

					Maori.	White.
Vaccination performed ..	..	..	..	..	0.5	2.1
Dental hygiene—						
(a) Defects in jaw and palate ..	..	..	..	..	0.1	0.3
(b) Perfect sets of teeth—						
Primary ..	..	..	..	..	3.2	1.6
Secondary ..	..	..	..	..	8.7	0.6
(c) Dental caries—						
Primary ..	..	..	..	..	42.9	35.0
Secondary ..	..	..	..	..	11.6	17.2
(d) Pyorrhœa ..	..	..	..	..	1.3	0.3
Defects, nose and throat—						
(a) Nasal obstruction ..	..	..	..	..	5.7	8.1
(b) Enlarged tonsils ..	..	..	..	..	19.2	26.1
(c) Enlarged cervical glands ..	..	..	..	..	9.5	15.5
Goitre—						
Incipient ..	..	..	..	..	6.6	29.07
Small ..	..	..	..	..	0.4	0.8
Medium ..	..	..	..	..	0.0	0.1
Large ..	..	..	..	..	0.08	0.0
Total ..	..	..	..	..	7.08	30.05
Special senses—						
Ears—						
Deafness (figures incomplete).						
Otorrhœa ..	..	..	..	..	0.39	0.19
Eyes—						
Conjunctivitis ..	..	..	..	..	0.3	0.5
Squints, external and internal ..	..	..	..	..	0.2	0.4
Defective vision ..	..	..	..	..	7.2	9.2
Glasses worn ..	..	..	..	..	3.1	6.5
Hernia ..	..	..	..	..	0.3	0.1
Phimosis ..	..	..	..	..	0.0	0.1
Circumcision performed ..	..	..	..	..	0.0	2.2
Eneuresis ..	..	..	..	..	0.0	0.1
Worms ..	..	..	..	..	0.05	0.5

The Maori child shows superiority in absence of severe malnutrition, in incidence of perfect teeth, and in posture. The European child shows more evidence of personal care as in the lessened incidence of skin-disease and in greater evidence of conservative dentistry. The percentage of goitre (for the most part incipient) is much greater among white children (30 per cent.) than among Maori (7 per cent.).

EXAMINATION OF KINDERGARTEN CHILDREN.

The following return gives the percentage of defect noted in the medical examination of 785 children attending free kindergartens in Invercargill, Dunedin, Wellington, and Auckland: Number of children examined, 785. Percentage found to have defects, 73.12. Percentage with defects other than dental, 55.41. Percentage of children showing evidence of—Subnormal nutrition, 6.24; pediculosis, 0.76; uncleanness, 1.27. Skin—Impetigo, 2.04; scabies, 0.51; ringworm, 0.51; other skin diseases, 1.27; non-vaccination, 69.17. Heart—Organic disease, 0.25. Respiratory disease, 1.78. Total deformities of trunk and chest, 5.87. Mouth—Deformity of jaw or palate, including irregularity, 0.76; dental caries, 43.57; fillings, 9.68; perfect sets of teeth, 18.98. Nasal obstruction, 7.01. Enlarged tonsils, 24.84. Enlarged glands, 15.54. Goitre—All degrees, 2.29. Eye—Total defective vision, 1.02; corrected, 0.64; uncorrected, 0.38. Ear—Otorrhœa, 0.38; defective hearing, 0.38. Defective speech, 2.55. Notification to parents, 28.41 per cent.

These percentages do not differ greatly from those relating to children entering the primary schools. Keen interest is indicated by the large percentage of mothers who attend at the medical examination. School Medical Officers speak appreciatively of the devotion of kindergarten teachers to the welfare of their pupils.

MEDICAL EXAMINATION OF TEACHERS.

There was no medical examination this year of applicants for entrance into the teaching profession owing to the decision of the Education Department to make no fresh appointments this year.

SPECIAL CLASSES.

Owing to the necessity for economy, institutional provision for mentally defective children was not extended this year. School Medical Officers continue to work in co-operation with officers of the Mental Hospitals and Education Departments in the examination of various groups of problem children and in determining the best available means for their welfare. Dr. Stevenson reports the setting-up of a voluntary committee in Dunedin for the after-care of children leaving the special classes, with the following objects: (1) To keep a helpful oversight on the children after leaving school; (2) to provide them with work as opportunity arises; (3) to form a recreational and work club, the club to meet once weekly with a session from 2 p.m. to 4 p.m. The After-care Association in Wellington continues to do good work on similar lines.

Dr. Phillipps, Christchurch, refers to the good work of a small group of teachers who voluntarily provide care and supervision for ex-pupils of special classes in that city.