

[Report 1916] / School Medical Officer of Health, Lanark County Council.

Contributors

Lanarkshire (Scotland). County Council.

Publication/Creation

1916.

Persistent URL

<https://wellcomecollection.org/works/h7p2kkjt>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

County of Lanark Secondary Education Committee.

EIGHTH
ANNUAL REPORT

ON THE

MEDICAL INSPECTION

AND

SUPERVISION OF SCHOOL CHILDREN

INCLUDING THE

FOURTH REPORT ON VISUAL AND
DENTAL TREATMENT.

1916-1917.



COATBRIDGE :
PRINTED BY ALEX. PETTIGREW, LTD., 54 MAIN STREET.

Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

CONTENTS.

	PAGE.
LETTER OF ADDRESS,	5
SCHOOL MEDICAL STAFF,	6

Medical Inspection—

Introductory,	7
The necessity for Medical Supervision,	7-8
Travel Difficulties,	8
The work of the Nurses,	9
Total Number of Children Examined ;	
At Systematic Examinations : Entrants,	
Intermediates, Leavers, and Special Cases,	9
Number of Children Examined at Revisits,	9
Examination of Junior Students,	9
Examination of Physically and Mentally Defec- tive Children,	9

Medical Treatment—

Introductory,	10
REPORT BY THE DENTAL SURGEON,	10-11
REPORT BY THE OPHTHALMIC SURGEON,	12
Eye-Strain,	12
School Lighting,	13
Interest in the Treatment Scheme,	14
The New Application Form ; Fear of Income Tax,	14
Parents who neglect their Children's Sight,	15
The Centres,	15
Consulting Room at Hamilton,	15
Number of Notifications, Applications, and Children Treated (Table I.),	15-16
Reduction in Number of Applications,	16
Myopia (Table III.),	16
The Change in the relative numbers of the Three Wage-Earning Classes (Table V.),	17

Tables—

INSPECTION, A. B. STURTEVANT
 OPTHALMIC, I. TO V.
 DENTAL.

Appendix—

HAMILTON SCHOOL BOARD :—

Treatment Reports, Year 1917, ... 19-23

BOTHWELL SCHOOL BOARD :—

Dental Treatment Report, Year 1917, ... 24-25

SCHOOL MEDICAL OFFICERS

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY OF
LANARK SECONDARY EDUCATION COMMITTEE.

GENTLEMEN,

In the absence of the School Medical Officers on Service, it is again my duty to submit a Report, the eighth to deal with Medical Inspection, and the fourth with Medical Treatment of School Children.

During the course of the school year the Committee appointed Mr. H. R. Bower, L.D.S., as Dental Surgeon in place of Mr. Alexander Rae, L.D.S., resigned. Two Nurses have resigned, namely, Nurses Wallace and Ross. Three Nurses have been appointed, namely, Nurses Cochran, Craib, and M'Kee. In August, Nurse Jean M'Nicol returned to school duty after two years' service with Queen Alexandra's Imperial Military Nursing Service Reserve.

The Office Staff is at the time of writing represented by Miss Elizabeth Harley, with assistance in the matter of finance by the Clerk to the Committee.

I am,

Gentlemen,

Your obedient servant,

ERNEST THOMSON.

School Medical Inspection Offices,
3 Clydesdale Street,
Hamilton, December, 1917.

SCHOOL MEDICAL STAFF.

Northern Division.

School Medical Officer.

a JOHN MACINTYRE,
M.B., Ch. B., D.P.H.

Assistant School Medical
Officer.

a DONALD CLARK,
M.B., Ch. B.

Southern Division.

School Medical Officer.

a W. JONES MACKINNON,
M.D., C.M., D.P.H.

Assistant School Medical
Officer.

a CUNISON D. RANKIN,
M.D., Ch. B., D.P.H.

NURSES.

b JEANIE M'NICOL.

c ISABEL ROSS.

d MATTHIA WALLACE.

JENNY FREW.

MARION CLARK.

e ISOBEL T. COCHRAN.

f CHRISTINA CRAIB.

i FRANCES M'KEE.

Ophthalmic Surgeon, - ERNEST THOMSON, M.A., M.D., F.R.F.P.S.G.

Dental Surgeon, - - - - *g* ALEXANDER RAE, L.D.S. (Ed.).

h H. R. BOWER, L.D.S. (Ed.).

Clerical Staff.

a ROBERT A. M'ROBBIE.

a JOHN WRIGHT.

ELIZABETH HARLEY.

a On Military Service.

b Returned from Military duty, August,
1917.

c Resigned June, 1917.

d Resigned April, 1917.

e Appointed May, 1917.

f Appointed June, 1917.

g Resigned 15th February, 1917.

h Appointed 15th March, 1917.

i Appointed 4th October, 1917.

MEDICAL INSPECTION.

Last year and the year previously it was stated in the Annual Report that Medical Inspection had greatly suffered through the absence of the Medical Officers. To what extent the health of the young community, and, in consequence, educational efficiency is deteriorating from the absence of Medical Supervision is probably incapable of statement, because the only individual who can make an authoritative statement applicable to a county as a whole is a School Medical Officer in touch with all the districts. But, if it is impossible to assert that such deterioration exists it is at least reasonable to infer it. The following statement appeared in the *Lancet* for September 29, 1917:—"It has been generally admitted that no considerable economy could be made in the administration of the School Medical Service without serious risk of impairing the health of the present school child, and, in so doing, the future health of the nation's workers." Recognising this, the London County Council recently decided to reinstate its full staff of school doctors, so as to make it possible again to examine with care each entrant to school life.

It is perhaps legitimate to forestall the next Annual Report so far as to say that during the early winter of 1917 a proposal came before the Lanarkshire Secondary Education Committee—a proposal which had been accepted by the Sub-Committees—that the War Office should be approached regarding the recall of one or both of the principal School Medical Officers. On patriotic grounds the parent Committee refused sanction to the proposal.

Since that time we have witnessed the introduction by the Government of a new Education Bill for Scotland—in war time and in spite of some criticism that it is inopportune—and it is realized by many that the Government have acted wisely in taking action towards the better and more efficient education of the young community, action which may be regarded as an investment to bear high interest in the future. Is there any way in which the aims of this act,—supposing that in due course and before very long it reaches the Statute Book—could better be furthered than by insuring that every child shall be, so far as possible, physically capable of profiting by the education provided?

In this connection it may not be out of place to refer to the Report for 1916 by the Chief Medical Officer of the Board of Education, notwithstanding that the Report refers to England and Wales. The view of the Board was that, in the event of temporary curtailment of the School Medical Service, provision should at any rate be made for the medical inspection of children of all ages who appear to be ailing. And again,

when, in April, 1917, further demands on medical men were made by the War Office, the Board issued a letter to all Local Education Authorities stating that in spite of the dislocation and difficulties which would then be created the Board considered that provision should at least still be made for the selection by school nurses and teachers of children who appeared to be ailing, and for their subsequent medical examination by the School Medical Officer, or by a private practitioner. The Board further pointed out that they considered it of special importance that Authorities should maintain their staff of School Nurses.

In the County of Lanark we have made no definite provision for the medical examination of ailing children, and there seems no possible doubt that the return to duty of even one School Medical Officer would bring the County into line with restricted war-time ideals better than any other method of procedure. While the Committee is badly placed through its patriotism in allowing all its Inspecting Medical Officers to take service with the Army, a full staff of nurses is now at work (1917-1918). During a considerable portion of the year 1916-1917 the Nursing Staff was depleted by resignations, and that at a time when it was already below the normal number. The work of re-visiting was thereby much interfered with, and home visiting was practically in abeyance. Again forestalling the next Report, the appointment of three new Nurses and the return of one from Active Service has relieved the situation, and the work of the new Session has been proceeding as smoothly and well as is possible in the absence of the Doctors. That the Nurses working by themselves are sometimes placed in difficult situations, and that they cannot be expected always to please everybody, whether parents or teachers, hardly requires assertion. That they do exceedingly well within their necessarily limited sphere of work is undoubted, yet the need for medical supervision of the children in the County is one which the Secondary Education Committee might well reconsider. It is far from unpatriotic to desire that the welfare of the future worker shall be considered, not certainly in front of, but alongside of the welfare of the fighting men of to-day.

TRAVEL DIFFICULTIES.—Equally applicable to Medical Inspection and to Treatment is the fact that travelling has become much more difficult since the date of the last Report. The members of the staff frequently are obliged to start betimes, and the only alternative to a late train home may be one which is unduly early. Notably, the withdrawal of the North British connection between Hamilton on the one hand, and Coatbridge and Airdrie on the other, has led to much inconvenience. Trains are crowded and often very cold. Hiring is more difficult and has to be arranged in advance. Occasionally a hire cannot be obtained at all and the visit to some particular school must be abandoned for the day.

That the nursing staff engaged on inspection work, though reduced in number for part of the year, and in spite of the travelling difficulty, have actually inspected over 1000 more children in the year 1916-17 than in the previous year is highly creditable. With respect to Visual Treatment, the Committee is much indebted to the Ophthalmic Surgeon's motor car, the mechanical upkeep of which has involved some strenuous personal work, especially during the winter season.

For the year ending 31st July, 1917, the numbers of school children examined were:—

1.—AT SYSTEMATIC EXAMINATIONS—

(a) Elementary Pupils—

	Boys.	Girls.
Entrants (6 years old and under),	5804	5751
Intermediate Pupils (11 years old),	4391	4466
Leavers (13 years old),	3258	2822
Special Cases,	1112	1017
	14,565	14,056
Total,	28,621	

(b) Higher Grade Pupils—

	Boys.	Girls.
11 years old Group,	27	45
13 years old Group,	20	24
Special cases,	56	71
	103	140
Total,	243	

For numbers examined in each School Board area, see Tables A and B.

2. PUPILS EXAMINED AT REVISITS—

Number examined at revisits, Approximately 3000.

3.—EXAMINATION OF JUNIOR STUDENTS, 0

4.—EXAMINATION OF PHYSICALLY AND MENTALLY DEFECTIVE CHILDREN—

Physically Defective,	4
Mentally Defective,	2
Deaf and Dumb,	1

MEDICAL TREATMENT.

In spite of all the disadvantages incidental to war time the Medical Treatment Scheme, that is, Visual and Dental Treatment, is a fairly steady growth. It would not be correct to say that it has developed in size; circumstances have not been favourable for expansion, but it has become considerably organised. Unfortunately, organisation means complication and translated into terms of office routine it means that the necessary business of looking after Treatment as well as Inspection has become more onerous. The Committee has, therefore, sanctioned the engagement of a second clerk to devote herself mainly to the Treatment work, and when this clerk has been trained to her special duties there should be some reduction of the time spent by the Ophthalmic and Dental Surgeons in the office. Such office work by these two officials is essential, at any rate in the absence of a general organising Medical Officer, but it should be possible to turn over to the special clerk a considerable amount of work which is now performed by them.

It is perhaps advisable to point out one particular difference, not always understood by the uninitiated, between the procedure of the Dental and Ophthalmic Surgeons respectively. This difference lies in the fact that whereas an Inspecting Nurse can pick out a good proportion of cases of visual defect for the Ophthalmic Surgeon, she is, as a rule, unable to examine children's mouths in such a way as to find the cases requiring Dental Treatment. While the Ophthalmic Surgeon has always insisted that the proper way to get at visual defects is to extend the scheme so that all children shall be *inspected as entrants* as well as *treated* by an Ophthalmic Surgeon, the circumstances have been unfavourable to such extension. In the case of Dental Treatment *must* takes the place of *might*, and thus a considerable amount, indeed a large amount, of time is spent by the Dental Surgeon in finding out the cases that most urgently require treatment. As a result, we have dental inspection and treatment of a very limited series of ages, whereas under normal conditions it is probable that children of all ages should be inspected and treated at sufficiently close intervals to ensure the maintenance of health.

REPORT BY THE DENTAL SURGEON.

In surveying the work of inspection and treatment during the year 1916-17, it may be permitted to me to point out that I only commenced work on 15th March, 1917, and, therefore, my general observations, the result of experience gained, are only applicable to the period subsequent to that date.

The numerical report (Table of Dental Treatment) will be found on another page. From this it will be seen that 8143 children from 6 to 8½ years of age were inspected during the year.

Notice forms to the number of 6815 were issued to the parents or guardians of children requiring Dental Treatment, each notice giving the number of teeth needing attention.

The number of children who attended and received treatment at the various centres visited was 1376.

6065 temporary (first dentition) teeth were extracted.

331 permanent (second dentition) teeth were extracted.

173 fillings were inserted, for the most part in permanent molars, which teeth it is most important, if possible, to preserve.

Scaling and cleaning was undertaken in four cases.

Necessitous cases numbered 577. Partly-necessitous, 799. Of the children inspected during the period under review nearly 84 per cent. showed a certain amount of decay. The average number of teeth treated for those who attended the treatment centres was 4.77.

It is noteworthy that as the percentage of decay shows an increase on the previous year, so also does the percentage of work done for each child show an increase. The number of children inspected throughout the year shows an increase, and the number treated was somewhat less than in 1915-16.

In connection with the latter statement it must be borne in mind that an interval of one month elapsed early in 1917, pending my appointment to the vacant post, and during which no dental work was done. No doubt this interval had its effect on the figures presented above.

The number of children attending for treatment, when compared with the number of notices issued, remains much as in previous years, and will continue to leave room for improvement so long as the acceptance of treatment is optional.

The number of necessitous cases was considerably less than formerly. Presumably this was due to improved conditions of employment and wages during the year.

The dental treatment of school children is still in its infancy, although its importance, in relation to the maintenance of health and the relief from suffering, is becoming more widely known and recognised.

In particular one often meets with appreciation on the part of parents and children treated.

The number of children with perfectly sound mouths is very small indeed, and is comparatively smaller in towns than in country districts. It is commonly accepted by the dental profession that "the prevalence of dental caries amongst school children is undoubtedly due to a large extent to the improper feeding of infants and children."

I should like to add that there is at least one other factor of equal importance to which attention should be drawn. I refer to the indifference, born of ignorance, exhibited by parents, who do not realise the importance of, or necessity for, preserving the temporary teeth of their children. This indifference readily communicates itself to the child, remaining with him through adolescence to adult life, and ill-health directly due to either malnutrition or septic infection is the result.

It would seem, then, that treatment ought to be preceded and accompanied by instruction of both parents and children as to the proper care of the mouth and teeth.

At present instruction can only be imparted to such children as attend the treatment centres and the parents who accompany them. This is done as often as opportunity occurs.

I cannot conclude this Report without expressing my thanks to the Heads of schools and teachers, with whom I have come in contact in the course of my duties, for their courtesy and assistance on every occasion.

REPORT BY THE OPHTHALMIC SURGEON.

I.—GENERAL.

It is not intended on the present occasion to present to the Committee such a long Report as in the two previous years. In the first place, there does not seem much to add at the present time and under the present war conditions to what has been said in previous Reports. In the second place, the lengthy Table (Table I.), dealing with the response of individual schools to the Treatment Scheme, which was abandoned last year, now finds a place in this Report. It contains information which he who runs may read.

The question of Myopia is not much further elucidated, but a new Table is presented in place of the old Table III. This will be further commented on under the heading "Statistics."

The number of children in the schools of the County who suffer from eye-strain and defective vision is so great (though it is not intended to assert that the number is greater than elsewhere in proportion to population) that it seems advisable to say something more specific about eye-strain than has yet been said in any of the annual reports to this Committee. School teachers and all who are interested in education ought to know as much as possible, in a non-technical way perhaps, about whatever concerns the health and well-being of those under their charge. It is not yet fully realised by everyone to what an extent good sight affects educational efficiency.

Eye-strain may here be defined as fatigue resulting from overuse of the eyes relatively to (1) the condition of the eyes themselves; (2) the illumination, both as to amount and direction of the light; (3) the work to be done; (4) the condition of the general health. An illustration will perhaps aid in the understanding of this. Just as a person with a weak ankle will be more likely to strain it if the ground is rough, so a person who has a natural error in the focus of the eye (called technically an error of refraction) will be specially apt to strain the eye if the light is bad when he is working. And just as the individual with the weak ankle will be prone to injure it if he over exerts himself walking, so also the individual with the error of focus will suffer fatigue of the eyes if overpressed with near work. In both cases a poor condition of the general health makes matters so much the worse. But, in each case, the strained ankle and the strained eye, the strain may occur without anything being wrong with the ankle or the eye, if the other conditions are present.

The point, then, is that an error of refraction is only one of the causes of eye-strain and bad vision in school children, though it is the most important cause. Such strain may occur without the presence of any error, if the illumination is poor or wrongly directed, or the print defective or too small, or if the child is not well, and more especially if all these conditions are combined. The child begins to see badly because his eyes, though normal in themselves, are unequal to the effort to work under adverse conditions. So far as eye-strain is concerned, the ophthalmic surgeon's chief task is the relief of the condition where this depends upon an error of refraction of the eye itself and is amenable to treatment by spectacle lenses. When it depends upon other causes he advises that the child be put under the best available conditions of light, that the lessons be temporarily reduced and all trying work, such as sewing, stopped for the time. A complete holiday and attention to the general health may be advised, perhaps combined with the use of certain eye-drops.

The poor illumination of some schools was rather forcibly referred to in the 1915-16 Report. Whatever is to be the constitution of the Education Authority in the near future that body will not be without much anxious consideration regarding school buildings. A number of children in the schools of the County are going on from day to day and year to year with a refraction error uncorrected. Many of them are in badly-lighted schools. Some are anxious to learn and are pressing forward of themselves. Others less talented are being pressed on by their teachers. Each of them is working under one disadvantage or another, and some under all the disadvantages which have been mentioned.

It is important to remove all conditions which hinder the easy use of the eyes, and the hindrance which is the most easy to remove is that

caused by the error of refraction. That a greater number of parents do not come forward with their children for treatment by the ophthalmic surgeon is partly due to pure ignorance of the advantages to be gained, but is also partly due to circumstances presently to be mentioned.

Perhaps one of the most outstanding features of the year under review is the increased interest which is being taken in the scheme by teachers. They are learning the advantages to be gained by treatment whether visual or dental. Letters have come to hand showing this interest in treatment, some of the writers making useful suggestions—not always practicable at the moment, be it said—and others lamenting that compulsion is not applied to neglectful parents so that all children who require treatment may receive it.

In spite of this interest on the part of teachers, during a portion of the year comparatively few applications were coming in, and the Ophthalmic Surgeon was somewhat puzzled to know why. Two reasons have since become apparent. The first is that the Nursing Staff was short, schools were inspected later than usual, and owing to pressure on the time of the limited staff cases of visual defect were possibly missed.

But there is another reason why many parents of children with very defective sight do not apply. It is connected with the new Application Form, the use of which began at the commencement of the school year 1916-17. This Form required the parent to state particulars as to his household and his income. It was found, soon enough, that a large number objected to state their incomes, but the exact reason was not apparent until two headmasters wrote to the same effect; namely, that such parents were afraid of the Income Tax Authorities. Indeed, the rise of income is very apparent, and is referred to later on under "Statistics." Owing, however, to the increased cost of living and diminished value of money it has not been thought right to adhere too closely to the Committee's scheme of classification, and the Ophthalmic Surgeon, in his capacity of *locum tenens* for the School Medical Officers, exercises considerable discretion in the interpretation of the three classes of wage earners as arranged in 1914. With certain exceptions, the Clerks of School Boards do not—probably, cannot, owing to pressure of work—help in elucidation of the proper classification of any individual parent as necessitous, semi-necessitous, or non-necessitous, and one simply has to make the best judgment possible under the circumstances, and with whatever information may be available. Those who apply but fail to state the income are, of course, classified as non-necessitous unless information is afterwards forthcoming to the contrary.*

*In January, 1918, the Committee extended the wage limits to 50/- for Class I., and 60/- for Class II.

It has been felt that some means is required of bringing pressure to bear in individual cases where a serious visual error is obviously neglected. Two new Forms (numbered III. and IV.) have been introduced and approved by the Committee. These draw the parent's attention in polite terms to the fact that he is neglecting his child either by not applying for treatment (Form III.) or by not carrying out the treatment (Form IV.). So far the result of the use of these two Forms seems to be only moderately satisfactory. It remains difficult to persuade certain parents that when they have taken their child to a shop and got a pair of spectacles—which may be worse than useless—they have not done all that is necessary. A proportion, of course, will back out of anything until legally compelled. At the present time the Ophthalmic Surgeon is loath, and especially in the absence of the School Medical Officers, to advise a School Board to take legal steps, though it is perfectly obvious that the scheme can never reach its intended ideal, or even approach it, until legal compulsion is employed in cases of neglect to apply for the treatment of serious visual errors. But the legal steps ought to be taken by the Committee and not by the School Boards. This, at present, is not possible. What the effect of the New Education Bill may be in this respect is, at the time of writing, quite uncertain. An outstanding objection to the prosecution of parents at the present time is that the Ophthalmic Surgeon might be overwhelmed with applications, and it is not likely that any skilled assistance could be obtained to help him out of such a difficulty.

THE CENTRES.—Only one change has been made with regard to these. At Shotts the Treatment Room is now in the new building for Domestic Science, etc.

The Consulting Room at Hamilton continues to be of considerable service.

II.—STATISTICS.

The important Table this year is Table I. It has been thought advisable to show as nearly as possible—though absolute accuracy is not claimed—the response of individual schools to the Treatment Scheme. Two years have been reviewed collectively, namely, 1915-16 and 1916-17. In certain instances, owing to inspection being late in the second of these years, treatment has not been *offered* in 1916-17, but has been delayed till 1917-18. An effort has been made to indicate the fact in all cases where such opportunity for treatment has not occurred in the second of the two years tabulated. In explanation of the fact that in some instances the number examined and treated is larger than the number who applied—which appears to be a contradiction—it has to be said that a certain number of pupils treated in previous years come up for complete re-

examination. These are sometimes taken on afresh without requesting the parents to sign another application form. The numbers notified refer to notifications by the Nurses and do not include a certain number notified by the Ophthalmic Surgeon, or who spontaneously request treatment. Perfectly accurate statistics are practically impossible at present.

It is not thought necessary, as concerns the response of individual schools, to offer any particular comment on the results shown in this Table, but there are two points brought out by the totals, namely (1) that the cases treated in the two years are approximately 59 per cent. of those notified as requiring treatment; and (2) that about as many have been treated as applied.* Allowing for cases treated previously and completely re-examined, who are counted in column 3 but not in column 2 (no formal application having been demanded) the number treated will be somewhat under the number who applied.

Reference to Table II. shows that in 1916-17 774 children were examined for the first time or were completely re-examined, while 1086 were re-visited, the total attendances being (approximately) 1934. The diminution in the number examined for the first time is due partly to increased revisiting and partly to other causes some of which have already been indicated in last year's report as well as in this report.*

The new Myopia Table III. takes account of every case of myopia or myopic astigmatism examined by the Ophthalmic Surgeon from August, 1914, to July, 1917, and is based on a somewhat elaborate record of statistics which it is hoped will eventually prove of service. The present tabulation merely shows that, taken over three years, the percentage of myopia among the cases examined remains higher in districts classified as rural (22.3 per cent.) than in districts classified as urban (16.8 per cent.). The classification into "rural" and "urban" cannot be exact, yet if one takes a characteristically urban district like Coatbridge one finds myopia of 17.2 per cent., while a purely rural district like Lesmahagow yields 25.2 per cent. Again, Lanark, which may be called a mixed district more rural than urban (though it contains factories), may be compared with Wishaw with a considerable works population. The comparison is very much to the disadvantage of Lanark. Undoubtedly the figures are small in number and, proverbially, statistics may prove anything. Nevertheless, they are interesting and suggestive, and the larger the numbers become the greater their statistical value. It must in fairness be stated that, while the number of myopia cases examined is correct, the percentages are not quite correct because, in

*It is advisable to add that the number who applied for treatment in 1916-17 was less than in 1915-16. The Ophthalmic Surgeon's time is fully occupied so that if more children come forward in the future the revisiting will have to be curtailed, or the cases must be selected for treatment on the basis of the degree of defect of vision.

the first column of the Table are included a certain number of children who, while classed as "new cases," are not really new individuals, but are in fact "re-examinations."

The figures relating to Squint are omitted on this occasion. They will perhaps be dealt with next year, in the same manner.

Table IV. demands no special comment. The old Table V. drops out, its place being taken by a new Table V. which last year was numbered VI. This Table shows how the classification of wage earners has altered even in one year. Last year the non-necessitous cases (Class III.) numbered about 8 per cent. of those treated. This year the percentage is about 23. Last year Class I. numbered 50 per cent.; this year 42 per cent. (approximately). Last year Class II. represented 42 per cent. (approximately), this year about 35 per cent. In other words, Class III. has increased at the expense of the other two classes.

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

TABLE A.—Elementary Pupils Examined at the Routine Examination for Year ending 31st July, 1917.

SCHOOL BOARDS.	SCHOLARS EXAMINED IN EACH GROUP.								TOTAL.
	INFANTS. (6 years & under)		AGE GROUP. (11-12 years)		SENIORS. (13 years & over)		SELECTED.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Airdrie,...	356	372	248	262	231	243	16	11	1739
Avondale, ...	60	57	34	32	48	43	5	7	286
Biggar, ...	23	20	24	22	14	15	3	1	122
Blantyre, ...	173	164	98	90	18	15	46	42	646
Bothwell, ...	615	606	522	505	372	312	124	101	3157
Cadder, ...	170	152	109	120	65	65	13	24	718
Calderhead, ...	99	112	133	105	54	78	15	21	617
Cambuslang, ...	337	312	103	211	154	130	15	15	1277
Cambusnethan, ...	154	161	103	109	69	51	67	65	779
Carluke, ...	69	57	91	74	40	27	17	16	391
Carmichael, ...	6	4	—	—	11	5	—	—	26
Carmunnock, ...	—	—	—	—	—	—	—	—	—
Carnwath, ...	129	104	57	66	49	52	22	12	491
Carstairs, ...	27	20	19	18	17	18	3	1	123
Clarkston, ...	129	117	88	89	51	44	38	40	596
Covington and Thankerton, ...	10	10	—	—	—	—	12	12	44
Crawford, ...	14	12	12	12	3	2	—	1	56
Crawfordjohn, ...	7	7	9	5	—	3	—	1	32
Coulter, ...	3	4	4	2	2	3	—	—	18
Dalserf, ...	58	61	60	124	49	24	6	10	392
Dalziel, ...	426	425	301	342	158	158	139	138	2087
Dolphinton, ...	—	—	—	—	—	—	—	—	—
Douglas, ...	23	30	25	19	18	14	14	13	156
Douglas Water, ...	25	15	23	17	18	10	4	5	117
Dunsyre, ...	4	3	5	6	—	—	—	—	18
East Kilbride, ...	44	51	38	29	36	21	2	3	224
Glassford, ...	14	19	11	12	9	8	—	—	73
Hamilton, ...	684	689	598	536	676	433	29	33	3678
Lanark, ...	73	86	111	110	90	79	22	20	591
Larkhall, ...	125	122	194	176	57	52	41	45	812
Leadhills, ...	12	10	6	10	2	8	—	1	49
Lesmahagow, ...	125	106	71	66	53	37	67	61	586
Libberton, ...	19	12	6	4	2	3	—	—	46
New Monkland, ...	87	95	46	66	35	40	26	19	415
Old Monkland, ...	933	899	619	625	478	464	96	105	4219
Pettinain, ...	7	4	—	—	—	—	10	5	26
Rutherglen, ...	235	244	202	213	141	159	50	68	1312
Shettleston, ...	401	386	230	222	105	83	62	76	1565
Shotts, ...	141	122	124	113	99	95	44	34	772
Stonehouse, ..	72	69	43	42	25	23	2	8	284
Symington, ...	6	1	2	3	2	—	2	3	19
Walston, ...	2	4	3	5	4	3	—	—	21
Wandell and Lamington, ...	5	4	2	3	2	2	—	—	18
Wiston and Roberton,...	2	3	7	11	—	—	—	—	23
Total, ...	5804	5751	4391	4466	3258	2822	1112	1017	28,621



TABLE B.—Higher Grade Scholars Examined at the Routine Examination for year ending 31st July, 1917.

SCHOOL BOARDS.	SCHOLARS EXAMINED IN EACH GROUP.						TOTAL.
	Age Group. (11-12 years.)		Seniors. (13 years and over.)		Selected.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Airdrie, ...	...	...	...	2	...	...	2
Avondale, ...	2	2	2	2	..	4	12
Biggar, ...	...	...	...	1	...	...	1
Bothwell, ...	4	8	5	4	7	5	33
Cadder, ...	4	3	3	1	2	2	15
Cambusnethan,...	...	...	...	...	1	1	2
Cambuslang, ...	2	4	...	...	6	13	25
Carluke, ...	3	7	2	3	5	7	27
Dalziel, ...	...	...	...	...	6	2	8
Hamilton, ...	2	4	1	..	...	..	7
Lanark, ...	...	...	...	...	2	14	16
Larkhall, ...	2	6	1	2	7	6	24
Lesmahagow, ...	2	...	...	1	...	2	5
Old Monkland,...	...	1	3	4	...	...	8
Rutherglen, ...	4	3	1	2	2	5	17
Shettleston, ...	2	7	2	2	18	10	41
Total, ...	27	45	20	24	56	71	243

TABLE I. Theoretical and experimental values of the ratio $\sigma_{\text{rel}}/\sigma_{\text{tot}}$ for the reaction $\pi^+p \rightarrow \pi^+p$ at various energies.

Energy (GeV)	Theoretical Value	Experimental Value
0.1	0.15	0.15
0.2	0.18	0.18
0.3	0.20	0.20
0.4	0.22	0.22
0.5	0.24	0.24
0.6	0.26	0.26
0.8	0.28	0.28
1.0	0.30	0.30
1.2	0.32	0.32
1.5	0.35	0.35
2.0	0.40	0.40
3.0	0.45	0.45
4.0	0.50	0.50
5.0	0.55	0.55
6.0	0.60	0.60
8.0	0.65	0.65
10.0	0.70	0.70

OPHTHALMIC TREATMENT.

TABLE I.—Showing the number of Parents notified, the number who applied for Treatment, and the number of Children examined for the first time, or completely re-examined, from every School under the Committee's Scheme. Years from 1st August, 1915, to 31st July, 1917.

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon for first time.	REMARKS.
ABINGTON.				
Crawford,	1	0	0	} Not visited for Treatment within the School Year 1916-17.
Daer and Powtrail,	0	0	0	
Summit,	1	2	2	
Abington,	2	1	1	
Crawfordjohn,	1	1	1	
Leadhills,	5	1	1	
Lamington,	0	0	1	
Roberton,	1	0	0	
Wiston,	0	0	0	
AIRDRIE.				
Longrigg,	8	1	1	} School closed. { School inspected late in 1916-17.
Moffat,	2	2	2	
L'griggend R.C.	13	13	15	
Whiterigg R.C.	17	6	12	
Annathill,	6	2	2	
Avonhead,	0	0	0	
Glenboig,	9	7	8	
Greengairs,	20	10	12	
New Monkland,	14	9	9	
Riggend,	1	0	0	
Roughrigg,	1	0	0	
Glenboig R.C.,	27	3	3	
Meikle Drum- gray R.C.,	5	4	3	
Airdrie Acad'my & Supplem'ry,	23	16	17	
Alexandra,	23	14	17	
Albert,	27	20	16	
Chapelside,	16	25	27	
Rochsolloch,	18	15	14	
Victoria,	41	54	51	
Coatdyke R.C.,	20	3	2	
St. Margaret's R.C.,	36	13	19	
Airdriehill,	12	2	2	
Caldercruix,	11	13	14	
Clarkston,	19	7	5	
Drumbreck,	6	6	6	
Calderbank,	19	14	14	

PHYSICAL CHEMISTRY

The following table shows the results of the experiments conducted on the effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide in the presence of a catalyst.

Temperature (°C)	Time taken for reaction to complete (min)	Rate of reaction (mol/l.s)
10	120	0.0083
20	60	0.0167
30	40	0.0250
40	30	0.0333
50	24	0.0417

TABLE I.—OPHTHALMIC TREATMENT—*Continued.*

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon for first time.	REMARKS.
BISHOPBRIGGS				
Auchinairn,	4	5	5	
Auchinloch,	5	5	5	
Bishopbriggs,	22	9	8	
Cadder,	2	1	1	
Lochfauld,	2	0	0	
BIGGAR.				
Biggar,	7	5	5	} Not visited for Treatment within the School Year 1916-17. Dolphinton P. not Inspected 1916-17.
Culter,	0	0	0	
Dolphinton,	0	0	0	
Covington,	0	0	0	
Dunsyre,	0	0	0	
Libberton,	1	0	0	
Symington,	5	1	1	
BLANTYRE.				
Auchintibber,	0	1	1	
Auchinraith,	23	21	21	
Calder Street,	43	36	36	
High Blantyre,	7	4	3	
Low Blantyre,	14	12	12	
St. Joseph's R.C.	63	44	39	
CAMBUSLANG.				
Cambuslang,	30	29	29	
Hallside,	34	14	12	
Kirkhill,	15	7	6	
Newton,	24	11	11	
West Coats,	25	8	7	
Newton R.C.,	25	6	1	
St. Bride's R.C.,	58	26	26	
CARLUKE.				
Braidwood,	6	2	3	
Carluke,	50	22	30	
Kilncadzow,	2	2	2	
Law,	19	11	9	
Yieldshields,	0	0	0	
Carluke R.C.,	3	1	1	
CARNWATH.				
Auchengray,	2	2	2	
Braehead,	0	0	1	
Carnwath,	1	7	9	
Forth,	4	1	0	
Haywood,	2	2	2	} Inspected late in School Year 1916-17.
Newbigging,	4	0	0	
Tarbrax,	25	11	9	
Wilsontown,	0	0	0	

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

TABLE I.—OPHTHALMIC TREATMENT—*Continued.*

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon for first time.	REMARKS.
CHRYSTON.				
Bridgend,	8	10	9	
Chryston,	22	20	20	
Gartcosh,	24	8	10	
Stepps Road,	12	7	7	
Millerston,	6	2	0	
Cardowan R.C.,	7	5	4	
COATBRIDGE.				
Bargeddie,	12	11	10	
Blairhill,	18	14	18	
Coatbridge P. or High, & Coatbridge H.G.,	82	42	45	
Coatdyke,	12	7	11	
Dundyvan,	22	21	18	
Gartsherrie,	14	12	12	
„ Academy,	37	24	24	
Greenhill,	27	10	12	
Langloan,	15	18	16	
Old Monkland,	11	2	2	
Whifflet,	25	18	17	
St. Augustine's R.C.,	48	47	47	
St. Patrick's R.C.	42	35	33	
Whifflet R.C.,	17	16	21	
EAST KILBRIDE				
Auldhouse,	0	0	0	
East Kilbride,	7	4	7	
Jackton,	0	1	1	
CARMUNNOCK				
Carmunnock,	4	3	2	
LANARK.				
Lanark Gram. and H.G.,	46	55	53	
Nemphlar,	2	2	2	
New Lanark,	9	8	7	
Lanark R.C.,	19	18	13	
Smyllum R.C.,	25	17	16	
Carmichael,	0	0	0	
Carstairs,	4	3	3	
Carstairs Junc.,	1	0	0	
Netherton,	0	0	0	
Douglas,	12	3	1	
Stableston,	0	0	0	
Kirkfieldbank,	6	3	2	

Date	Place	Patient	Disease	Remarks

TABLE I.—OPHTHALMIC TREATMENT—*Continued.*

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon for first time.	REMARKS.
LARKHALL.				
Academy,	38	22	22	
Union Street,	32	11	13	
Duke Street,	11	12	13	
Glengowan,	21	7	7	
Muir Street,	29	5	6	
Larkhall R.C.,	23	13	14	
DALSERF.				
Dalserf,	4	0	0	} Inspected late in School Year 1916-17.
Netherburn,	2	2	1	
Shawsburn,	18	5	4	
Swinhill Infant,	4	3	2	
LESMAHAGOW				
Auchenheath,	1	3	2	
Bellfield,	1	3	3	
Bent,	5	1	1	
Blackwood,	1	3	2	
Coalburn,	10	4	5	
Hawksland,	0	0	0	
Lesmahagow Sen. and Jun.,	12	9	9	
Underbank,	0	0	0	
Waterside,	3	1	3	
Blackwood R.C.,	1	1	0	
MOTHERWELL.				
Calder,	19	11	12	} Visited once only for Treatment instead of twice in 1916-17. 120 Pupils treated in the first half of 1917-18. These 120 are not therefore included in this Table.
Craigneuk,	28	15	16	
Dalziel,	45	22	21	
Dalziel High,	18	9	10	
Hamilton St.,	28	8	11	
Knowetop,	24	19	18	
Merry Street,	29	16	17	
Milton Street,	32	13	15	
Muir Street,	42	13	20	
Craigneuk R.C.,	46	8	11	
Motherwell R.C.,	68	29	34	
RUTHERGLEN.				
Burgh,	33	28	31	
Eastfield,	33	18	15	
Farie Street,	42	29	34	
Gallowflat,	65	25	25	
Macdonald,	62	26	21	
Stonelaw,	42	20	16	
Rutherglen R.C.	52	34	35	

THE UNIVERSITY OF CHICAGO PRESS
54 EAST LAKE STREET
CHICAGO, ILLINOIS 60601
TEL: 773-707-3000
FAX: 773-707-3000

THE UNIVERSITY OF CHICAGO PRESS
54 EAST LAKE STREET
CHICAGO, ILLINOIS 60601
TEL: 773-707-3000
FAX: 773-707-3000

TABLE I.—OPHTHALMIC TREATMENT—*Continued.*

CENTRE AND SCHOOL.	Total notified by the Medical Inspection Staff.	Total who applied for Treatment.	Total examined by Ophthalmic Surgeon for first time.	REMARKS.
CHRYSTON.				
Bridgend,	8	10	9	
Chryston,	22	20	20	
Gartcosh,	24	8	10	
Stepps Road,	12	7	7	
Millerston,	6	2	0	
Cardowan R.C.,	7	5	4	
COATBRIDGE.				
Bargeddie,	12	11	10	
Blairhill,	18	14	18	
Coatbridge P. or High, & Coatbridge H.G.,	82	42	45	
Coatdyke,	12	7	11	
Dundyvan,	22	21	18	
Gartsherrie,	14	12	12	
„ Academy,	37	24	24	
Greenhill,	27	10	12	
Langloan,	15	18	16	
Old Monkland,	11	2	2	
Whifflet,	25	18	17	
St. Augustine's R.C.,	48	47	47	
St. Patrick's R.C.	42	35	33	
Whifflet R.C.,	17	16	21	
EAST KILBRIDE				
Auldhouse,	0	0	0	
East Kilbride,	7	4	7	
Jackton,	0	1	1	
CARMUNNOCK				
Carmunnock,	4	3	2	
LANARK.				
Lanark Gram. and H.G.,	46	55	53	
Nemphlar,	2	2	2	
New Lanark,	9	8	7	
Lanark R.C.,	19	18	13	
Smyllum R.C.,	25	17	16	
Carmichael,	0	0	0	
Carstairs,	4	3	3	
Carstairs Junc.,	1	0	0	
Netherton,	0	0	0	
Douglas,	12	3	1	
Stableston,	0	0	0	
Kirkfieldbank,	6	3	2	

THE UNIVERSITY OF CHICAGO LIBRARY
1207 EAST 58TH STREET
CHICAGO, ILLINOIS 60637
TEL: 773-936-3300



OPHTHALMIC TREATMENT.

TABLE II.—Showing (a) Total Number of Cases; (b) Number Treated by Glasses; (c) Number Treated otherwise or Advised; (d) Number uncompleted or not requiring Treatment. Year ending 31st July, 1917.

TREATMENT CENTRE.	Number of Children Examined.	Number Revisited.	Approximate Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or advised.	Cases uncompleted, and Cases not requiring Treatment.	
Airdrie,	76	148	229	64	6	6	Centres Classified as Urban.
Blantyre,	45	50	100	36	9	0	
Cambuslang,	29	44	75	25	2	2	
Coatbridge,	83	224	320	75	5	3	
Larkhall,	41	61	105	32	9	0	
Motherwell,	104	106	224	85	16	3	
Rutherglen,	74	91	177	62	7	5	
Shettleston,	113	105	221	91	19	3	
Wishaw,	47	91	143	35	10	2	
Total,	612	920	1594	505	83	24	
Abington,	1	1	2	1	0	0	Centres Classified as Rural.
Bigger,	1	0	1	1	0	0	
Cadder,	23	30	53	17	5	1	
(Bishopbriggs and Chryston)							
Carluke,	26	23	53	21	1	4	
Carnwath,	13	12	25	10	1	2	
East Kilbride,	0	3	3	0	0	0	
Lanark,	42	50	94	25	16	1	
Lesmahagow,	12	9	22	10	2	0	
Shotts,	36	29	69	35	1	0	
Strathaven,	8	9	18	5	1	2	
Total,	162	166	340	125	27	10	
Grand Total	774	1086	1934	630	110	34	
				774			

CONTENTS

TABLE I - Summary of the results of the various experiments conducted during the year 1911

Experiment No.	Object of the Experiment	Results	Conclusions
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

OPHTHALMIC TREATMENT.

TABLE III.—Showing the percentage of Myopia and Myopic Astigmatism of all Children examined from August, 1914, till July, 1917.

TREATMENT CENTRE.	I. Total Children examined for first time.	II. Total treated by Spectacles.	III. Total Cases of Myopia and Myopic Astigmatism.	IV. Percentage of Column I.	V. Percentage of Column II.	
Airdrie,	403	353	72	17·8	20·4	} Centres Classified as Urban.
Blantyre,	162	131	37	22·8	28·2	
Cambuslang,	235	204	31	13·1	15·2	
Coatbridge,	504	436	87	17·2	19·9	
Larkhall,	126	103	23	18·2	22·3	
Motherwell,	432	389	63	14·5	16·2	
Rutherglen,	300	245	52	17·3	21·2	
Shettleston,	387	325	67	17·3	20·6	
Wishaw,	230	188	36	15·6	19·1	
Total,	2779	2374	468	16·8	19·7	
Abington,	10	10	2	20·0	20·0	} Centres Classified as Rural.
Biggar,	11	10	2	18·1	20·0	
Cadder,	93	69	14	15·0	20·3	
(Bishopbriggs and Chryston)						
Carluke,	69	61	21	30·4	34·4	
Carnwath,	44	37	13	29·5	35·1	
East Kilbride,	32	27	7	21·8	25·9	
Lanark,	124	90	38	30·6	42·2	
Lesmahagow,	47	44	12	25·5	27·2	
Shotts,	158	137	26	16·4	18·9	
Strathaven,	56	44	9	16·0	20·4	
Total,	644	529	144	22·3	27·2	
Grand Total,	3423	2903	612	17·8	21·0	

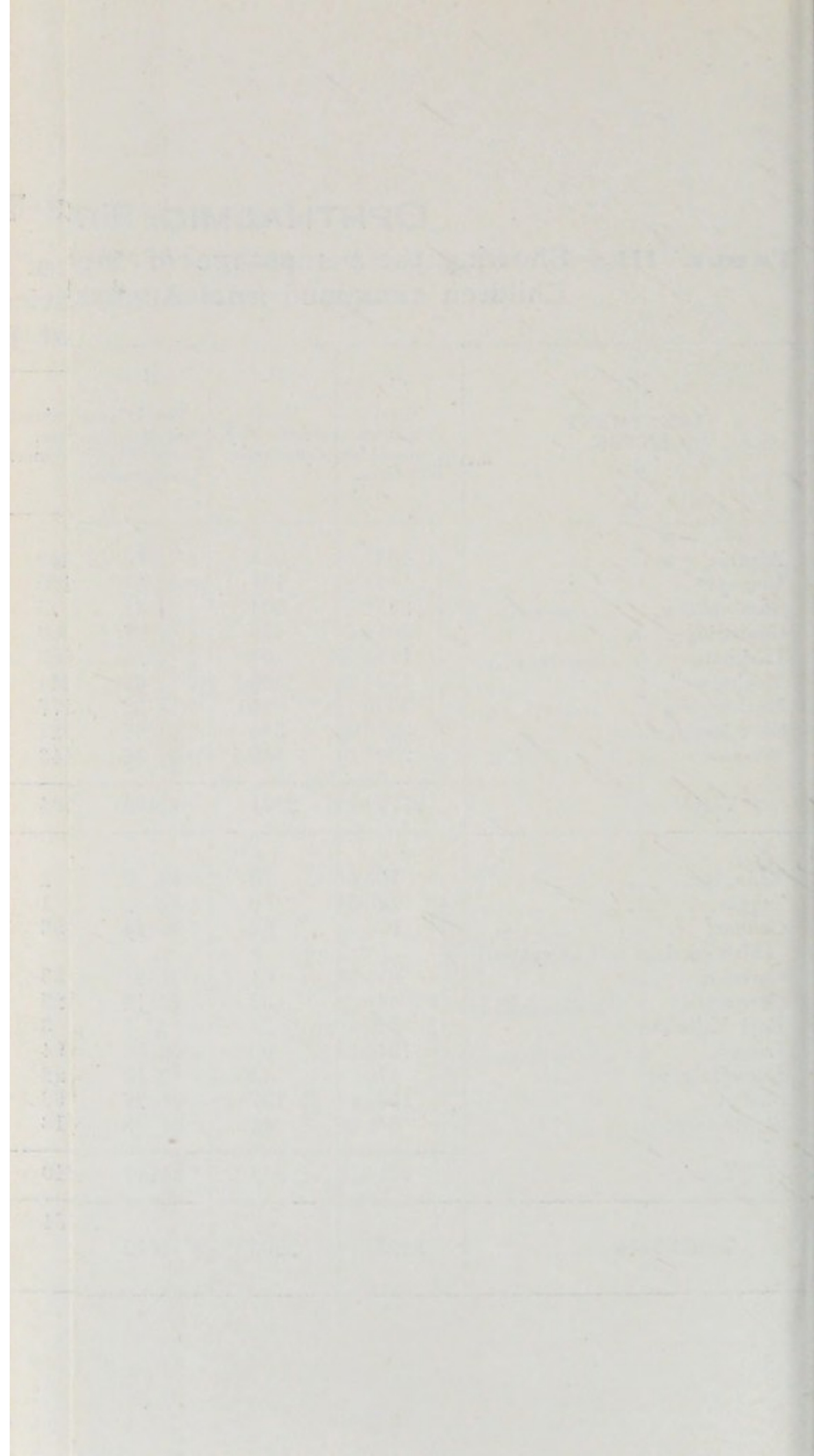
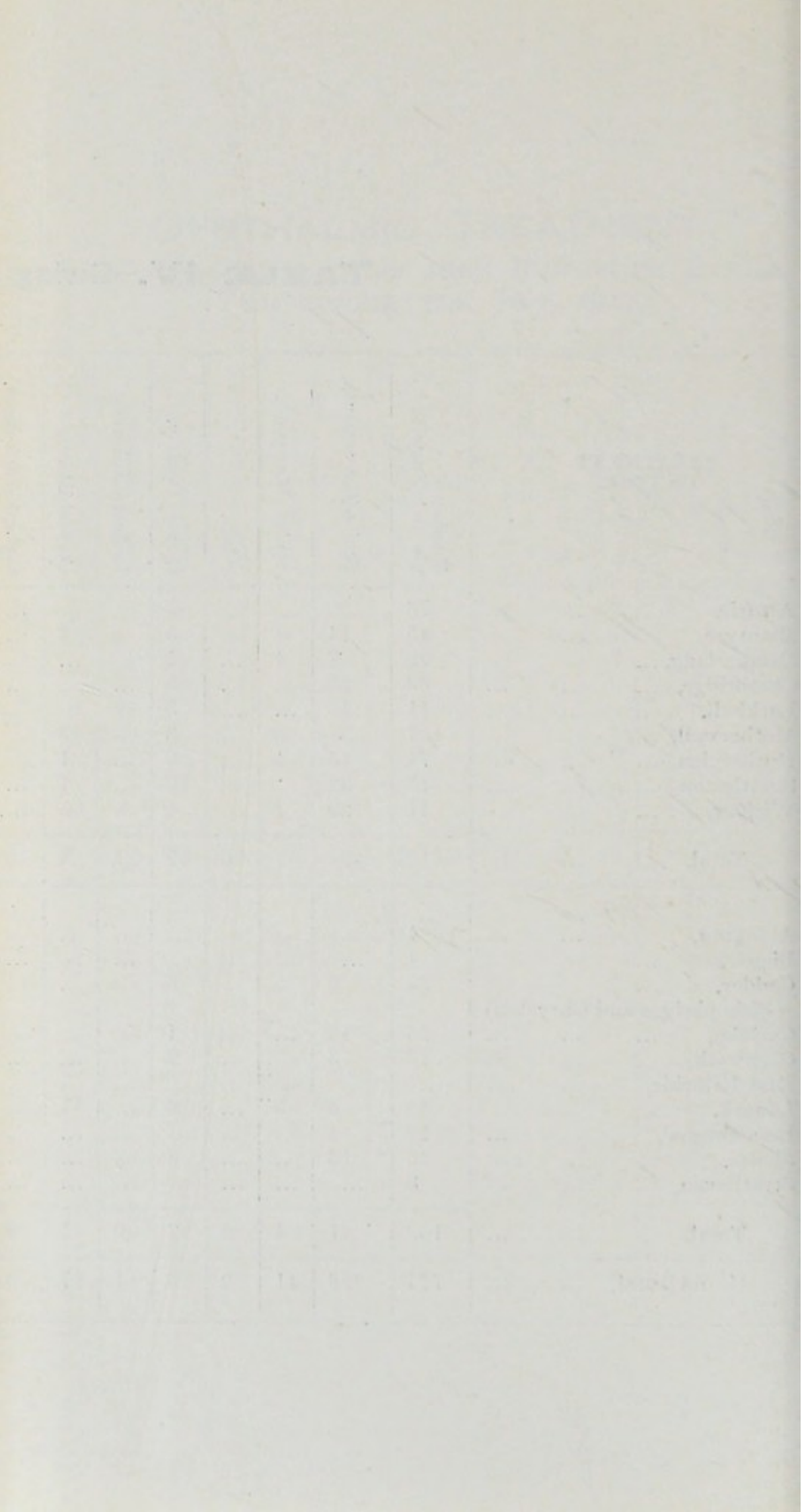


TABLE IV.—Giving Details of Conditions, other than Refraction Errors, whether Treated or Advised.
Year ending 31st July, 1917.

TREATMENT CENTRE.	Number of Children Examined.	Squint (Convergent).	Squint (Divergent).	Prosis.	Corneal Opacity.	Leucoms Adherens.	Corneal Ulcer.	Corneal Staphylococci.	Conjunctivitis and Blepharitis.	Myxomatous Conjunctivitis & Keratitis.	Hordeolum (Stye).	Chalazion.	Xerosis of Conjunctiva.	Lice in Eyelashes.	Stillicidium.	Mucosae and Inflammation.	Exotropion.	Cataract.	Aphakia.	Choroido Retinal changes (Myopic, other than Myopic).	Sequela of Iritis.	Optic Atrophy.	Nystagmus.	Congenital Amblyopia.	Congenital Word or Letter Blindness.	Albinism.	Other Congenital Defects.	Results of Injury.	Disorganization of Eye.	Cyst of Eyelid.	Anophthalmos.	Sympathetic Ophthalmitis (Sequelae).	Microphthalmos.	Corneal Birth Injury.		
Airdrie, ...	76	20	...	...	7	...	...	4	1	...	...	...	...	...	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Biantyre, ...	45	14	1	...	5	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cambuslang, ...	29	7	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	83	25	...	...	5	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Larkhall, ...	41	17	...	...	3	1	...	5	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Motherwell, ...	104	51	3	...	8	...	3	5	3	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rotherglan, ...	74	15	1	...	6	...	...	3	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shettleston, ...	113	32	...	...	10	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wishaw, ...	47	20	1	...	4	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total, ...	612	181	7	0	42	1	6	0	25	7	1	0	0	0	0	0	0	5	0	12	5	1	3	6	0	0	1	1	1	0	0	0	1	2	1	
Aldington, ...	1
Bigan, ...	1
Cadder, ...	23	9	1	...	5	1	1
(Bishopbriggs and Chryston)
Carlisle, ...	26	10	1
Carawath, ...	13	3	2
East Kilbride,
Lenark, ...	42	8	3	...	6	...	1	5	3
Lesmahagow, ...	12	4
Scotts, ...	36	13	3
Strathaven, ...	8
Total, ...	162	47	4	0	17	0	1	0	12	4	0	0	0	0	0	0	0	1	0	1	1	0	0	3	0	0	0	1	0	0	0	0	0	0	0	
Grand Total, ...	774	228	11	0	66	1	7	0	37	11	1	0	0	0	0	0	0	6	0	13	6	1	3	9	0	0	1	2	1	0	0	0	1	2	1	

Centres Classified as Urban.

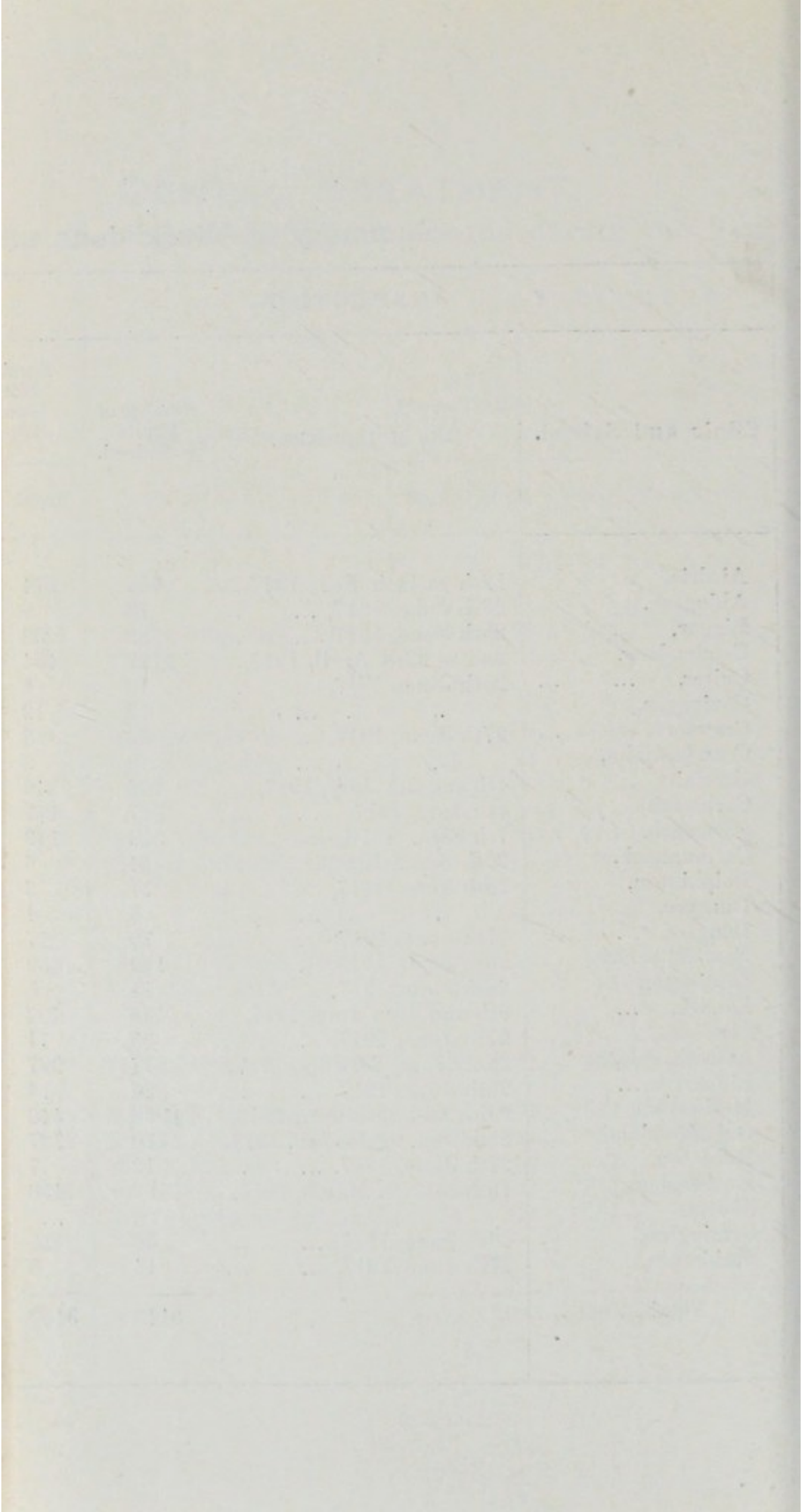
Centres Classified as Rural.



OPHTHALMIC TREATMENT.

TABLE V.—Showing the number of Children in the different Wage-earning Classes, actually treated or examined (New Cases). Year ending 31st July, 1917.

TREATMENT CENTRE.	Class I.	Class II.	Class III.	
Airdrie,	27	35	14	} Centres Classified as Urban.
Blantyre,	31	9	5	
Cambuslang,	6	11	12	
Coatbridge,	32	28	22	
Larkhall,	15	17	9	
Motherwell,	36	37	31	
Rutherglen,	36	27	11	
Shettleston,	44	42	27	
Wishaw,	20	20	7	
Abington,	1	...	} Centres Classified as Rural.
Biggar,	1	...	...
Cadder,	8	7	8	
(Bishopbriggs and Chryston)				
Carluke,	9	6	11	
Carnwath,	8	3	2	
East Kilbride, ... ..	...	...	...
Lanark,	30	8	4	
Lesmahagow,	2	8	2	
Shotts,	13	11	12	
Strathaven,	4	2	2	
Total,	323	272	179	



APPENDIX.

The following Reports on Medical Treatment have been received from the Clerks to the School Boards of Hamilton and Bothwell:—

HAMILTON SCHOOL BOARD.

MEDICAL TREATMENT OF CHILDREN.

REPORTS BY MEDICAL OFFICERS FOR YEAR 1917.

1.—Dr. James Adam, for Disease of Ear, Nose and Throat.

TO THE SCHOOL BOARD OF HAMILTON.

GENTLEMEN,

I have the honour to present the third yearly Report on the work done for affections of Ear, Nose and Throat among the school children under your care.

Children attended—60 boys, 48 girls, totalled, ...	108
Operations under general anæsthesia, mostly for T. and A.,	71
Operations under local anæsthesia, mostly on nose, ...	13
Total number of attendances,	613
Time taken,	81 hours 19 minutes.
T. and A. (Tonsil and Adenoid) cases,	68
Affections of Nose,	14
„ Larynx,	2
„ Ears,	36

The attendances were distributed among the various classes of cases, as follows:—

T and A.	Nose.	Ears.	Larynx.
382	43	165	23

The cases were derived from the Schools as follows:—

Beckford.	Deaf.	Greenfield.	St. John's.	St. Mary's.	Low Waters.
25	20	11	9	8	7
Bent.	Woodside.	St. Cuthbert's.	Townhead.	Glenlee.	
6	6	6	4	2	

And Dykehead, Beechfield, and Ferniegair, each one case.

Of the T. and A. cases, one was Diphtheria, and was sent to the proper quarter for treatment; one was really a case of bad septic teeth, which were extracted; another had suppurating glands in the neck, which

I dealt with. Two cases had already been treated in special hospitals. In at least 12 cases I had to do dental extractions at the same time as at the T. and A. operation; this was necessary in order to secure a clean mouth. There were two cases of post-operative hæmorrhage, necessitating visits at the patients' homes. There were 13 such visits, including four on the gland case. One child was sent by the headmaster on account of epileptic fits occurring frequently in school; they have ceased since the operation and other treatment.

Of the two Laryngeal cases, one was a cyst and was sent to Victoria Infirmary; on the other I operated.

Of the Aural cases, three were sent to Glasgow Royal Infirmary, after the failure of treatment at home to stop suppuration; the radical operation was done (in two cases by myself). Of 22 suppurating ears, all are dry except one recently operated and still under treatment. It is to be noted that of the 36 cases classed as Aural, all were pronounced cases of ear disease and a few also appear under the T. and A. heading; but a large number of the T. and A. cases also required post-operation treatment on account of Aural conditions, as the two are constantly complicating each other. A similar remark applies to Nasal cases, those so classed under the heading (14) being mostly cases requiring nasal operation.

Only a few cases declined treatment. In most cases the parents of the children have expressed their satisfaction in the results obtained, especially after T. and A. operations. It is held, and rightly held, that there is no operation in surgery more productive of lasting and widespread benefit than that for diseased tonsils and adenoids. The physical and mental improvement in these cases has been great, sometimes striking.

With regard to cases of aural suppuration, time would be saved if the parents could be induced to submit children to operation after the failure of three months' simple treatment. This is sometimes difficult to get, and even when got, prompt admission to hospital is usually impossible owing to the long waiting list.

It has been worth while to attend to the children at the Deaf School, as sometimes improvement in hearing is obtained and Miss Graham's difficult task rendered easier. Two children were transferred from ordinary schools to the Deaf School and a third to Tollcross (R.C.) School for the Deaf. Several children from neighbouring districts who came to me at the Royal Infirmary have been sent to your Deaf School. Several hard of hearing children have been ordered front benches at ordinary schools. The question may come up by and by as to the advisability of a special class for more individual attention and training for such children in each school.

One cannot help noting the gross neglect of the children's teeth in many cases. If more attention were paid to this, it would tend to reduce the number of T. and A. cases by reducing oral sepsis.

One feature of the report cannot fail to strike the Board, as it has surprised me—the great increase in the number of cases treated. The figures of the two preceding years are given for comparison:—

	Patients.	Attendances.	Operations under general anæsthesia.	Under local	Time.	
1915, ...	68	476	31	18	68	hours.
1916, ...	53	247	30	6	38	„
Totals,	111	723	61	24	106	„
1917, ...	107	613	71	13	81.19	„

It is thus seen that the number of patients is almost the same for 1917 as that of the sum of the two preceding years, the number of attendances fully 100 less, the number of operations under general anæsthetics 10 more, the time taken being 25 hours less. The war took away the medical officers who inspect schools. It was natural that this should result in a decreased number of cases sent for treatment. It is, therefore, gratifying that the vigilance of the teachers has, to a considerable extent, made up for the lack of trained medical inspectors, and to know that they have learned to diagnose diseased conditions, and that they realise that mouth-breathing and its associated deafness and seeming stupidity are to be met by surgical treatment and not by punishment and shouting. The parents themselves are learning this. One other pleasing feature is that the local practitioners appreciate the scheme, and under it have frequently sent patients. I gratefully record their constant courtesy.

Lastly, it seems obvious that the estimates for the present and for the coming year will need revision.

I have the honour to be,

Yours faithfully,

JAMES ADAM.

2.—Dr. James R. Watson, for Visual Treatment.

TO THE HAMILTON SCHOOL BOARD.

GENTLEMEN,

I beg to render you an account of the work done by me since the date of my last report.

Details will be found in the record sheets enclosed. The cases treated have comprised:—

(A) Diseases of the eye other than errors of refraction. These included 56 cases.

(B) Errors of Refraction; including 125 cases.

IN CLASS (A), the prevailing conditions have been the following:—Phlyctenular Conjunctivitis and Keratitis and Blepharitis. Probably most of such cases are treated by the family doctor.

IN CLASS (B), all were minutely examined under a mydriatic, and most were greatly improved by prescribing the necessary spectacles. I have again, however, to state that, in my opinion, it is much to be regretted that so many of these cases are sent for correction at too late a period to get the full benefit of the lenses prescribed, for example, many are sent with Strabismus of so long standing that the sight of the squinting eye is gone past recall (see Table B). The relative incidence of the various defects remains much the same each year—Hypermetropic Astigmatism being far and away the commonest defect, Hypermetropia coming next (see Table A).

	1917.	1916.
Hypermetropic Astigmatism (one eye or both), ...	52	62
Hypermetropia	30	33
Myopic Astigmatism	18	24
Simple Astigmatism	17	12
Myopia	9	10
Mixed Astigmatism	11	10
Emmetropic	10	6
Total number of eyes examined for errors,	222	280

Age.	Number of cases treated in		
	1915.	1916.	1917.
Under 5, ...	0	0	1
Over 5, under 6, ...	0	2	2
„ 6, „ 7, ...	7	8	2
„ 7, „ 8, ...	10	12	9
„ 8, „ 9, ...	7	15	16
„ 9, „ 10, ...	9	14	12
„ 10, „ 11, ...	17	16	12
„ 11, „ 12, ...	25	25	28
„ 12, „ 13, ...	21	20	24
Over 13, ...	15	30	22

This table illustrates what I remarked on about the ages of the refraction cases, the large majority being at the later school ages. It is a strong argument for closer attention being given to the eyes of the younger children, as soon as the staff of School Medical Inspectors is back to its normal.

The total number of attendances was ... 247

The total number of cases was ... 181

The total number of hours occupied was 78 hours 50 minutes.

The cases were distributed among the Schools as follows:—St. Mary's, 25; St. John's, 23; Beckford Street, 20; Low-waters, 15; Glenlee,

14; Townhead, 13; Bent, 13; Woodside, 12; Greenfield, 10; St. Cuthbert's, 9; Ferniegair, 6; Quarter, 5; Cadzow, 3; Dykehead, 3; Deaf Mute School, 3.

I have the honour to be,

GENTLEMEN,

Your obedient Servant,

JAMES R. WATSON, M.D.

December, 1917.

3.—Mr. Thomas Rankin, L.D.S., for Dental Treatment.

December, 1917.

TO THE MEMBERS OF HAMILTON SCHOOL BOARD.

GENTLEMEN,

I have the honour to present my report on Dental Examination and Treatment of School Children for the year ending December, 1917.

A total of 613 children were examined, viz., 323 boys and 290 girls. I have examined these children between the ages of 6 and 6½ years—the most critical time, as teeth are then being shed, and others are taking their places. Also, teeth which are late in being shed have to be removed to allow space enough for the second or permanent dentition.

The number of children with sound teeth I found to be 254, which left a total of 359 children requiring treatment. Out of this number, 202 kept their appointments, and were accordingly treated.

The total amount of work done amounted to 797 teeth extracted and 109 filled.

In conclusion, I should like to say that there are still a considerable number of patients refusing treatment. The parents are naturally apprehensive, and do not appreciate the importance of the work.

It is hoped that in time the parents will realise more and more the benefits accruing to the proper care of the teeth of the children.

I am, GENTLEMEN,

Your obedient Servant,

Pro. THOS. RANKIN, L.D.S.,

J. HAY CAMPBELL, L.D.S.

BOTHWELL PARISH SCHOOL BOARD.

MEDICAL TREATMENT.

Report by the Dental Surgeon, Alexander Mitchell, L.D.S., for the Year
ending 31st December, 1917.

DATE.	Examined.	Requiring Treatment	Treated	Extractions.	SCHOOL.
1917.					
Jan. 11	367	325	...	...	Mossend R.C.
" 18	180	167	...	...	Tannochside.
" 18	172	153	...	...	Bothwell Park.
Feb. 1	160	146	...	...	Bothwellhaugh.
" 1	91	86	...	...	Bothwell Public.
" 8	...	...	11	35	Mossend R.C.
" 15	...	...	5	20	Bothwell Park.
" 22	No Patients attended from				Mossend R.C.
" 22	162	148	...	...	Mossend Public.
Mar. 1	...	...	7	33	Bothwellhaugh.
" 1	...	...	1	6	Bothwell Park.
" 8	...	...	14	50	Mossend R.C.
" 22	...	...	14	49	Mossend R.C.
" 29	100	88	...	...	Muireedge.
" 29	103	81	...	...	Uddingston Grammar.
April 5	...	...	3	10	Mossend R.C.
" 19	...	...	10	32	Mossend R.C.
" 26	...	...	10	31	Bothwell Park.
May 3	...	...	10	33	Mossend R.C.
" 10	...	...	1	4	Bothwell Public.
" 10	...	...	3	8	Bothwell Park.
" 10	...	...	2	5	Bothwellhaugh.
" 10	...	...	1	2	Tannochside.
" 10	...	...	3	8	Uddingston Grammar.
" 17	48	46	...	...	Carnbroe.
" 24	...	...	10	25	Muireedge.
" 24	...	...	1	1	Bothwell Park.
" 24	...	...	1	1	Uddingston Grammar.
" 24	...	...	1	2	Bothwell Public.
" 31	...	...	9	32	Mossend R.C.
June 7	...	...	11	28	Muireedge.
" 14	...	...	15	51	Mossend R.C.
" 21	...	...	7	21	Mossend R.C.
" 21	...	...	6	12	Carnbroe.
" 21	No Patients attended from				Mossend P.
" 28	...	...	12	44	Mossend R.C.
Aug. 16	193	180	...	...	Tannochside.
" 16	142	117	...	...	Bothwell Park.
" 23	...	...	11	28	Mossend R.C.
" 30	150	138	...	...	Bothwellhaugh.
" 30	106	101	...	...	Bothwell P.

DATE.	Examined.	Requiring Treatment	Treated	Extractions.	SCHOOL.
Sept. 6	...	...	10	37	Mossend R.C.
" 13	...	...	1	4	Tannochside.
" 13	...	...	5	13	Bothwell Park.
" 20	168	153	...	...	Bellshill P.
" 20	126	117	...	...	Belvidere.
" 27	...	...	3	12	Bothwell P.
" 27	...	...	6	15	Bothwell Park.
Oct. 4	...	...	15	44	Mossend R.C.
" 11	...	...	4	11	Bothwell Park.
" 18	111	86	...	...	Holytown.
" 18	151	139	...	...	New Stevenston
" 25	...	...	1	1	Muiredge.
" 25	No Patients attended from				Bothwellhaugh.
Nov. 1	...	...	4	10	Bellshill P.
" 1	...	...	2	6	Belvidere.
" 8	284	258	...	...	St. John's R.C.
" 15	...	...	5	19	Holytown.
" 15	No Patients attended from				Belvidere.
" 22	124	119	...	...	Muiredge.
" 22	98	93	...	...	Uddingston Grammar.
" 29	147	129	...	...	Newarthill.
" 29	54	44	...	...	Carfin Public.
Dec. 6	...	...	10	28	Uddingston Grammar.
" 13	...	...	9	33	New Stevenston.
" 13	...	...	1	3	Mossend R.C.
" 20	...	...	6	15	Muiredge.
" 20	...	...	1	4	Uddingston Grammar.
	3237	2914	262	826	

I was unable to attend on 15th March, having been called before the Tribunal.

(Signed) A. MITCHELL.

1871