

## TUBERCULOSIS.

The percentage of children found suffering from tuberculosis in the routine examination equals 0·06. The percentage noted suffering from subnormal nutrition (of whom a proportion have undoubtedly latent tuberculosis), is 6·3. Both of these percentages are slightly less than those noted last year. The work of following up and the examination of children who are tuberculosis contacts is gradually extending, there being now over 1,600 such children under observation. Wherever possible every effort has been made to secure close co-operation between the tuberculosis staff under the Hospital Board and the school medical and nursing staff. It is to be noted that in centres where this arrangement is possible School Medical Officers express much more confidence in the value of tuberculosis-contact follow-up work. This is because latent tuberculosis in children is not readily diagnosed unless special facilities are available. In Wellington, for instance, where Dr. Bakewell works in close association with Dr. Short, Tuberculosis Officer of the Wellington Hospital Board, the following result is found: T.B. contacts under observation, 494 (approximately 250 families); home visits to T.B. contacts, 639; schools visited (for weighing contacts), 87; children taken to tuberculosis specialist, 300 (approximately); children X-rayed, 53; evidence of tuberculosis, 21—of these 21, 17 showed Hilar gland changes and were treated by tuberculin inunction prescribed by Dr. Short, and the other 4 were admitted to hospital suffering from pulmonary tuberculosis; children taken to eye, ear, nose, and throat specialist, 20; to orthopaedic specialist, 11; convalescent home, 45; to the School Medical Office for special examination, 54; to the dental clinic, 28; to private doctors, 2; treated for skin-disease, 2. Dr. Henderson, Auckland, states, "The result of home visits is most marked in many cases, especially in regard to better ventilation of rooms, avoidance of overcrowding in bedrooms, proper feeding and in some cases, sleeping apart of patient and contact." The greater susceptibility of Maoris to tuberculosis is noted under section "Native Schools." The fact that this susceptibility varies in inverse proportion to the amount of European blood mingling with the Native is noted in the investigation by Dr. Turbott "Maori Susceptibility to Certain Infectious Diseases," published in the Appendix to this Report.

## EXAMINATION OF NATIVE SCHOOLS.

The result of the medical examination of 882 Maori children is as follows: Number of children examined, 882. Percentage found to have defects, 84·01. Percentage with defects other than dental, 57·37. Percentage of children showing evidence of—Subnormal nutrition, 0·68; pediculosis, 12·59; uncleanliness, 0·45. Skin—Impetigo, 5·44; scabies, 9·64; ringworm, 0·11; other skin-diseases, 2·49; non-vaccination, 99·43. Heart—Organic disease, 1·7. Respiratory disease, 2·49. Total deformities of trunk and chest, 3·63. Mouth—Deformity of jaw or palate, including irregularity, 0·32; dental caries, 61; extractions of permanent teeth, 0·91; fillings, 11·9; perfect sets of teeth, 17·12. Nasal obstruction, 6·92. Enlarged tonsils, 22. Enlarged glands, 7·48. Goitre—All degrees, 6·4. Eye—Total defective vision, 3·28; corrected, 0·11; uncorrected, 3·17. Ear—Otorrhœa, 0·34; defective hearing, 0·45. Defective speech, 0·11. Tuberculosis—Total, 0·22; pulmonary, 0·11; other tissues, 0·11.

Many Maori children are examined as pupils of the ordinary primary school, but the result of their examination for the most part is computed with that of the European children. School Medical Officers speak with appreciation of the excellent work done by many district nurses and nurses to Natives. The work of the Native-school teachers is also of great value. From our observations it appears evident that for the most part Maori children attending Native schools receive more appropriate treatment than those attending the ordinary primary school. This is particularly so with regard to conditions associated with the observance of personal hygiene—*e.g.*, skin-disease, external eye-disease. In the Native schools health propaganda is devoted primarily to the needs of the Maori, and Native-school teachers often do admirable work in personally supervising or carrying out minor treatments such as for pediculosis and skin-diseases. This close supervision is absolutely necessary in order to obtain any result. Theoretical instruction with regard to health education is, for Maori children, largely wasted.

Scabies and pediculosis are still found to a deplorably great extent among Maori children, Dr. Mecredy's estimate being 27 per cent. of Maoris with scabies as against 1·4 per cent. European children, and 27 per cent. of Maoris with pediculosis as against 1·8 per cent. white children. Percentages from Native schools are definitely less than these, and probably indicate the value of supervision as stated above. Complaints from the parents of white children that their children are infected at school are unfortunately often too true, and point out urgent need for reform. Maori children, it is to be noted, suffer from infectious skin conditions much more during the winter, when there are greater herding together for warmth and fewer facilities for outdoor swimming. Scabies is not a problem at Rotorua, where hot sulphurous pools abound.

The Maori child shows superiority to the white in some characteristics which are almost certainly racial in origin. Posture among Maori children is superior to that of the white, though it is to be noted that the Maori foot, like that of other Native races, is flat in comparison with that of the white. The severest types of malnutrition are not met with as frequently in Maoris as in white children. The number of Maori children with perfect teeth is much greater than the number of white. Conservative dentistry is much more widespread among white children.

With regard to tuberculosis, the Maori is a readier victim (see also Dr. Champaloup's investigation into the incidence of tuberculosis among white and Native children, Annual Report, 1927). An interesting report has been forwarded by Dr. Turbott, Medical Officer of Health and School Medical Officer, Gisborne, on "Maori Susceptibility to certain Infectious Diseases," which will be found in the Appendix.