The Different Aspect of School Medical Work Abroad.—Owing to differences in social and economic conditions, the problem of effective supervision and care of the school-child necessarily presents many aspects in Great Britain which differ very materially from those presented to us in this Dominion. Thousands of parents in Britain are without employment, and their families depend solely upon the unemployment dole for an inadequate sustenance. Housing conditions are unspeakably bad, especially in the overpopulated areas of industrial cities. Added to the overcrowding is often a lack of proper sanitary conveniences, and even of sufficient water-supply. The sunlessness of the climate is another depressing factor; so that to a visitor like myself it was a matter of wonder that the condition of children from such homes was not worse.

Another feature I noted was the different attitude of parents to governing authorities. We in New Zealand have not to deal with a mass of people who are more or less inarticulate, as are thousands in England. The average New Zealand parent so far, fortunately, seems to regard the welfare and destiny of his children as a matter for which he is directly responsible, and, as we who deal with the children soon discover, will freely criticize our efforts for their benefit. In Great Britain there exists a large section of the people which instinctively looks to the machinery of the State for assistance in every domestic crisis. The problems associated with birth, sickness, death, unemployment, &c., appear to be matters in which the individual effort of those involved counts for little. If the existing need is not provided for successfully, the responsibility is placed at the door of the presiding authority, who are supposed to have failed in their duty. I do not wish to disparage the excellent provision that is made by Public Health and Education authorities in Britain. Such provision is obviously necessary, and is bound to exert a powerful and beneficent influence on the people, especially where it is educational as well as ameliorative. Nevertheless, I feel sure that we shall lose greatly if the administration of our Health services in any way lessens the proper sense of parental responsibility. It is better policy to teach people to live healthily and to prevent disease than it is to treat them as irresponsible units for whom care has to be provided.

It is in the educational aspect of health work that Canada and America are often so admirable—they do so much active teaching of the people, and stress so publicly and forcefully the advantages of healthy living. In my report I refer in more detail to their propaganda.

The social condition of a large mass of the people abroad has made necessary the provision of many things which so far we have not attempted to include in our school medical service. Such are the arrangements for giving free or cheap meals; school baths; the treatment of skin-infections at a disinfection station; extra facilities for open-air life, either by residence in the country or by the various grades of open-air schools in the city. The supervision of the child who is receiving orthopædic treatment, and of the debilitated or the tuberculous child, is undertaken in a manner of which we, so far, have had no experience. This brings in the question of voluntary helpers, a class to whom we have as yet made little appeal. Nevertheless, it is certain that we need in New Zealand to make treatment more accessible from both the financial and distance points of view.

One advantage is found in the larger cities of Europe and America: Where so many individuals exist it is much easier to classify them, and make suitable provision for those of similar requirements, so that special schools for the deaf, mentally backward, myopic, &c., can be established within reach of a comparatively large number of non-resident pupils. In order to provide the same educational advantages for these classes of children throughout New Zealand, the establishment of residential schools would be necessary.

School Medical Service only one Part of a National Health Scheme.—Wherever I went I found that the school medical service is regarded as only one part of a wide scheme for securing national health, which to be effective must include other activities, such as maternal and infant welfare work, the care of the child between one and five years, the work of tuberculosis and venereal-disease officers, &c. The ultimate ideal is to have a complete life record of the individual, beginning at the ante-natal clinic, going on through infant clinic and the pre-school age to the school medical history. All births in an area are notified to the local welfare centre through the Medical Officer of Health. The home is then visited by the health visitors, and the mother is encouraged to bring her baby to the post-natal clinic. The child is thus kept under supervision until it is of school-age, and becomes the care of the school medical authorities. At many welfare centres very complete records of individuals or of families may be obtained. Such records contain also information as to housing, financial condition, and other matters of social interest. Tuberculosis and venereal-disease records are included.

It is impossible to discuss arrangements for the care and treatment of children without defining roughly the responsibilities of the authorities and officers engaged. In England Sir George Newman is not only Chief Medical Officer to the Ministry of Health, but is also Chief Medical Officer of the Board of Education, the necessary co-ordination of the services being thus secured. In the same way Dr. Hamer acts for the London County Council as County Medical Officer and as School Medical Officer. This arrangement obtains also in many of the provinces. In Scotland the Medical Officer of Health is distinct from the School Medical Officer, who is under the Education Authority, but in practice there is considerable co-operation between the departments. In Toronto the health and school services are united into one organization under the Health Department, and the same arrangement is found in the States.

The duties of the School Medical Officer, therefore, vary according to the organization under which he is working. Sometimes he only inspects and advises as to treatment; in others he is part-time inspector and part-time employed in treatment centres, where his work may be more or less that of a specialist; in others again he may be responsible not only for the care of school-children, but may spend part of his time at welfare centres and give advice an ante-natal or infant clinics, &c.; or, again, as in the Toronto scheme, he may act as Health Officer in his own area, and be responsible for all the various phases of public health, including school medical activities.