannot be given for lung-disease as a whole, as it generally occurs as an acute illness which prevents the sufferer from attending school.

Deformity of the trunk and chest may be divided roughly into postural deformity and structural (or bony) deformity—the former including stooped shoulders, postural flat chest, and spinal curvature ; the latter, pigeon breast, depressed sternum, and asymmetry of the chest. Depressed lower ribs form a mixed group, being in many cases merely the result of faulty posture, other cases being undoubtedly of rickety origin.

The postural deformities increase in frequency, being 8·08, 11·47, and 15·71 in the three age-groups. This suggests an increasing inadequacy of vitality or muscular tone in these children as growth proceeds. Faulty carriage of the body at the same time undoubtedly reacts unfavourably on the organs of the chest and abdomen, and consequently impairs the health of the whole system.

The structural deformities—which are undoubtedly due to rickets or some serious interference with nutrition in early life—show, on the whole, a tendency to decrease as growth proceeds, thus suggesting gradual recovery as a result of subsequent healthy growth.

True flat chest, associated as a rule with a poor general physique, was present in 0·41, 0·80, and 1·43 per cent. of children in the three age-groups, this steady increase with age suggesting a failure of the chest to develop proportionately with the general growth of the child. Much remains to be done to increase our knowledge of the precise causation and significance of these different types of deformity.

Malformation of the jaws, with or without crowding or irregularity of the teeth, is increasingly manifested with the progressive eruption of the second set of teeth. The exact cause of jaw-deformity is still a matter of some conjecture ; as stated in my last report, it is a disease of modern civilization, and its increase should be viewed with concern.

The figure, 67·16 per cent., recorded for children suffering from *dental decay*, is undoubtedly an underestimation, as slight decay may unavoidably be overlooked when large numbers of children have to be examined. Dr. R. J. R. Meerey, who has devoted special attention to the recording of dental decay, finds over 90 per cent. of children with actual caries, and a dentist examining with probe and mirror would undoubtedly find a still higher percentage. Dr. R. B. Philipps says : “ Superlatives used too frequently are inclined to lose their effect, but it is only by means of superlatives that one can describe the truly appalling condition of the teeth of the rising generation.” Dental disease continues to be our main problem, and consequently special investigations in this connection are valuable. The following investigations by Dr. Meerey into the incidence of decay at different ages and at different schools are of particular interest. His figures refer to the numbers of teeth showing