

						Pakeha. Per Cent.	Maori. Per Cent.
Heart-disease—							
Organic .. .. .	..	..	..	..	..	0.69	0.50
Functional .. .. .	..	..	..	..	..	1.44	0.75
Total .. .. .	..	..	..	..	..	2.13	1.25
Respiratory disease (actually found in schools) .. .. .	..	..	..	..	..	1.50	0.88
Bony deformities of trunk and chest .. .. .	..	..	..	..	..	2.89	1.13
Dental caries .. .. .	..	..	..	..	..	32.05	25.85
Perfect sets of teeth .. .. .	..	..	..	..	..	6.72	20.68
Nose and throat defects—							
Nasal obstruction .. .. .	..	..	..	..	..	1.82	2.17
Enlarged tonsils .. .. .	..	..	..	..	..	10.24	5.17
Enlarged glands .. .. .	..	..	..	..	..	3.51	3.02
Goitre—							
Incipient .. .. .	..	..	..	..	..	19.92	4.53
Small .. .. .	..	..	..	..	..	1.06	0.00
Total .. .. .	..	..	..	..	..	20.98	4.53
Eye and ear troubles—							
Conjunctivitis .. .. .	..	..	..	..	..	0.31	0.75
Defective vision (corrected) .. .. .	..	..	..	..	..	2.13	0.00
Defective vision (uncorrected) .. .. .	..	..	..	..	..	1.69	0.37
Otorrhœa .. .. .	..	..	..	..	..	0.25	0.50

As previous records have shown, it is to be noted that the Maoris show less dental caries, deformity of trunk and chest, enlarged tonsils, and goitre, but that, on the other hand, tuberculosis and skin diseases have a much higher incidence among the Maoris than among white children.

In May, 1934, a conference on Maori Hygiene was held in the Heath Department, representatives from the Education and Native Departments also being present. The work of the various Departments concerned was reviewed briefly and the responsibilities defined. A sub-committee from the Education, Native, and Health Departments met subsequently to consider what modification of the primary-school curriculum is advisable to meet the special needs of Maori children, having regard to the necessity for preparing them for a healthy and independent adolescence and adult life by means of health education, practical training in domestic arts, handicrafts, husbandry, &c. The value of practical performance as against theoretical instruction of Maori pupils was emphasized, and the responsibility of the district nurse defined. It was agreed that infant-welfare centres for older girls should be established under the supervision of the district nurse, the lessons therein to be approved by the Education Department and given by a woman teacher. It was agreed also that the Junior Red Cross organization was suitable as a vehicle for Maori education in health matters, since it gives opportunity for "club" work and has the advantage of providing communication with schools overseas, thus helping to establish friendly relationship between Maori and pakeha. The scope it provides for handwork and the ready means of co-operation which it affords with existing societies, such as women's institutes, &c., are additional advantages. It was agreed that the Health Department should furnish information to the Education Department, on application, upon any subject relating to health and sanitation in schools, also that health literature is urgently required by the teachers of Native schools. A small handbook "Health Hints" under preparation by the Health Department will be suitable and convenient for health teaching in Native schools.

KINDERGARTENS.

A closer co-operation between the School Medical Service and the kindergartens is to be noted each year. The annual medical examination of kindergarten schools was carried out by School Medical Officers in most centres throughout the Dominion, the result of the examination of 458 children being as follows:—

Number of children examined, 458. Percentage found to have defects, 75.11. Percentage with defects other than dental, 55.68. Percentage of children showing evidence of—Subnormal nutrition, 6.99; pediculosis, 0.66; uncleanness, 0.66. Skin—Impetigo, 0.87; scabies, 0.44; ringworm, 1.09; other skin-diseases, 2.18. Non-vaccination, 99.56. Heart—Organic disease, 0.66. Respiratory disease, 3.49. Total deformities of trunk and chest, 17.00. Mouth—Deformity of jaw or palate, including irregularity, 0.66; dental caries, 42.58; fillings, 11.57; perfect sets of teeth, 26.86. Nasal obstruction, 4.80. Enlarged tonsils, 14.85. Enlarged glands, 13.10. Goitre—All degrees, 3.93. Eye—Total defective vision, 1.75; corrected, nil; uncorrected, 0.44. Ear—Otorrhœa, nil; defective hearing, 0.22. Defective speech, nil. Notifications to parents, 34.06.

The cordial relationship between the teachers of kindergartens and the parents of pupils results in keen interest and mutual assistance in regard to measures for the welfare of the children. In Dunedin Dr. Stevenson has initiated a system of follow-up from the kindergarten to the primary school, thus simplifying the work of examination of primary-school entrants. In the Wellington District, Miss Small, formerly Red Cross and School Nurse, Taranaki, is working in kindergarten schools of the central city area; in addition to assisting at the routine medical examination and follow-up work, lectures and demonstrations are given by her on health education to kindergarten trainees and to the group of nurses taking the post-graduate course arranged by the Health Department. Co-operation with the local Red Cross Society is maintained.