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Education Authority of the County of Lanark.

SEVENTEENTH ANNUAL REPORT


ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN.

1925-1926.



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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
AUTHORITY OF THE COUNTY OF LANARK.

Mr Chairman, Ladies and Gentlemen,

We beg to submit the Seventeenth Annual Report on the
Medical Inspection, Supervision, and Treatment of School Children
in the County of Lanark for the year ending 31st July, 1926.

We are,

Your obedient servants,

JOHN MACINTYRE.

W. JONES MACKINNON.

School Medical Inspection Offices,

3 Clydesdale Street,

Hamilton, November, 1926.

LIST OF STAFF.

NORTHERN DIVISION.

Principal School Medical Officer.

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

Assistant School Medical Officers.

IAN C. MACKENZIE,
L.R.C.P. & S.Ed., D.P.H.

DAVID R. HAMILTON.
M.A., M.B., Ch.B., D.P.H.

ANN K. CORMACK, M.B., Ch B.

Dental Surgeons.

H. R. BOWER, L.D.S.
WILLIAM KERR, L.D.S.
ALEXANDER RAE, L.D.S.

SOUTHERN DIVISION.

Principal School Medical Officer.

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

Assistant School Medical Officers.

ANDREW G. REEKIE,
M.B., Ch.B., D.P.H.

JOHN YOUNG,
L.R.C.P. and S.Ed., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
ANDREW C. F. RANKIN, L.D.S.
ELIZ WATSON, L.D.S.

Part-Time Ophthalmic Surgeons.

W. HISLOP MANSON,
M.A., M.D., F.R.F.P.S.G.

H. SOMERVILLE MARTYN,
M.A., M.B., Ch.B.

JOHN A. MORTIMER,
M.D., M.R.C.P.E.

JAMES R. WATSON,
M.A., B.Sc., M.D., D.P.H.

JAMES A. WILSON,
M.D., D.P.H.

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

Part-Time Ear, Nose, and Throat Specialist.

JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

NURSES.

ISOBEL T. COCHRAN.
CHRISTINA CRAIB.

(a) MARGARET L. ROBERTSON.
ANNIE N. DOUGLAS.
FLORENCE D. FLEMING.
ISABEL MACKINNON.

(b) MAY B. B. YOUNG.

(c) MARJORIE M'DOUGALL.

(d) MINNIE B. H. WOLFE.

MARTHA M. CHISLETT.
ANNIE DOBIE.

AMY T. HISLOP.
FRANCES M'KEE.
ISABEL TAYLOR.
MARY A. YATES.

MARJORY F. MACGILLIVRAY.
GEORGINA WALLACE.

Clerical Staff.

ROBERT A. M'ROBBIE.
JOHN PORTER.

HELEN S. STEVEN.
JEAN B. THOMSON.

SARAH M. B. CLARK.

(a) Resigned 1/1/26.

(c) Re-appointed 15/2/26.

(b) Appointed 15/1/26.

(d) Appointed 8/3/26.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

The personnel of the Medical Inspection, Treatment, and Nursing Staffs is shown in detail on Page 6 of this Report. The two additional nurses sanctioned by the Authority in 1925, on account of the extension of the scheme of treatment, commenced duty early in the year 1926. During the latter part of the session the Authority sustained a great loss by the sudden and tragic death of Dr W. Hislop Manson, who for many years officiated as part-time ophthalmic surgeon. Dr Manson's work was almost wholly confined to Coatbridge district, where his undoubted skill as an ophthalmologist, and his cheerful, frank personality gained for him the confidence and affection both of parents and children. A re-arrangement of the areas served by the ophthalmic surgeons was effected, and the work is now undertaken by the remaining members of the Staff.

II.

(a) Number of Schools in the whole Educational Area:—

Primary	...	...	...	223
Intermediate and Secondary	...	...	...	21
Special Schools or Classes	...	...	...	11

(b) Number of Children on Register ... 102,102

Number of Children in Average Attendance	92,937
--	-----	-----	-----	-----	--------

The new Primary School at Budhill, Shettleston, and the Special School for Physically and Mentally Invalid Children at Drumpark, Bargeddie, were formally opened in August, 1925, and May, 1926, respectively.

In consequence of the extension of the boundaries of the City of Glasgow, four Primary Schools, which formerly were situated within the County of Lanark, came under the jurisdiction of the Glasgow Education Authority in May of this year (1926). The Schools concerned are:—Millerston, Possil, and Lochfauld Public Schools, and St. Agnes' R.C. School, Lambhill.

III.

NUMBER OF VISITS TO SCHOOLS FOR SYSTEMATIC EXAMINATION IN ACCORDANCE WITH SCHEME OF INSPECTION.

The number of visits paid to schools by the School Medical Officers in connection with the routine examination of scholars

amounted to 1,076. At these visits the following children were examined:—(1) Entrants, 5-6 years old; (2) Intermediates, 9 years old; (3) Seniors, 12 years old; (4) Secondary Pupils, 16 years old; and (5) Special Cases.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICERS.

During the session 1,256 special visits were paid to schools by the medical staff. The principal reason for these visits is to keep under observation those children who, at the routine examination, are found to stand in need of treatment, or who may be showing more or less definite signs of neglect. At these visits, also, children who were absent from the routine inspection, either on account of illness or from wilful abstention, are examined and their condition duly noted on their record card. Again, these visits afford teachers an opportunity of presenting for medical examination any special cases that may have come to their notice since the medical officer's last visit. It is urgently requested that all teachers will take the fullest advantage of these visits, and bring to the medical officer's notice any pupil regarding whom there may be the slightest anxiety. It would be a very great help if class teachers would make, as occasion arises, a note of any child for whom special examination is desired, adding also the defect suspected—vision, hearing, speech, neglect, etc.—so as to be able to present without delay the cases to the medical officer. Too frequently cases are remembered by the teacher immediately after the doctor has left the school. As has been stated in previous reports, all schools do not require the same amount of revisiting, and, generally speaking, it is the large urban schools which call for the closest supervision.

The total number of children re-examined at these special visits to schools during the session amounted to 26,490. In addition, 218 homes were visited by the School Medical Officers to examine certain children who, from one cause or another, were unable to attend for examination at school.

V.

SANITARY CONDITIONS OF SCHOOLS.

Generally speaking, the sanitary conditions of the schools in the County are satisfactory, and, as each year passes, improvement is taking place. Only in a few schools do pail closets still exist, and these only in the more remote rural areas, where an adequate supply of water is difficult to obtain or where there is trouble regarding drainage and sewage disposal. In certain of the schools the arrangements for artificial lighting could be improved, especially in

those schools where natural lighting is restricted by adjacent buildings. The great majority of the schools are, however, efficiently lighted and heated, but it is to be regretted that teachers are still exceedingly loth to open their classroom windows freely. This abhorrence of a free circulation of air is as manifest during the summer as during the winter months, and a good many teachers apparently cannot be persuaded that fresh air is not synonymous with bronchitis, pneumonia, and sudden death. The medical officers have repeatedly to draw attention to this lack of classroom ventilation, but it is to be feared that their advice on the matter falls, for the most part, on deaf ears. Again, certain of the teachers are of opinion that they are carrying out all that is required of them in the matter of ventilation if one window of the room is open an inch or two, ignoring the obvious principle of cross ventilation. Perhaps this complaint may be considered rather stale—like the atmosphere of the classroom—but one may be at least permitted to ventilate the grievance.

In the new type of school which has recently been built in this County, e.g., Stane Public and Budhill Public, the matter of natural lighting and cross ventilation has received very great attention, and is a distinct advance on the older central hall type of school. In the absence of a plan it is not easy, in a short paragraph, to set forth the characteristics of this type of school. The building is a single storey one, and each classroom has cross ventilation and a southerly exposure, thus ensuring that the maximum amount of direct sunlight reaches each room. A corridor runs outside of the classrooms for the whole length of the building, the cloakrooms and two exits leading off the corridor. The assembly, or drill, hall is connected with the corridor by means of a short, wide passage, and has the usual dressing-room accommodation attached. This hall is near enough to the classrooms for the convenience of the pupils, and yet sufficiently remote to ensure that no noise reaches these rooms when gymnastic or physical exercises are in progress. In general outline the plan of the school somewhat resembles that of an aeroplane, and from this similarity of shape the school is sometimes called the "aeroplane type."

A suggestion which might be advanced, however, is that one window in each classroom should be of the "French window" pattern, that is, it would extend from the floor to about eighteen inches from the ceiling and open inwards in two halves like a folding door. This would afford a quick method of flushing the classroom with fresh air during the recreation and dinner intervals, and, in the case of an emergency, such as fire, would provide a rapid exit for the pupils without causing any congestion in the corridors. Only when the

distance between the outside ground level and the floor level exceeded three feet would a few steps be necessary from the window to the ground.

VI.

(A) ORGANISATION AND ADMINISTRATION.

For details regarding the above, see Report for year ending July, 1920 (pages 8-10).

(B) SCHOOL NURSES.

1. NUMBER ON STAFF.

The total number of Nurses on the staff is 16. These are allocated as follows:—7 for medical inspection and supervision, and 9 for treatment. The two additional nurses whose appointment was sanctioned by the Authority in connection with the formation of minor ailments clinics, commenced duty in the early part of this year.

2. DUTIES IN SCHOOL.

For detailed account of the duties of the nursing staff, both in school and at the clinics, see Report for year 1919-20 (page 10).

3. DUTIES IN VISITING.

The work undertaken by the school nurses as regards visiting of homes of the children has been fully explained in previous Reports. This work has now been extended to include the visiting of certain pupils who attend the minor ailments clinics, not only to give parents advice as regards the carrying out of the treatment prescribed, but also to enquire after those children who are irregular in their attendance at the clinics. The number of home visits paid by the nurses during the session amounted to 576.

(C) ARRANGEMENTS FOR "FOLLOWING UP".

These arrangements were detailed in the Report for the year 1919-20. In addition to the home visits paid by members of the nursing staff, a considerable number of cases of persistent neglect were reported to the Society for the Prevention of Cruelty to Children, and the Officers of the Society have given invaluable help in supplementing the efforts of the School Medical Staff.

(D) SUPERVISION OF INFECTIOUS DISEASE, INCLUDING SCHOOL CLOSURE.

The arrangements in force for dealing with infectious diseases in school were fully explained in the Report for year 1919-20. Thanks are again due to the County Bacteriologist (Dr Brownlie) for having examined and reported on all specimens and swabs.

submitted to him by the School Medical Officers. Reports on 58 cases were received from Dr Brownlie.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

For details of the arrangements regarding co-ordination with the various health authorities in the County and Burghs, see Report for year 1919-20 (pages 11-12).

(F) PRESENCE OF PARENTS AT INSPECTION.

The number of parents who attend at the routine medical examination of their children still remains relatively small. In some schools, however, as many as forty per cent. of mothers will be present when the infant children are being examined, but as the ages of the children increase the numbers of mothers present show a very marked decrease. By the time the sixteen years old group is reached the number is nil.

When special examinations are being conducted and the parents are particularly requested to be present, in practically every case they appear along with the children. At the treatment clinics—Dental, Ophthalmic, and Minor Ailments alike—a very large proportion of the parents are present, so that the accusation which one hears of parents being indifferent as to what is happening to the children at school is far from being justified. The reason that, relatively, so few parents come to the routine medical inspection is the knowledge that, if any condition worthy of attention is discovered by the medical officer, either an intimation to that effect will be transmitted to the parent or a request sent for a personal interview.

(G) SPECIAL EXAMINATIONS.

(a) *For Infectious or Contagious Diseases.*—During the course of the year several visits were specially made by members of the Medical Staff to enquire into cases of infectious or contagious disease which had made their appearance in school. Where the circumstances warranted it, arrangements were made through the Public Health Authority concerned to have either the whole school disinfected or, perhaps, certain specified classrooms. Only in one instance did the threatened outbreak assume anything approaching a serious character. This was in one of the Lanark schools where diphtheria was prevalent, but steps were taken to have the classrooms disinfected forthwith, and all contact cases excluded for the full period of quarantine. Sporadic cases of this disease have cropped up in the district for a considerable time, but it is almost certain that the school is not the centre of infection, and the opinion of the Medical Officers is that certain "carrier cases" in the town are responsible for the dissemination of the disease.

As regards contagious diseases, by far the commonest found in school is impetigo, with, perhaps, catarrhal conjunctivitis second in order of frequency. As these two conditions can now be treated at the minor ailments clinics, it is hoped that the cases will receive early treatment and so avoid the prolonged periods of absence from school which the treatment frequently necessitates when the diseases are of long standing.

(b) *Absentee Pupils*.—Increasing demands are being made on the Medical Officers' time in connection with the examination of pupils who are absent from school for more or less prolonged periods. The lists of absentee children are, for the most part, received from the Clerks of the School Management Committees, but occasionally the lists come direct either from the Head Teacher of a school or from the Chief Attendance Officer of a district. It should be clearly understood that the time of the School Medical Officers cannot be largely absorbed in performing the ordinary duties of the attendance staff. Only when all the usual channels of enforcing attendance have been exhausted should the services of the medical staff be requisitioned, and even then only when a question of medical fitness is involved. When a child's absence from school can be accounted for by reason of illness, and this is duly certified by the family doctor, it would appear to be quite unnecessary for a request to be submitted to the Authority's medical officer to verify the family doctor's certificate. Again, many names of absentee children are submitted to the school medical officer for special examination where no attempt has been made to obtain a certificate from the child's own doctor, although it is clearly the duty of the child's parent to furnish such a certificate when called upon to do so.

The work of the school medical staff is frequently difficult enough without having the harmonious balance with the private medical practitioner rudely disturbed, and anything savouring of officious interference between patient and medical attendant is to be strongly discountenanced.

During the session requests for special examination of absentee children were received from the following School Management Committee Areas:—

Old Monkland	...	...	...	209
Hamilton	...	...	...	79
Bothwell	...	...	...	61
New Monkland	...	...	...	58
Rutherglen	...	...	...	48
Cadder	...	...	...	43
Shotts	...	...	...	39

Cambuslang	...	...	...	33
Dalserf	...	...	...	25
Dalziel	...	...	...	24
Lanark	...	...	...	14
Lesmahagow	...	...	...	14
Blantyre	...	...	...	7
Cambusnethan	...	...	...	6
Avondale	...	...	...	3
Southern	...	...	...	3
Carnwath	...	...	...	2
East Kilbride	...	...	...	2
Biggar	...	...	...	1
Douglas	...	...	...	1
Total				<u>672</u>

(c) *Physically Invalid Children*.—During the year 380 physically invalid children were specially examined with a view to determining what arrangements should be made for their education. Where the cases were suitable and the residence convenient, the children were admitted to one of the special schools. In the event of no special school or class being convenient, arrangements were made for the child's attendance at the nearest ordinary school, a wheeled chair being provided to convey the child to and from school or a special desk and seat provided for his use in school. There were certain children, happily few in number, for whom it was well nigh impossible to make any educational arrangements, such cases as chronic epileptics and severe paralytics. When the special school at Knowetop, Motherwell, is completed and the contemplated special school for Bothwell Parish erected, the problem of the physically invalid child, especially in the densely populated industrial areas, will be largely solved.

(d) *Mentally Invalid Children*.—For the year ending 31st July special examinations to the number of 95 were conducted on children reported to be suffering from mental defect. In 10 of the cases the children were found to be uneducable and were duly reported to the General Board of Control and the Parish Council concerned. Of the cases which were considered to be educable, 59 were admitted to the Authority's Special Classes for Feeble-minded children, and 9 were sent either to Birkwood Institution, Lesmahagow, or to St. Charles' Institution, Carstairs. A number of the children admitted to the special classes were on the border line of uneducability, and were sent to the classes on trial only. It is probable that a certain proportion of these latter cases will ultimately have to be definitely certified as uneducable.

(e) *Students in Preliminary Training.*—In accordance with the Regulations for the Preliminary Education, Training, and Certification of Teachers, 203 candidates were examined as to physical fitness by the School Medical Officers. The two principal defects discovered in the candidates were bad teeth and impaired vision, but of the two the former was by far the more serious. It cannot be too strongly emphasised that candidates appearing for examination with a grossly unsatisfactory dental condition stand not the slightest chance in this County of being passed as physically fit until efficient treatment has been carried out. It would save many a painful interview and bitter disappointment if Head Teachers would inform intending candidates of the moderately high standard of dental fitness that is demanded.

(f) *Visits to Special Classes.*—The Special Classes for Physically Invalid, Mentally Invalid, and Deaf-Mute Children were visited at frequent intervals during the session. Whenever possible, it is the practice to have these classes regularly visited once a month in order that the children may be kept under close medical supervision. This applies especially to the classes for physically invalid children; the mentally invalid children and the deaf-mute pupils do not require such constant medical care.

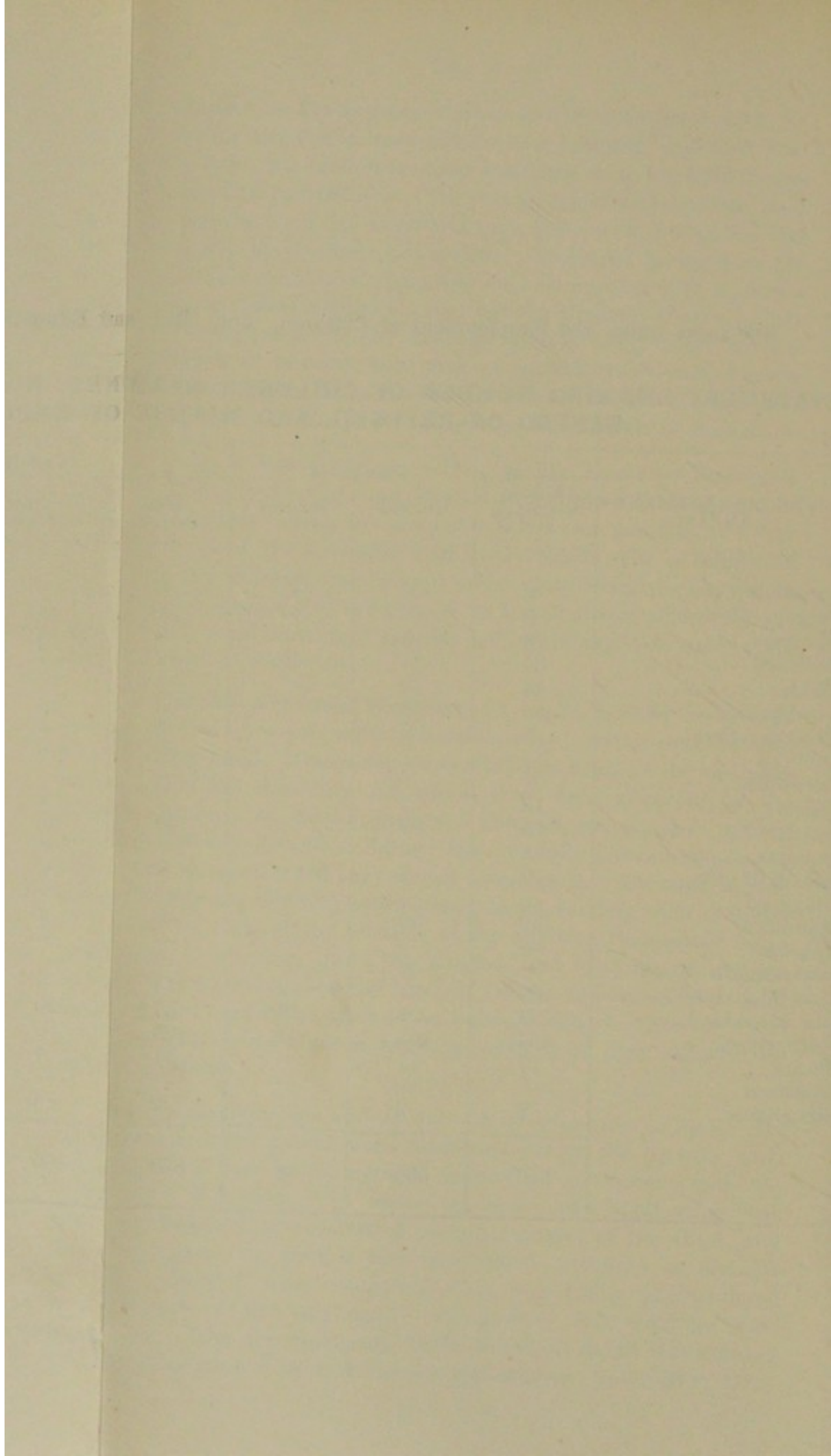
It is occasionally found necessary, for health reasons, to exempt certain children from all school attendance for varying periods, and, on the other hand, to transfer other children back to the ordinary school when the disability for which they were admitted to the special classes is no longer present. This, of course, only applies to the physically invalid children; the mentally invalid pupils are never able to resume ordinary school attendance. Although a good many parents are not very enthusiastic about sending their children to the special classes, the attitude of the children themselves is, in practically every case, quite the reverse, and it is almost with a feeling of trepidation that the Medical Officer announces to a child the decision to send him back to an ordinary school. The boys and girls frequently shed copious tears on learning of their unfortunate return to health.

(g) *Employment of Children Act.*—A large number of applicants for part-time employment were examined during the session, and, when approval was given, permits granted in accordance with the Authority's Bye-laws. In some instances the application was definitely rejected on account of the poor health of the child, and in several cases the permit was temporarily withheld on account of the presence of some contagious disease or bodily uncleanness on the part of the applicant. Altogether, 550 children were examined. The accompanying Table shows in detail the number of children examined in each School Management Committee Area,

Bye-Laws under the Employment of Children, Act, 1903, and Education (Scotland) Act, 1918.

STATEMENT SHOWING NUMBER OF CHILDREN EXAMINED, NUMBER OF CERTIFICATES GRANTED OR REFUSED, AND NATURE OF EMPLOYMENT.

SCHOOL MANAGEMENT AREAS.	No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.				
		Granted.	Refused.	Milk Carrier.	Delivering Newspapers.	Delivering Messages.	Lather Boy.	Miscellaneous
Avondale	6	6	—	6	—	—	—	—
Biggar	8	8	—	1	—	7	—	—
Blantyre	13	13	—	6	4	3	—	—
Bothwell	34	34	—	17	7	9	—	1
Cadder	41	41	—	34	5	2	—	—
Cambuslang	55	53	2	35	13	4	—	1
Cambusnethan.. .. .	9	9	—	4	3	2	—	—
Carluke	—	—	—	—	—	—	—	—
Carnwath	—	—	—	—	—	—	—	—
Dalserf	13	12	1	3	9	—	—	—
Dalziel	89	89	—	48	21	19	1	—
Douglas... .. .	—	—	—	—	—	—	—	—
East Kilbride	7	7	—	2	2	3	—	—
Glassford	—	—	—	—	—	—	—	—
Hamilton	32	30	2	16	4	8	2	—
Lanark	—	—	—	—	—	—	—	—
Lesmahagow	—	—	—	—	—	—	—	—
New Monkland	23	21	2	14	3	4	—	—
Old Monkland.. .. .	97	91	6	57	20	10	4	—
Rutherglen.. .. .	104	103	1	83	10	10	—	—
Shotts	17	17	—	11	4	2	—	—
Southern	—	—	—	—	—	—	—	—
Stonehouse.. .. .	2	2	—	2	—	—	—	—
	550	536	14	339	105	83	7	2



the number of certificates granted or refused, and the nature of employment for which application was made.

(h) *Adult Blind Persons*.—In accordance with the Blind Persons Act, 1920, several examinations were conducted for the purpose of ascertaining whether the applicants were physically and mentally fit to undertake a regular course of Technical training. Of the 5 examined 2 were found to satisfy the requirements and were recommended for admission to the training centre.

(i) *Staff*.—During the course of the year, 27 members of the Authority's Staff and applicants for the post of attendance officer or janitor were medically examined and reported upon.

(j) *Feeding of School Children*.—Towards the latter part of the session, when the mining dispute was in progress, a large number of applications for the provision of extra meals for children attending school was received from parents in different parts of the County. The duty of ascertaining whether the children of the applicants were suffering from malnutrition was relegated to the School Medical Officers, and by the close of the session (31st July) 4,604 pupils were examined. Of these 110 were recommended to have meals provided by the Authority to supplement the diet provided at home.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations:—

			Boys.	Girls.
Entrants (6 years old and under)	...	...	5,201	5,049
Intermediates (9 years old)	...	...	5,414	5,195
Seniors (12 years old)	...	...	5,319	5,356
Secondary Pupils (16 years and over)	...	...	304	239
			<hr/> 16,238	<hr/> 15,839
			<hr/>	
Total	...	...	32,077	
(b) Special Cases (non-routine)	...	...	6,218	
			<hr/>	
Grand Total	...	...	38,295	
			<hr/> <hr/>	

(c) Pupils examined at Re-visits:—

Number examined at 1st Re-visit	...	...	8,776
„ „ 2nd	„	...	9,003
„ „ 3rd	„	...	6,878
„ „ 4th	„	...	1,833
			<hr/> 26,490
			<hr/> <hr/>

(d) Examination of Students in Preliminary Training:—

Entrants	...	...	203
During Training (1st, 2nd, and 3rd years)	...	...	280

(e) Examination of Physically and Mentally Invalid Children in attendance at Special Classes:—

1. Physically Invalid	...	...	475
2. Mentally Invalid	...	...	91

(f) Special Examination of Physically and Mentally Invalid Children:—

1. Physically Invalid	...	...	380
2. Mentally Invalid	...	...	95

(g) Special Examination of Irregular Attenders and Chronic Absentees:—					
Number examined	...	...	...	...	237
(h) Examination of Children under Employment of Children Act (1903):—					
Number examined	...	...	...	...	550
(i) Examination of Adult Blind Persons (Blind Persons Act, 1920)					
...	...	...	...	...	5
(j) Examination of members of the Authority's Staff					27
(k) Examination of Children for Malnutrition					4,604

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

1. Dental Treatment:—

Number of Children Dentally Examined	...	69,848
Number of Children Notified	...	47,488
Number of Children Dentally Treated	...	17,827

2. Visual Treatment:—

Number of Children Treated by the Ophthalmic Surgeons	...	2,691
Number of Children Re-examined by the Ophthalmic Surgeons	...	4,137
Number of Attendances at the Ophthalmic Clinics		6,828

3. Ear, Nose, and Throat Treatment:—

Number of Children Treated by Nose and Throat Specialist	...	85
Number of Attendances at Treatment Centres	...	765

4. Treatment of Minor Ailments:—

Number of Children Treated	...	671
Number of Attendances made	...	4,275

(B) NUMBER OF CHILDREN NOTIFIED TO PARENTS
AS SUFFERING FROM DEFECTS.

During the year under review the number of children notified to parents on account of some defect found during the course of medical examination amounted to 12,013. The total number of defects found—exclusive of dental defects—was 18,108, that is, an average of, approximately, 1.5 per child. Table B shows in detail the number of children notified and the various conditions from which they suffered. It will be seen that dirty and verminous heads account for a very large proportion of all the defects notified, being no fewer than 3,944, or 21.8 per cent. of the total. The next most frequent condition was dirty or verminous body, the total number notified being 2,834, or 15.6 per cent. of the total. Combining these figures it is found that, of the whole total of notifications issued, conditions of uncleanness accounted for 6,778, or 37.4 per cent. Large as this figure undoubtedly is, it shows a decided improvement on last year's numbers when the corresponding percentage was 52. The cleanliness of the children is a matter of constant concern, and, if vigilance were to be relaxed, it is quite possible that conditions would, within a very short period, revert to what prevailed prior to the introduction of school medical inspection. In reading the figures for conditions of uncleanness one must be careful not to confuse "conditions" with "pupils," for, commonly, a neglected pupil was found to suffer from a dirty and verminous head and also a dirty and verminous body. Thus, one child might be notified for four separate conditions, and this, consequently, reduces considerably the actual number of individual children who suffered from neglect.

It is probable that the shingling or bobbing of girls' hair has had a decided effect in reducing the number of cases notified this year, and it is hoped that the practice, at least as regards school girls, may long continue. It is still observed that, in a good many schools, the practice of wearing caps or hats by girls while in the classrooms continues to be looked upon with tolerance by many teachers. This practice should cease forthwith, and should only be permitted where the child is suffering from some disfiguring condition of the head, such as extensive baldness.

Defective vision accounts for no fewer than 4,762 of the total defects found. Of this number 3,908 were cases of impaired vision,

and 854 were cases of squint. The percentage of children discovered to have defective vision each year is a fairly constant one, and it is difficult to see how this number can be materially reduced. What can be done, and is, in fact, being done, is to have the visual defects corrected and, by regulation of the child's studies and attention to the lighting conditions of the schools, to reduce, as far as possible, any tendency to an extension of the defect.

Enlarged tonsils were found in 1,362 cases, and adenoids in 579. It is probable that, had a more searching examination been made, *e.g.*, by a digital examination of the naso-pharynx, the number of adenoid cases would show a considerable increase. However, such an examination entails a certain amount of discomfort to the child and cannot be generally carried out in school.

Of the other conditions found the following were the most important: external eye disease (blepharitis, conjunctivitis, etc), 702; impetigo, 580; ear diseases, wax, etc., 453; disturbance of heart and circulation, 280; nasal obstruction, 199; lung conditions (bronchitis, etc.), 188; enlarged lymphatic glands, 187; scabies, 60; nervous diseases, 48; defective hearing, 47; non-pulmonary tuberculosis, 44. In addition to the foregoing, a very large number of minor ailments was discovered during the course of inspection, but although in the great majority of cases these did not prejudice the child's general health or scholastic progress, it was usually considered advisable to acquaint the parents of the presence of the defects.

As regards dental defect, 47,488 children were found to stand in need of treatment. A detailed account of the dental condition of the school children in the County is given in the dental survey which is incorporated in this Report (page 40).

The following statistical Tables (D to X) show the number and percentages of children who suffered from one or other of the conditions mentioned.

(C) NUMBER OF CHILDREN RECEIVING ATTENTION EXCLUSIVE OF DEFECTIVE TEETH.

Of the 12,013 children notified as suffering from some defect, 7,751, or 64.5 per cent., were found, on subsequent examination, to be cured, improved, or under treatment. This is a slight decrease on the previous year when the corresponding percentage was 65.2.

It is hoped that when the minor ailments clinics are fully functioning a decided increase in the number of cures will be recorded.

As regards visual defect, 2,691 new cases were treated by the Authority's Ophthalmic Surgeons. In addition, re-examinations were conducted in 4,137 cases, making a total of 6,828 attendances at the ophthalmic clinics. (See pages 35-39.)

For diseases of the ear, nose, and throat, 85 children were treated by the Authority's Rhinologist, necessitating 765 attendances at the clinics. (See page 47.)

For minor ailments of the skin, eye, nose, throat, ear, etc., 671 children received treatment at the Authority's various clinics, necessitating 4,275 attendances. (See pages 48-50.)

(D) CLOTHING.

Systematic Cases.							Special Cases.
Number Examined.	Insufficient.		In need of Repair.		Dirty.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,077	94	·29	1075	3·35	1941	6·05	420

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
32,077	725	2·26	78

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years,	6½	9½	12½
County of Lanark Average, ...	44·9	50·6	54·8
Anthropometric Standard, ...	44·1	50·7	56
Difference,	+0·8	-0·1	-1·2

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years,	6½	9½	12½
County of Lanark Average, ...	43·9	50·2	56·5
Anthropometric Standard, ...	43·6	50	56·8
Difference,	+0·3	+0·2	-0·3

BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years,	6½	9½	12½
County of Lanark Average, ...	47·5	60·5	77·9
Anthropometric Standard, ...	47	64·9	79·4
Difference,	+0·5	-4·4	-1·5

GIRLS—AVERAGE WEIGHT IN LBS.

Average Age in years,	6½	9½	12½
County of Lanark Average, ...	43·8	58·6	79·3
Anthropometric Standard, ...	44·8	59·3	80·2
Difference,	-1·0	-0·7	-0·9

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits).	Per cent.	Verminous.	Per cent.	No. found defective.
32,077	5668	17.67	872	2.72	1139

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found defective.
32,077	3887	12.11	1055	3.29	989

(H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special cases.
No. Examined.	Ring- worm.	Per cent.	Impetigo	Per cent.	Favus.	Per cent.	Other Diseases.	Per cent.	No. found defective.
32,077	6	.018	86	.268	0	0	158	.49	194

(H) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special cases.
No. Examined	Ring- worm.	Per cent.	Impetigo	Per cent.	Scabies.	Per cent.	Other Diseases.	Per cent.	No. found defective.
32,077	11	.034	150	.468	30	.093	437	1.36	405

(I) NUTRITION.

Systematic Cases.							Special Cases.
No. Examined	Average and above Average.		Below Average.		Very bad.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,077	31,401	97.89	658	2.05	18	.056	56

(J) TEETH.

As the dental examination of all school children between the ages of 5 and 12 years, inclusive, is undertaken by the Authority's dental surgeons, no record of the condition of the children's teeth was taken by the medical officers at the routine inspections, except in the case of the 16 years old pupils. The results of the dental surgeons' examinations are given in the special dental Report. (See page 40.)

As regards the dental condition of the 16 years old pupils, of 543 examined, 215, or 39.59 per cent., were found to stand in need of dental treatment, and the usual notice was sent to the parents. This shows a considerable improvement on last year when the percentage of senior pupils suffering from defective teeth was 45.3. It is to be hoped that this improvement will be a progressive one.

(K) (a) NOSE.

Systematic Cases.							Special Cases.
No. Examined.	Catarrh.		Obstruction.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,077	3434	10.70	258	.804	322	1.0	127

(L.) EXTERNAL EYE DISEASES.

Systematic Cases.										Special Cases.
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
	731	2.27	179	.56	125	.39	410	1.28	179	.55
32,077										872

(M.) VISUAL ACUITY.

Systematic Cases.							Special Cases.
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		Number found Defective.
	Number	Per cent.	Number.	Per cent.	Number.	Per cent.	
*21,827	16,818	77.05	4383	20.08	626	2.87	1685

*Infant Children not included.

(N.) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhoea.		Wax.		Other Diseases.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,077	307	.95	581	1.81	67	.209	190

(O.) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,077	306	.95	20	.062	86

(P.) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,077	232	.72	73	.23	57

27

(Q.) MENTAL CONDITION.

Systematic Cases.					Special Cases.	
Number Examined.	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
32,077	343	1 06	37	.115	64	36

(R.) HEART AND CIRCULATION.

Systematic Cases.										Special Cases.	
Number Examined.	Organic.				Functional.		Anæmia.		Number found Defective.		
	Congenital.		Acquired.		Number.	Per cent.	Number.	Per cent.			
	Number.	Per cent.	Number.	Per cent.							
	32,077	9	·028	107	·33	243	·75	1338			4·17	182

(S.) LUNGS.

Systematic Cases.										Special Cases.	
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Other Diseases.		Number found Defective.	102	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
32,077	926	2.88	2	.006	9	.028	9	.028			

(T.) NERVOUS SYSTEM.

Systematic Cases.							Special Cases
Number Examined.	Epilepsy.		Chorea.		Infantile Paralysis.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,077	19	.059	12	.037	59	.18	91
			Other Diseases.				
			Number.		Per cent.		
			120		.37		

(U.) TUBERCULOSIS (NON-PULMONARY).

Systematic Cases.							Special Cases.
Number Examined.	Glandular.		Bones and Joints.		Abdominal.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,077	11	.034	27	.08	13	.04	28
			Skin.		Other Forms.		
			Number.		Per cent.		
			3		.009		
			2		.006		

(V.) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,077	355	1.10	12	.037	22

(W.) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital. *		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,077	208	.64	250	.78	64

(Y) OTHER DISEASES AND DEFECTS.

The conditions recorded in the foregoing Tables represent the diseases or ailments which more commonly affect school children, but, in addition to these, a large variety of other conditions was found during the course of inspection. Many of these latter conditions were largely of academic interest and did not in any way prejudice either the scholars' physical or educational progress. Amongst such conditions 193 were moderate enlargements of the thyroid gland, principally affecting the senior girls. This enlargement was, usually, purely physiological in character, as no untoward accompanying symptoms were observed. On the other hand, a considerable number of the conditions observed were, in the medical officer's opinion, of sufficient importance to warrant the attention of the parents being drawn to the matter with a view to treatment being instituted.

The following are some of the varied conditions met with:—Septic sores, boils, abscesses, furunculosis, eneuresis, diureses, rheumatism, hernia, alopecia, appendicitis, fracture of collar bone, naevi or birthmarks, cysts, hare lip and cleft palate, herpes, ganglia, synovitis, phimosis, pigmentation of skin, ichthyosis and xerodermia, etc. Altogether, a total of 312 conditions were noted under this heading.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

There are four centres at which instruction is given to physically invalid children, there being no increase to record in the number of centres of instruction. However, the new special school at Drumpark, near Coatbridge, has been completed and was formally opened in May of this year. This school now serves a much wider area than could formerly be embraced when the classes were conducted in four classrooms at Coatbridge Public School, and, in addition to meeting the needs of practically the whole of Old Monkland Parish, also serves the town of Airdrie and part of New Monkland Parish.

The accommodation for invalid children at Woodburn (Hamilton) has been increased by the erection of four additional classrooms, and a new dining hall has also been built. A commence-

ment has been made with the erection of a special school at Motherwell. This, when completed, will replace the special classes which are conducted at Knowetop Public School. The special classes at Gateside Public School, Cambuslang, obtain their pupils from Rutherglen, Cambuslang, and Blantyre parishes, but the question of an extension of these classes will probably have to be considered.

2. MENTALLY INVALID CHILDREN.

The classes for mentally invalid children have been increased during the year, and now special classes are in being at Drumpark Special School, Knowetop Public School, Woodburn Special School, and Gateside Public School. Previously, no classes for mentally invalid children existed in Coatbridge or Hamilton, but these have now been made possible by the erection of the new school at Drumpark and the extension of the existing accommodation at Woodburn House, Hamilton. During the year 9 mentally invalid children were sent either to Birkwood Institution, Lesmahagow, or to St. Charles' Institution, Carstairs.

3. BACKWARD CHILDREN.

There is nothing further to report this year under this heading. The classes for dull or backward children which were established in certain of the larger primary schools are still being successfully conducted.

4. BLIND AND PARTIALLY BLIND CHILDREN.

The Authority have only one institution under their jurisdiction where blind, or educationally blind, children may be educated, this being St. Vincent's Institution, Tollcross. This institution is primarily for Catholic children. The children of Protestant parents are sent to the Royal Blind Asylum, Edinburgh, to be educated. At Drumpark Special School provision is now made for the education of "high myopes," that is, children who suffer from such a degree of myopia, or short-sight, that further education at an ordinary school is highly inadvisable. Such a class, or classes, should be an integral part of every school which makes provision for the education of invalid children.

5. DEAF AND DEAF-MUTE CHILDREN.

The Education Authority have two centres for the education of deaf or deaf-mute children, namely, at Woodburn House, Hamilton, and St. Vincent's Institution, Tollcross. The former

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

The following Tabular Statement shows the number of Scholars excluded from attendance at School by the School Medical Officers, the disease or cause for which exclusion was necessary, and the various Sanitary Areas in which the conditions occurred :—

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Lupus.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.
COUNTY—														
Upper Ward, ...	...	3	11	13	1	1	...	...	...	...	...	...	...	...
Middle Ward, ...	31	19	40	206	14	5	2	12	1	3	...	4	8	...
Lower Ward, ...	1	1	3	2	...	...	...	...	...	...	...	...	...	...
BURGHES—														
Airdrie, ...	...	...	...	22	1	...	1	...	...	...	...	...	...	...
Biggar, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	4	4	3	44	2	1	...	2	...	1	...	...	...	...
Hamilton, ...	2	3	10	49	14	7	...	5	...	...	...	...	1	1
Motherwell, ...	6	4	6	34	2	...	...	2	...	...	1	...	1	...
Lanark, ...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Rutherglen, ...	4	4	4	39	4	...	...	...	...	...	...	...	7	...
Wishaw, ...	2	...	...	6	...	...	...	...	...	...	...	...	1	...
TOTAL, ...	50	38	78	416	38	14	3	21	1	4	1	4	18	1



is a day school, whilst the latter is a residential institution. In addition, a considerable number of children—22—are being educated at Donaldson's Hospital, Edinburgh, and at the Royal Edinburgh Deaf and Dumb Institution, Edinburgh.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For arrangements, see Report for year ending 31st July, 1920 (page 27).

X.

FEEDING OF CHILDREN.

As has been stated in previous Reports, arrangements are in force for the feeding of all children in attendance at the Special Schools or Classes. In many of the rural schools the teachers have undertaken the supplying of a hot mid-day meal, especially during the winter months, an arrangement much appreciated by the children. In addition, the Authority have sanctioned the supplying of meals to "necessitous" children in attendance at the ordinary schools, and for the year ending 31st July, 1926, 4,989 meals were provided for these children.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

The arrangements in force under the Authority's scheme of treatment have been very fully dealt with in previous Reports, so that a brief summary of the scheme should now suffice. The treatment provided consists of (1) Dental treatment; (2) Visual treatment; (3) treatment of disease of the Ear, Nose, and Throat; (4) treatment of Minor Ailments. The first three branches of treatment have been in active operation for over twelve years, but the last (minor ailments) was only inaugurated during the present session. The records of the number of children who take advantage of the various forms of treatment offered by the Authority is a clear indication of the appreciation shown by the parents. It is also very gratifying to record the great help afforded by the teachers who, probably, appreciate the good results which follow the treatment of their pupils quite as much as the majority of the parents. This does not apply only to that branch of treatment from which teachers see immediate and definite results, namely, the correction of visual defects, but also to all the other branches. The treatment of minor

ailments, although only recently inaugurated, has received the unanimous approval of the teachers who recognise in it one of the greatest boons to their pupils, and, incidentally, an excellent means of minimising absenteeism. In this latter connection the medical officers earnestly desire all teachers to do all in their power to send any pupil requiring treatment as early as possible to the clinic so that the ailment may receive proper attention before it assumes an aggravated form.

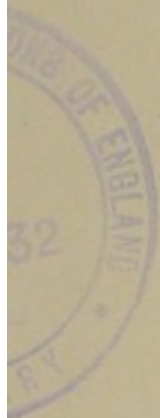
Detailed accounts of the number of children treated for dental, visual, ear, nose, and throat, and minor defects are given in a subsequent part of this Report under their respective headings.

As regards the correction of deformities, especially malformations of the feet and legs, either congenital or acquired, a considerable number of school children received treatment at one or other of the institutions in Glasgow, and especially at the Royal Hospital for Sick Children, Glasgow. During the year under review the Authority sanctioned the provision of orthopædic appliances for 20 children at an estimated cost of £50. These appliances consisted principally of special boots, splints, and supports, and in every case the children were thus enabled to attend an ordinary school or one of the special schools.

TABLE A.—All Pupils Examined at the Systematic Examination for the Year ending 31st July, 1926.

SCHOOL MANAGEMENT AREAS.	SCHOLARS EXAMINED IN EACH GROUP.											*Conditions Notified.	Average Number of Scholars on Register.
	Infants (6 years & under).		Age Group (9 Years).		Seniors (12 Years.)		Higher Grade (16 Years.)		Selected Cases.		TOTAL.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
Avondale.	45	45	43	61	50	40	...	...	30	42	356	125	902
Biggar,	20	15	33	29	36	33	6	9	11	13	205	37	629
Blantyre,	195	189	209	199	176	185	...	...	107	140	1400	1004	3748
Bothwell,	673	642	681	691	706	720	23	39	476	593	5244	3300	13743
Cadder,	218	226	220	214	228	202	3	1	155	110	1577	468	3008
Cambuslang,	310	276	296	250	257	259	5	3	205	245	2106	1194	5136
Cambusnethan,	327	340	357	363	319	341	20	15	148	153	2383	870	6498
Carlisle,	79	103	97	83	97	102	4	4	31	22	622	164	1824
Carnwath,	62	65	94	71	76	67	...	...	24	19	478	109	1416
Dalserf,	213	218	247	226	233	246	11	10	117	139	1660	684	4489
Dalziel,	515	469	560	521	557	568	79	42	239	241	3791	1166	10823
Douglas,	23	20	21	24	25	20	...	...	16	9	158	43	472
East Kilbride,	33	35	38	44	31	38	...	...	26	25	270	123	675
Glassford,	7	16	14	12	15	8	...	...	4	10	86	41	224
Hamilton,	464	489	493	476	522	509	64	46	287	342	3692	1956	10079
Lanark,	132	122	170	149	165	149	15	13	69	57	1041	269	3035
Leamnahagow,	108	121	99	118	120	115	...	1	68	60	810	280	2271
New Monkland,	409	386	399	401	424	443	18	3	211	213	2907	1181	8165
Old Monkland,	751	702	696	648	708	704	37	34	380	404	5064	2716	13552
Rutherglen,	259	233	268	270	279	312	19	19	190	197	2046	1144	5250
Shotts,	310	279	307	279	249	241	...	...	174	170	2009	1004	5078
Southern,	13	15	20	20	14	19	...	...	...	2	103	23	332
Stonehouse,	35	43	52	46	32	35	...	...	22	22	287	107	753
TOTALS,	5201	5049	5414	5195	5319	5356	304	239	2990	3228	38295	18008	102102

*Defective Teeth not included.



REPORT ON VISUAL TREATMENT.

The following Reports for the year ending 31st July, 1926, have been received from the Authority's Ophthalmic Surgeons:—

(DR ERNEST THOMSON.)

CENTRES:

Abington, Airdrie, Bellshill, Biggar,
Bishopbriggs, Carnwath, Chryston.

If anybody interested in the work of the Authority's Treatment Scheme were to compare the work done in any one year with that done in years preceding or following, he would find, as mentioned in the writer's report last year, that there has been a progressive increase in the years following the war. While that is true over the whole field it is equally true, in spite of an apparent reduction of the numbers, for the writer's corner of it. The reduction in numbers is, in fact, due to a rearrangement of the work whereby some of the visual treatment centres hitherto served by the writer, and now resigned by him, were transferred to the care of other members of the Staff. In view of the rearrangement already made and the further rearrangement necessary owing to the lamented death of Dr Manson, the writer feels that he cannot usefully comment on the figures which are set out in the accompanying Table C. He is, moreover, frankly at a loss for any new subject which would be of such sufficient interest to the layman as would make it worthy of the space occupied. Those who are genuinely interested in the subject of the medical treatment of school children, and they are very numerous, might indeed do worse than refer to old reports not only of visual, but of dental and other treatment. With regard to Visual Treatment the reader would find accounts by various ophthalmic surgeons of the principal causes of defective eyesight in children, of which the most important are squint and myopia, on the one hand, and corneal diseases on the other; and no apology seems necessary for the suggestion that these might be studied with advantage by all interested and especially, perhaps, by school teachers. No suggestion is here made that these subjects are exhausted; far from it, but the elements of the subjects have already been fully stated. Further, many hints have been given as to the general management of children with defective vision.

Lest it be thought, however, that the writer is merely seeking an excuse for not making mention of any special subjects, it may be said that at the commencement of the past session he was requested by the School Medical Officers to endeavour to ascertain to what extent treatment by correction of the refraction error, which exists in most cases of squint, is successful in curing squint. As the result of this enquiry a large body of statistics has already been obtained, but it is felt that, in spite of a great deal of work done, the results are not sufficiently complete to warrant their publication in this year's report, and it is hoped that by the end of another year

it will be possible to offer a set of statistics which will be of value not only to the Education Authority of this County, but to all who are interested in the subject.

(DR JOHN A. MORTIMER.)

CENTRES:

Blantyre, Carlisle, East Kilbride, Lanark,
Shotts, Strathaven, Uddingston, Wishaw.

The current year again shows an increasing number of children coming forward for examination and treatment as compared with previous years. During the past session in the above areas 882 children were examined and treated and 971 were re-visited. There is still the usual preponderance of girls over boys requiring ophthalmic treatment, there being 170 more girls than boys. Though the work of the School Ophthalmic Surgeon is to a large extent routine, and though exhaustive opinions and advice on the main problems have been offered in reports of previous years, yet the recording of new thoughts and experiences gained year by year in carrying out his branch of the work is necessary for its further advance and perfection.

In reviewing the work of the past session several points present themselves, and the writer would like to say a few words about each in turn.

(1) INTEREST OF PARENTS IN THE TREATMENT.—There has been a continued and steady increase during the last five years of the number of parents attending with their children, more especially where disease is suspected or where further treatment or operation might be required. The big majority attend without being specially notified to do so, and it is particularly noticeable at some centres as compared with others. This is a highly satisfactory state of affairs and, in conjunction with the increasing numbers of children attending, shows that there is an interest, progressive and genuine, being manifested in the benefits made available by the Education Authority for the correction and alleviation of eye defects and diseases in school children. It also shows an attention—hitherto dormant—to the putting of their children into the best possible condition as regards their eyesight so that they may be able to make the most of their educational opportunities. This parental interest is particularly noticeable in Myopia, Cataract, and Squint cases. The children also take much greater care of their glasses and wear them, for the most part, constantly. This is a distinct improvement on what was formerly found and is probably due to enlightenment of the rising generations. The writer also noticed an increasing concern of parents, and even of the older children themselves, towards the disfiguring defect of squint and their anxiety to have this rectified. The writer has, consequently, operated in the Glasgow Eye Infirmary on a fair number of such cases which persisted, in spite of the correction of the refractive errors, with satisfactory results to visual and cosmetic factors. The effect of these results soon spreads, and one is now approached by many more parents than formerly who wish their children's defects remedied.

(2) MYOPIA.—Myopia can be classified into two divisions, Simple Myopia and Pernicious Myopia. The first is, as a rule, low in degree and does not progress beyond a certain extent and is but rarely associated with other ocular changes. The pernicious type begins at an early age and may progress rapidly, and it tends to be associated with serious intraocular disease, such as Choroiditis. This frequent and serious cause of impaired vision is an important factor in adult life and constitutes a grave handicap to the affected person. To alleviate this special Myope classes have been instituted by the Lanarkshire Education Authority. This, in time, should be very beneficial, as there is little difficulty in securing suitable transfers and making trial of different educational methods. Under the previous regime there was no choice between a school for the blind and an elementary school, and it is here that difficulties arose. These special classes are established to meet this defect, to provide these handicapped children with a scheme of education which can be undertaken with the least strain to the eye, and also to inculcate such methods of work as may, by becoming habitual even after school years, help to prevent the dangers that threaten. In view of the definition of Blindness as expressed in the Blind Persons Act, and in view of the Authority's liability of training such blind persons in some useful occupation, it is of importance that children attending these special classes should be brought under careful examination during their last year of schooling in order to ensure that the child is fit for work or that the provision made for his training or other form of after care shall be appropriate to his needs. Some of the children recommended for these special classes have, from various reasons, very defective vision, and may at the time of leaving school have a very unfavourable prognosis. It is obvious that, even when provided with suitable glasses, these children have frail eyes and see with difficulty, and there is the ever-present risk of damage to or degeneration of the Retina.

(3) CHOROIDITIS AND IRITIS.—The writer has noted eleven cases of choroiditis or iritis during the session, and those showing any activity of disease have been placed under appropriate treatment, either at the Eye Infirmary or under the Venereal Diseases Officer. Several have showed a positive Wasserman reaction, and are, of course, congenital in type. This is an increase on former years. There are not enough data to prove any relationship with the increase of Venereal Disease during the war years, but it is significant that we have now reached the period when the children of those affected will come under observation at School Medical Inspection.

(DR H. SOMERVILLE MARTYN.)

CENTRES:

Baillieston, Cambuslang, Coatbridge, Lesmahagow, Rutherglen.

Amongst conditions other than refractive errors, "Corneal Opacity" has, during the past year, been noted in all cases, including cases where the pupillary area was not affected. This makes the number recorded higher than it would have been had the method of past years been adhered to. Nevertheless, the writer is convinced that one does not now see the disfiguring and sight-disabling nebulae

which were all too commonly observed in the early years of the work. As regards the difficult question of squint cases, there is noticeable a more marked inclination on the part of parents to submit their children to operative procedure, where glasses have, after faithful trial and suitable exercise, demonstrably failed to overcome the defect. Since 30th March of this year, the writer has operated on 14 cases, and it is significant of parental interest that 3 of these are from the somewhat remote district of Lesmahagow, and that this number represents all the cases of squint among boys for this district.

As regards glasses, these are, in many cases, faithfully worn, and with marked improvement in visual acuity in such cases, but there is still much need to insist that, where glasses are required at all, they should, unless otherwise specially advised, be "put on with the clothes in the morning and not removed, save momentarily for cleaning, until the clothes are taken off at night." Industrial distress has, unfortunately, prevented many from procuring glasses at their own expense, and led to an increase in the number of cases requesting free glasses.

The prescriptions have been well executed and the frames, for the most part, suitably fitted by the opticians.

(DR JAMES A. WILSON.)

CENTRE: Motherwell.

Among the re-visits, about six per cent. had failed to obtain the glasses prescribed; about four per cent. had broken their glasses or had broken or twisted the frames; while about six per cent. were not using their glasses regularly. These shortcomings were dealt with individually. Among the squinters, in forty per cent. of the cases the squint had disappeared, and this recovery was maintained so long as the glasses were worn.

Of the fresh cases dealt with this session, several with high degrees of short-sight have been recommended for special consideration. One boy had lost an eye, and the remaining eye had defective vision and required a correcting glass. Eight cases of headache were dealt with, and about a similar number with disturbance of muscle balance, not amounting to squint.

SEX AND ERROR OF REFRACTION.—During the last five years, at the various treatment centres under the Lanarkshire Education Authority, 9,748 cases with defective refraction have been dealt with, in which the sex has been recorded (Section 6 of Table E not included). Those with long sight (H. & H.A.) number 7,176, and of these 55 per cent. are girls; those with short sight (M. & M.A.) number 1,805, and of these 61 per cent. are girls; while those with mixed refraction (Mixed Astig.) number 767, and of these 68 per cent. are girls.

Those with short sight are probably slightly over-estimated, as some of the cases would have been seen several times. (In an investigation into short sight made elsewhere I found the percentage of girls was 59.)

VISUAL TREATMENT.

TABLE C.—Showing (a) Total Number of Cases Examined; (b) Number Revisited; (c) Total Attendances at Clinic; (d) Number Treated by Glasses; (e) Number Treated Otherwise or Advised; (f) Number Uncompleted and not Requiring Treatment. Year ending 31st July, 1926.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Revisited.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted, and Cases not requiring Treatment.
DR ERNEST THOMSON.						
Abington	3	9	12	3	—	—
Airdrie	229	504	733	193	35	1
Bellshill	151	417	568	131	19	1
Biggar	13	12	25	11	2	—
Cadder	56	100	156	48	7	1
(Bishopbriggs and Chryston)						
Carnwath	37	37	74	33	14	—
DR JOHN A. MORTIMER.						
Blantyre	149	170	319	138	10	1
Carluke	33	44	77	33	—	—
East Kilbride	19	19	38	19	—	—
Lanark	102	137	239	93	9	—
Larkhall	67	91	158	64	3	—
Shotts	107	148	255	98	9	—
Strathaven	24	21	45	23	1	—
Uddingston	158	71	229	146	12	—
Wishaw	223	270	493	211	12	—
DR H. SOMERVILLE MARTYN.						
Baillieston	66	126	192	57	9	—
Cambslang	176	222	398	152	18	6
Coatbridge	277	607	884	240	34	3
Lesmahagow	49	30	79	43	6	—
Rutherglen	168	250	418	148	17	3
DR JAMES A. WILSON.						
Motherwell	334	296	630	285	46	3
DR JAMES R. WATSON.						
Hamilton	250	556	806	239	10	1
	2,691	4,137	6,828	2,408	273	20



VISUAL TREATMENT.

TABLE D.

Table Showing Conditions, other than Refraction Errors, whether Treated or Advised.

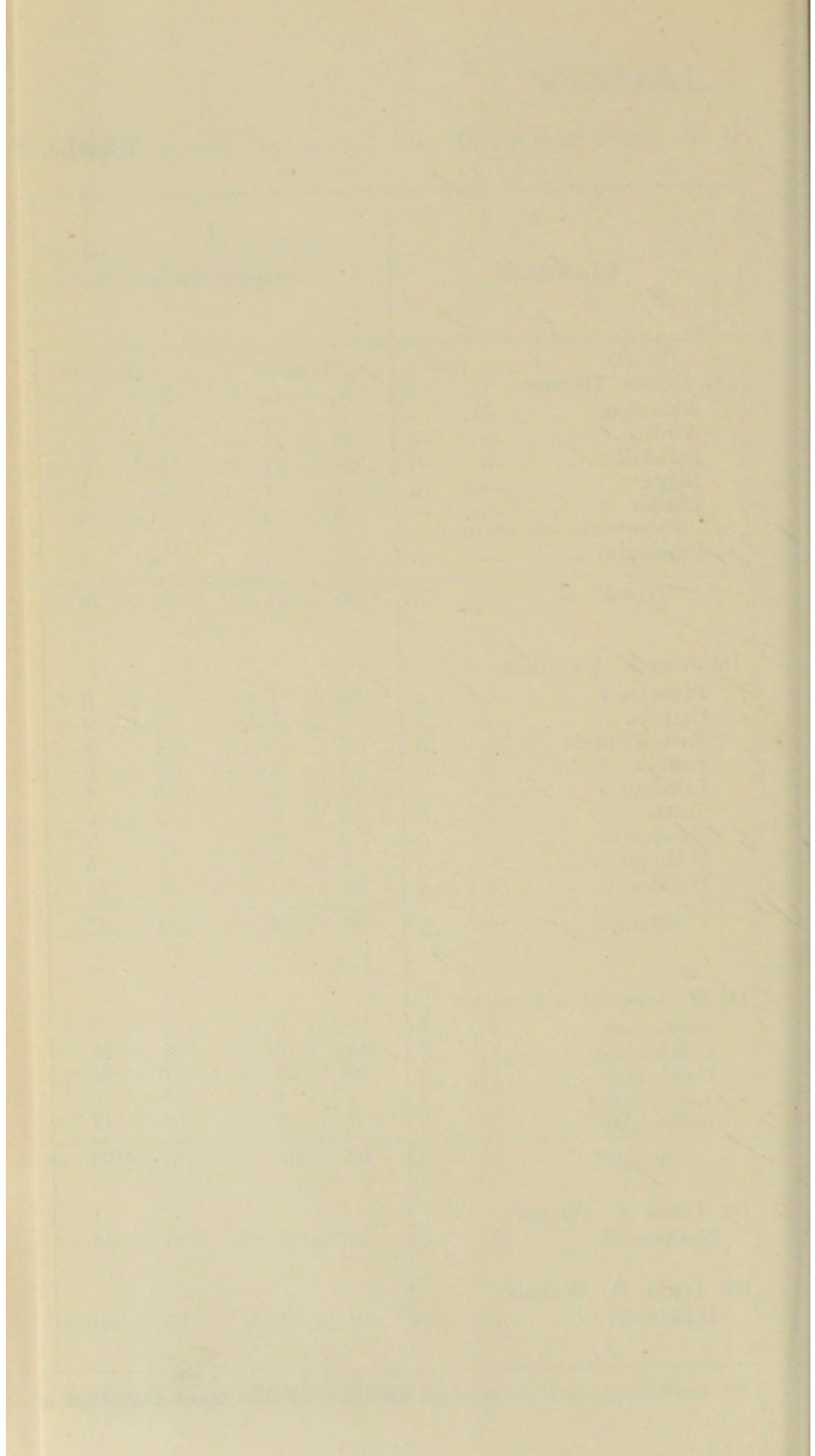
CLINIC.	Squint (Convergent).		Squint (Divergent).		Corneal Opacity.		Blepharitis and Conjunctivitis.		Polysaroidar Conjunctivitis.		Cataract.		Nystagmus.		Chronic Retinal Changes (Myopic).		De. other than Myopic.		Ptosis.		Keratitis.		Chronic Anterior Chorioiditis.		Hemolymph.		Optic Atrophy.		Xerosis of Conjunctivae.		Anidolia.		Corneal Ulcer.		Sequelae of Iritis.		Vitreal Opacities.		Coloboma of Iris and Chorioid.		Leucoma Adherent.		Detachment of Retina.		Buphthalmos.		Papillary Membr.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.				
DR. ERNEST THOMSON.																																																
Abington,	1		
Airdrie, ...	45	31	2	3	8	3	3	4	...	1	...	2	1	4	2	1	1	...	1	...	1		
Bellshill, ...	15	15	1	6	1	2	...	1	1	2	2	1	...	1	1	1	...	1	...	1		
Biggart,		
Cadder, ...	12	7	1	1	1	3	1		
(Bishopbriggs and Chryston)		
Cardnath, ...	2	5	1	2	...	1	1	...	1	1		
DR. JOHN A. MORTIMER.																																																
Blantyre, ...	17	19	...	2	3	10	1	3	...	1	2	1	1	
Carlisle, ...	3	3	1	...	1		
East Kilbride,	
Lanark, ...	8	9	2	...	1	11		
Larkhall, ...	7	11	2	4	
Shotts, ...	9	8	4	4	...	1	...	1	1	...	2	1		
Strathaven, ...	3	2	1	2	...	1		
Uddington, ...	14	16	...	2	7	8	...	2	1	1		
Wishaw, ...	31	27	2	...	8	4	2	3	1	2		
DR. H. SOMERVILLE MARTIN.																																																
Baillieston, ...	17	9	3	6	1	3	1		
Cambuslang, ...	17	11	...	1	6	11	3	3	1	...	2	1	1		
Coatbridge, ...	45	31	...	1	3	13	5	11	3	2	1	...	1	2	1		
Lesmahagow, ...	3	3	3	5	0	2	1	1	1	1		
Rutherglen, ...	12	22	...	1	6	13	4	8	2	1	1		
DR. JAMES A. WILSON.																																																
Motherwell, ...	38	37	2	1	4	12	...	1	1	3	1	1	2		
DR. JAMES R. WATSON.																																																
Hamilton, ...	20	19	...	2	1	3	1		
	321	286	10	13	61	115	21	51	1	5	9	11	17	7	3	6	16	8	1	3	2	1	...	1	4	...	9	4	3	4	3	3	4	1	2	1	1	3	...	3	3		

VISUAL TREATMENT.

TABLE E.—Showing the Nature of the Refraction Error in those Cases treated by Spectacles, and the Number of Cases Examined.

CLINIC.	1				2				3				4				5				6				7				TOTAL.	
	Hypermetropia.				Hypermetropic Astigmatism (Simple and Compound).				Myopia.				Myopic Astigmatism (Simple and Compound).				Mixed Astigmatism.				Eyes not Requiring Correction or too Defective for Correction.				Cases not Completed.				Boys	Girls
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys	Girls				
	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.	R.	L.						
Dr. ERNEST THOMSON.																														
Abington	—	—	1	1	—	—	—	—	—	—	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	1				
Airdrie	40	45	35	36	24	25	32	31	9	8	10	8	9	9	12	12	8	4	16	16	17	16	18	1	1	63	111			
Bellshill	26	27	26	26	19	17	21	23	3	3	7	5	5	4	11	10	4	5	11	11	6	7	11	12	—	—	103	88		
Bigger	1	1	—	1	—	—	1	—	1	—	1	1	—	1	2	1	4	4	2	2	—	—	1	2	—	—	6	7		
Cadder	8	9	7	8	7	8	7	6	—	—	7	6	2	2	7	7	4	3	—	—	4	3	2	3	1	1	—	—	26	30
(Botsphiggs and Christies)																														
Carnwath	5	3	8	7	3	5	5	5	—	—	6	6	2	2	1	1	—	—	3	4	2	2	2	2	—	—	—	—	12	25
Total	80	85	77	79	53	55	66	65	13	11	32	27	18	18	33	31	21	17	32	33	29	28	32	37	2	2	1	1	211	267
Dr. JOHN A. MONTGOMERY.																														
Blantyre	8	7	5	3	37	40	61	66	—	—	1	2	3	2	12	13	4	3	7	2	6	6	4	4	1	1	—	—	59	98
Carlisle	3	5	2	2	8	7	13	14	—	—	—	—	1	2	3	2	1	1	2	2	—	—	—	—	—	—	—	—	13	29
East Kilbride	1	1	1	1	8	8	6	7	1	1	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	—	10	9
Lanark	5	4	9	9	22	22	39	39	1	2	3	2	2	1	5	6	3	5	4	4	4	3	5	5	—	—	—	—	37	65
Larkhall	4	6	10	4	17	14	14	20	1	2	2	2	4	3	6	4	4	5	3	4	1	1	1	2	—	—	—	—	31	36
Shotts	6	8	5	6	23	22	42	41	2	1	3	3	3	5	4	4	3	2	7	7	4	3	5	5	—	—	—	—	41	66
Strathaven	2	2	—	2	7	8	7	5	—	—	—	—	—	—	5	5	2	1	—	—	—	—	1	1	—	—	—	—	11	13
Uddingston	7	9	6	5	31	30	64	60	4	4	7	9	2	3	15	16	4	2	6	9	5	5	7	6	—	—	—	—	53	105
Wishaw	12	12	16	15	59	60	70	72	3	3	6	5	12	11	15	14	6	6	14	13	9	9	1	3	—	—	—	—	101	122
Total	48	52	54	47	212	211	316	324	12	13	22	23	27	27	66	65	27	25	44	41	29	27	24	26	1	1	—	—	356	526
Dr. H. SOMERVILLE MARTIN.																														
Ballintown	5	6	6	7	16	14	14	17	3	2	—	—	4	3	8	7	2	1	5	3	3	1	6	5	—	—	—	—	27	39
Canbuslang	19	16	16	19	34	31	43	37	3	7	5	6	10	9	10	9	3	6	12	13	6	5	10	12	2	3	3	3	77	99
Coatbridge	29	28	25	23	51	51	67	62	9	11	4	6	16	16	25	19	10	8	10	15	13	12	15	21	2	1	1	1	130	147
Lesmahagow	7	7	6	8	5	6	6	4	2	1	4	6	3	3	5	1	3	3	2	5	2	2	4	3	—	—	—	—	22	27
Ratherglen	7	8	28	17	25	31	40	50	9	8	7	6	11	13	9	10	6	2	5	6	11	8	6	6	1	1	2	2	71	97
Total	67	65	81	74	126	136	170	170	26	29	29	24	44	44	57	46	24	20	34	42	35	28	41	47	5	5	6	6	327	469
Dr. JAMES A. WILSON.																														
Motherwell	44	43	47	44	65	63	81	82	5	5	12	11	9	8	14	15	8	10	2	5	20	22	24	23	2	2	1	1	153	181
Dr. JAMES R. WATSON.																														
Hamilton	40	33	34	28	48	52	53	56	10	11	9	13	5	7	18	18	7	6	16	15	3	4	6	6	—	—	1	1	113	137

NOTE.—All the cases examined are included in this Table, whether Spectacles were prescribed or not. If no Spectacles were prescribed, the eyes are recorded in one or other of the Columns 6 or 7.



The long-sighted are probably slightly under-estimated, as, by a little unconscious straining during the visual test, some obtain full vision and so escape further examination. As the figures stand, there are *nearly* four cases of long sight to one of short sight, but the real proportions are, probably, four cases of long sight to one of short sight.

Of the above total of 9,748 cases, 18.5 per cent. are cases of short sight. This approximates Dr Thomson's figure, 18.2 per cent., given in the Annual Report for 1920-21.

SHORT SIGHT IN AGE GROUPS.—I have arranged in age groups all the cases of short sight (M. & M.A.) seen during the last six years at the Motherwell Clinic; thus the group, eight years and under, gave 54 cases; the nine and ten years group, 83 cases; eleven and twelve years, 99; and thirteen and fourteen years, 58 cases. These figures do not suggest any increase of short sight during the last two years of school life. In the secondary schools the percentage of short sight admittedly increases, but this period is associated with puberty, a period when short sight normally becomes more prevalent and the average amount greater in degree.

(DR JAMES R. WATSON.)

CENTRE: Hamilton.

The work of the Hamilton Clinic has been very satisfactory this year, the improvement in vision being remarkable in many cases. The value of the re-visits can hardly be over-estimated, and it was found that in nearly all cases in which the expected improvement was not realised it was clearly due to failure of the children to follow out instructions as to the constant use of their glasses. Very often when asked they say they wear them, but on closer investigation it is found that they wear them in school, and for the rest of the time the spectacles are in their pockets. There is much improvement in the cleanness of the spectacles, especially among the girls. One or two of the myopic cases showed at re-visits fairly rapid advance in the degree of myopia, with some deterioration of vision. When special classes for myopes are established, careful selection of cases for the classes will be of great benefit to them.

REPORT ON DENTAL TREATMENT.

The record of work done under the Authority's scheme of dental treatment for the year 1925-26 is again exceedingly satisfactory. The number of children actually treated is somewhat smaller than that of the previous year, but this is accounted for by the rather prolonged illness of one of the dental surgeons (Mr Bower) and also by the succession of epidemics—measles, whooping cough, and scarlet fever—which prevented a considerable number of children from attending the clinics on the occasion of the dentists' visits. The vagaries of the Scottish climate are also an important determining factor in the matter of attendance at the clinics, but notwithstanding the many adverse influences at work no fewer than 17,827 children were treated by the Authority's Dental Staff.

The school dentists personally conduct the dental examination of all pupils from 5 to 12 years of age, inclusive, and the school medical officers of the pupils above that age, including Students in Preliminary Training. However, it is hoped that, ultimately, the dental examinations of all pupils, irrespective of age, will be undertaken by the dental staff. With such large numbers of elementary pupils still requiring attention, however, this desideratum cannot at present be attained.

The number of children dentally examined during the year amounted to 69,848, and of these no fewer than 47,488 (23,952 boys, 23,536 girls) were found to require treatment, *i.e.*, 67.9 per cent. This shows a slight improvement on last year, when the percentage of children requiring dental treatment was 70.5.

The number of children notified for treatment varies considerably in different districts. This is due, in some measure, to certain areas not having had in the past as adequate facilities for treatment as those more favourably situated, but now that equal facilities are offered in all parts of the County this disparity in the percentages of dental defects will tend to disappear. Again, some districts have for the past five or six years given a very enthusiastic welcome to the scheme and, as a result, a relatively large percentage of the children have been treated, whilst certain other areas are notoriously reluctant to accept dental treatment. The "personal factor" will militate against complete uniformity of results in the various areas, as the dentists, being human, cannot always be of one mind, and must be allowed a certain latitude in the exercise of their professional opinion. The percentage of children suffering from defective teeth varied from 50.4 in the Southern School Management Area to 92.6 in the New Monkland Area. Similar marked differences were also found in schools in the same district.

Of the 47,488 children who were notified for defective teeth 17,827 received treatment by the dental staff. Thus 37.5 per cent. of the notified cases were treated this year, compared with 38.9 per cent. for the preceding year. It is very unfortunate that certain schools still exhibit a disinclination to accept dental treatment, a disinclination bordering almost on antagonism. It is difficult to account for this, as practically the same facilities are now offered

in every school. One thing certain is that, where the whole teaching staff is enthusiastic in the matter of school dental treatment—and this applies also to visual treatment—the response of the pupils is excellent, but where there is indifference on the part of the teachers, the scholars tend to assume the same attitude. Comparing certain schools in the same district, we find, for example, in Coatbridge the following percentages of cases treated:—Langloan P., 63.9; Greenhill P., 48.7; Gartsherrie P., 44.8; Dundyvan P., 44.4; Blairhill P., 43.1; Gartsherrie Academy, 42.3; Old Monkland P., 42; Coatbridge P., 39.9; St. Patrick's R.C., 29.3; Coatdyke P., 27.7; Whifflet P., 26.7. The treatment clinic being held in Langloan P. School, one naturally expects a larger percentage of cases treated from that school, but what is the reason for the great disparity between, say, Greenhill P. (48.7) and Whifflet P. (26.7) or Coatdyke P. (27.7)?

Again, in Cambuslang area, the percentages of treatment vary from 61.7 (Gateside P.), 52 (Cambuslang P.), and 50 (Newton P.) to 27 (Hallside P.).

Rutherglen, although it was one of the first School Boards to institute school dentistry, gives a consistently disappointing return, the highest percentage being from Eastfield P. (38.1) and the lowest from Rutherglen Academy (12.9) and Macdonald P. (20.6). It is only fair to say, however, that a certain number of notified pupils in Rutherglen Academy obtained the necessary dental treatment from their private dentist.

In Cambusnethan area the response was, generally, exceedingly good, although, here again, one or two of the schools were most disappointing. Thus, the best percentages were obtained from Newmains R.C. (69.6), Morningside P. (64.3), Newmains P. (62.6), and the poorest from Wishaw P. (22).

In Motherwell the best returns were from Dalziel P. (61.5), Hamilton Street P. (42.9), Knowetop P. (41.7), and Craigneuk P. (40.9), whilst the poorest response was from Motherwell R.C. (Park Street) (24.8).

In New Monkland Parish the percentage of children who came forward for treatment was most encouraging, the average for the whole area being 39.8. The best percentages were from the small outlying schools:—Riggend P. (64.8), Forrestfield P. (58.3), and Meikle Drumgray R.C. (54), whilst amongst the lowest were Rochsolloch P. (25) and Alexandra P. (28.7).

In Old Monkland (Landward) district the average percentage treated was no less than 45.3. The schools giving the best returns were Carnbroe P. (57.3), Tollcross R.C. (57.1), and Baillieston P. (52.8), whilst the poorest response was from Glenboig R.C. (29.6).

In Cadder Parish a succession of epidemics and spells of severe weather were the cause of a considerable number of children failing to appear for treatment. The schools which gave the best returns were Garthamlock P. (59.3), Budhill P. (57.7), Glenboig P. (44.5), and Auchinloch P. (41.6). The lowest returns were from Cardowan R.C. (17.7), Cadder P. (18.4), Millerston P. (18.4), Stepps P. (20.6), and Lambhill R.C. (23.5).

In Blantyre area the returns were generally very satisfactory. The highest percentages were obtained from Auchintibber P. (74), Calder Street P. (57.3), St. Joseph's R.C. (46.8), and Low Blantyre P. (46.5), whilst the lowest was Auchinraith P. (30.5).

In Hamilton Burgh the average percentage cannot be considered satisfactory (26.5). Even the best returns fell far short of what might be considered good, taking into account the fact that the facilities for treatment are both adequate and convenient. The best percentages were as follows:—Townhead P. (41.6), Glenlee P. (36), Ferniegair P. (33.6), and Beckford Street P. (32.2), whilst the poorest were Low Waters P. (16.8), Greenfield P. (17.8), and St. Mary's R.C. (22.6).

In Hamilton (Landward) area three of the schools give excellent returns:—Dykehead P. (86.4), Beechfield P. (77), and Quarter P. (71.9), but Cadzow R.C. shows the exceedingly unsatisfactory percentage of 15.8.

Larkhall schools cannot be congratulated on the support they give to the Authority's scheme of dental treatment, the returns from all of the schools being worse than mediocre. Thus, the best percentage was from Union Street P. (28.5), and the lowest from the Academy (12.7).

In Uddingston and Bothwell districts a very satisfactory result was obtained. The highest percentage of treatment was obtained from Elmwood Convent (83.6), but good results were also got at Muiredge P. (50), Bothwellhaugh P. (50), and Tannochside P. (40). The lowest return in this district was from Bothwell R.C. (25.1). It may here be mentioned that the high percentage of cases treated from Elmwood Convent is largely due to the drastic measures taken by the School Medical Officer in refusing to certify as physically fit a very large number of candidates for Studentship in Preliminary Training on account of their unsatisfactory dental condition. The state of the teeth and gums of many of these candidates could only be described as appalling. In practically every case it was ascertained that dental treatment had been repeatedly offered during the candidate's school life, but had been refused. In many cases as long a period as six months had to elapse before the candidate could be passed as physically fit. There can be no excuse nowadays for any candidate appearing for medical examination with grossly unsatisfactory teeth and gums, and it is a very great pity that stern compulsion is required to enforce what, after all, is an elementary hygienic duty. Perhaps if the Scottish Education Department refused to reckon the months necessary to complete dental treatment as part of training, it would have a salutary effect.

In Bellshill district the returns were not as satisfactory as those obtained from the Uddingston part of the parish. The highest percentages of treatment were from Belvidere P. (37.8), Chapelhall P. (36), Mossend R.C. (35), and Bellshill Academy (31), whilst the lowest were from Holytown P. (9) and Carfin R.C. (13.6). Incidentally, it may be mentioned that Holytown Public School is in the unenviable position of giving the lowest return in the whole County.

It is refreshing to turn to the results obtained in what may be termed the "rural areas" of the County, where, apparently, the efforts of the Authority are much more fully appreciated by the parents. Thus, in Dalserf Parish (excluding Larkhall) the highest return is from Netherburn P. (96 per cent.) and the lowest from Dalserf P. (48). In East Kilbride district the highest return is from Jackton P. (71) and the lowest from Auldhouse P. (47). In Lesmahagow all the returns are very satisfactory with the sole

exception of Bellfield, which gives a miserable 11 per cent., thus ruining what would otherwise have been a very fine record for the district. The highest figures are Auchenheath P. (90), Bent P. (86.3), Blackwood P. (74), Blackwood R.C. (70), Hawksland P. (61), whilst the lowest—exclusive of Bellfield P.—are Coalburn P. (40) and Waterside P. (44).

In Glassford the two schools—Chapelton P. and Glassford P.—give, respectively, the high percentages of 78 and 80, whilst in Stonehouse the two schools—Stonehouse P. and Sandford P.—give returns of 70 and 43 per cent. respectively.

In Carnwath Parish a very fine record of treatment is shown, the average percentage of the eleven schools being 67.3. The highest returns are from Auchengray P. (100), Newbigging P. (100), Wilsontown P. (88.8), and Forth P. (75), whilst the lowest are Dolphinton P. (54) and Dunsyre P. (55).

In Lanark district very satisfactory results were obtained. The best percentages are Smyllum R.C. (82), Carmichael P. (80), Underbank P. (76), and Douglas Water P. (72). The lowest are Nemphlar P. (39), Lanark Grammar (39), and Carstairs P. (40).

In Avondale a very good average is spoiled by Gilmourton P. with a percentage of 30. Drumclog P. (100) and Strathaven R.C. (66) are the highest.

In Douglas area an excellent return was given:—Stableston P. (96.7), Douglas P. (86), Douglas West P. (86), and Upper Duneaton P. (33). It may be mentioned that the last-named school is a small, one-teacher school, where only three children were notified for dental treatment. Of these one was treated.

In Biggar district a very satisfactory response was forthcoming, the average percentage of children treated in the eight schools being 61. The credit of giving the highest percentage belongs to Coulter P. (94). Other high returns were given from Libberton P. (72), Lamington P. (71), and Symington P. (65). The two lowest were Wiston P. (42) and Biggar Secondary (52).

In Carluke area an excellent average was spoiled by the wretched return from Carluke R.C., which only gave a percentage of 18. The highest returns were Kilncadzow P. (78), Yieldshields P. (68), and Law P. (63). The lowest—exclusive of Carluke R.C.—was Carluke Secondary (46).

In the Southern area the average percentage of treatment was 58.2. This average would have been considerably higher but for Robertson P., which gave the very unsatisfactory return of 13 per cent. The highest figures were obtained from Summit P. (77), Abington P. (66.6), Crawfordjohn P. (66), and Crawford P. (63). The lowest figure—exclusive of Robertson P.—was Leadhills (58).

It will be seen from the foregoing figures that an awakening—or re-awakening—of interest in the proper care of children's teeth is necessary in many of the urban areas. The Authority's medical and dental staffs never miss an opportunity of emphasising to a parent or child the necessity for early dental treatment. If this effort were strongly and persistently backed by the whole teaching staff of the school, a much greater response would be given in the majority of the larger schools. In these schools the headmaster cannot be expected to have an intimate knowledge of his 700 or 1,000 pupils, and, consequently, the most potent influence in encouraging the

children to accept treatment is the class teacher. Is it too much to ask them to supplement the efforts of the medical staff? In the smaller schools—and this applies particularly to the rural schools—the excellent results obtained are due, in large measure, to the great assistance given by each individual member of the teaching staff. The medical and dental staffs are indebted also to the various janitors who have ably assisted in making the treatment clinics as comfortable as possible.

The accompanying statistical Table shows in detail the dental work undertaken in each School Management Area for the year 1925-26.

Mr Bower (Cambuslang, Coatbridge, and Rutherglen Areas), in submitting his report for the past year, apologises for the smaller numbers treated by him this year on account of his illness and rather prolonged period of convalescence. He draws attention to the good results of regular dental inspection as shown by the progressively lessening numbers requiring urgent attention, and states that parents, particularly, are appreciating the benefit of early treatment from a prophylactic standpoint. Mr Bower mentions, as evidence of the growing enthusiasm for dental treatment amongst the pupils, the case of a boy of 8 years of age who came before him for inspection. This enthusiast was so anxious to be helpful that he opened his mouth to such a degree that he partially dislocated his jaw. Fortunately, the condition could at once be rectified and, apart from the fright he got, the boy was none the worse. Mr Bower states that during the session he received many requests at the clinics for emergency treatment of children, generally from parents who, a few weeks before, had refused to sign the usual form accepting treatment. These requests are occurring in increasing numbers and are mostly associated with a class of people who see in dental treatment only a means of obtaining immediate relief from pain. Such casual, or emergency, work is not encouraged, and it cannot be too strongly emphasised that no dental treatment will be afforded without the written consent of the parent. It is, therefore, quite useless for parents—or teachers—to send a casual case to the dental clinic without having the requisite acceptance form duly signed. Another serious objection to casual work is that the dental surgeon's time at the clinic is fully occupied by cases for whom a regular appointment has been made, and if the practice of accepting casual cases for treatment became common the regular routine cases would suffer.

The total number of children treated was 1,561; extractions (temporary teeth), 2,676; extractions (permanent teeth), 535; fillings, 582; scaling, dressings, and cleaning, 16.

Mr Beattie (Avondale, Biggar, Carluke, Carnwath, Dalserf (rural), Douglas, East Kilbride, Glassford, Hamilton (rural), Lanark, Lesmahagow, Stonehouse, and Southern districts), in submitting a survey of the work done by him during the year, again emphasises the excellent response from the schools in the rural districts. Mr Beattie's work is very largely undertaken by the travelling dental outfit, and his work carries him into some very remote parts of the County. The average number of children treated by him each day has been over 24, and parents, head teachers, and class teachers alike have all contributed to this very fine result, not forgetting, of course, the principal character in the cast, namely, the patient, who showed a willingness and fortitude highly to be

commended. Mr Beattie states that it would be a decided advantage if certain patients could be examined a second or even a third time during the year. This might be undertaken in the future when the numbers requiring treatment show a definite reduction, but meantime it is not practicable.

The total number of children treated was 3,802; extractions (temporary teeth), 5,550; extractions (permanent teeth), 305; fillings, 1,170; scaling, dressings, and cleaning, 104.

Mr Kerr (Bothwell, including Bellshill and Uddingston, and Shotts districts), in a summary of his year's work, remarks on the smoothness with which the scheme of dental treatment proceeds. Not only does this apply to the preliminary examination of the pupils at school, but also to the more trying procedure of treatment at the clinics. Rarely is the child fractious or nervous, and if there is any emotional display it almost invariably occurs with those children who are accompanied by their mothers. Certainly, mothers are welcomed at the clinic, but the nervous, excitable parent would be much better in the waiting room and not in the operating room. Mr Kerr again comments on the prejudice that exists amongst a certain class of parents to conservative treatment. These people think the time wasted unless the offending tooth can be placed in their hand, but happily this type is gradually becoming fewer.

The total number of children treated was 3,111; extractions (temporary), 3,926; extractions (permanent), 826; fillings, 589; scaling, dressings, and cleaning, 8.

Mr Rae (Cadder, New Monkland (including Airdrie), and Old Monkland (landward) districts) records very encouraging results in his area, and is convinced that even better results would have been obtained had it not been for a series of epidemics and spells of inclement weather occurring at the time of his visits to certain of the districts. This applies particularly to Bishopbriggs district. He comments on the improved condition of the mouths of those children who had previously received regular dental treatment, and he notes an increasing enthusiasm and interest amongst the parents. Of course, there are always those who are slow to appreciate the benefits accruing from an organised scheme of dental treatment, but the same can be said of any scheme which makes for greater social or physical betterment. Mr Rae remarks on the fortitude—almost nonchalance—with which the children, often of tender years, come for treatment to the clinic. This is probably largely due to the fact that dentistry is now being considered an integral part of the ordinary school routine.

The total number of children treated was 3,549; extractions (temporary teeth), 8,880; extractions (permanent teeth), 1,543; fillings, 1,706; scaling, dressings, and cleaning, 239.

Mr Rankin (Blantyre, Hamilton (burgh), and Larkhall districts) records a steady and marked improvement in the dental condition of the children in his districts. The work continues to be carried out smoothly and quietly, due in large measure to the help given by the teaching staff of the schools, the matron and staff of the treatment centre at Beckford Street, and by the janitors of those schools where treatment is undertaken. In addition to his ordinary duties, Mr Rankin treated 19 children of pre-school age in connection with the Hamilton Burgh Child Welfare Scheme. The dental

operation on one of these children was performed under general anæsthesia, but in the others local anæsthesia was employed.

The total number of children treated was 2,811; extractions (temporary teeth), 4,970; extractions (permanent teeth), 967; fillings, 717; scaling, dressings, and cleaning, 115.

Miss Watson (Motherwell and Wishaw districts) draws attention to the large number of children for whom extraction of teeth was still the only remedy to clear up a septic mouth. These children were, almost exclusively, those who had never previously received dental treatment, either at school or elsewhere. In the case of those, however, who had had regular treatment a very different state of matters was found, and the contrast in general appearance between the two classes was most evident. The child who has had regular treatment up to the school-leaving age—when most of the permanent teeth have erupted—stands an excellent chance of being free from dental caries for many years to come. The yearly dental inspection and treatment during school life is a powerful educational influence, and it is probable that in after life the habit of consulting a dentist will be regularly carried out, with benefit not only to the individual, but also to the race. Miss Watson also speaks of the gratitude and enthusiasm displayed by a large number of parents who see in school dentistry one of the greatest benefits which has yet been conferred on children.

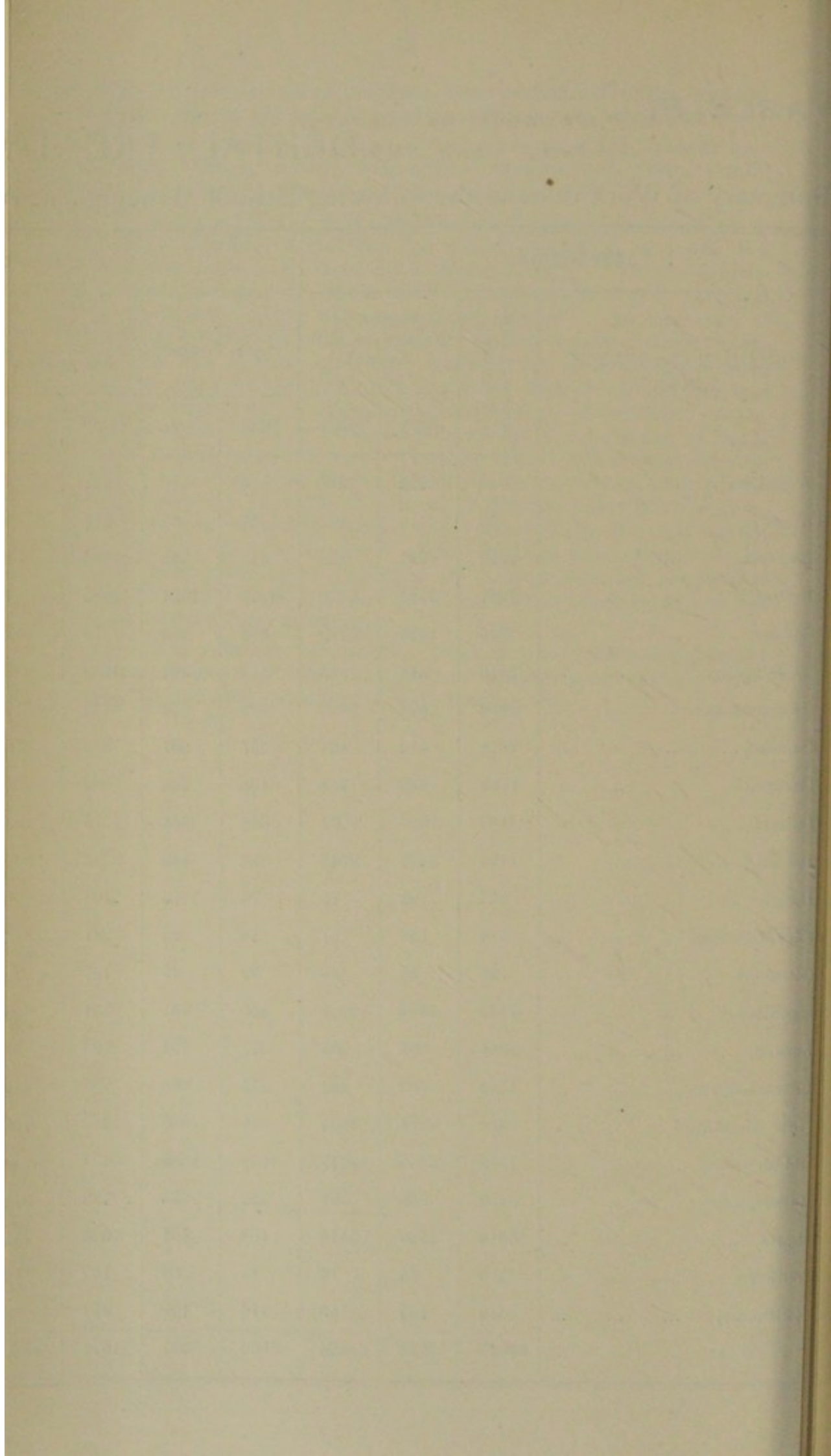
The total number of children treated was 2,993; extractions (temporary teeth), 5,672; extractions (permanent teeth), 674; fillings, 694; scaling, dressings, and cleaning, 39.

TABLE F.

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1926.

INSPECTION.				TREATMENT.										NO. OF PUPILS.	
SCHOOL MANAGEMENT AREAS.	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.								Necessitous.	Partly Necessitous.
		Boys.	Girls.	Boys.	Girls.	Extractions.		Fillings.		Scaling.	Dressing.	Cleaning			
						Temp.	Perm.	Cem.	Amal.						
Avondale,	713	226	213	104	117	351	14	4	56	...	2	...	120	101	
Biggar,	426	114	101	69	62	186	13	5	57	1	...	...	105	26
Blantyre,	2999	921	838	410	392	1336	254	19	269	19	18	5	681	121	
Bothwell,	9381	3534	3518	1050	1094	2686	637	5	406	1	11	1	1711	433	
Cadder,	2846	1330	1310	398	388	1775	384	38	404	7	3	57	513	273	
Cambuslang,	2976	848	855	378	391	1254	289	4	263	1	3	...	450	319	
Cambusnethan,	4836	1699	1686	682	674	2829	313	27	378	12	15	...	1056	300	
Carluke,	1311	412	424	207	201	583	10	2	139	...	1	1	250	158	
Carnwath,	1169	320	313	198	228	568	32	10	130	...	8	1	316	110	
Dalserf,	3488	1058	1005	366	366	1215	95	12	205	13	13	5	562	170	
Dalziel,	7424	2427	2359	856	842	3042	369	46	313	9	6	...	1314	384	
Douglas	322	92	75	74	72	194	9	3	30	...	3	...	113	33	
East Kilbride,	548	160	157	79	88	241	12	2	26	...	1	1	89	78	
Glasford,	196	65	46	39	49	131	8	...	17	...	...	...	71	17
Hamilton,	7303	2304	2328	656	651	2331	424	21	252	6	40	1	1000	307	
Lanark,	2066	696	633	377	324	993	71	3	212	8	4	4	509	192	
Lesmahagow	1784	492	481	273	248	780	49	10	163	7	17	6	373	145	
New Monkland	4424	2077	2024	889	868	4492	705	22	723	10	5	45	1390	367	
Old Monkland,	7379	2463	2417	1003	1089	4418	754	40	794	17	13	91	1630	462	
Rutherglen,	3416	905	999	228	235	782	241	2	88	2	18	...	348	115	
Shotts,	3916	1580	1516	408	401	1026	147	...	157	1	1	4	617	192	
Southern,	276	66	73	43	38	109	14	..	22	...	...	...	66	15
Stonehouse,	649	163	165	116	109	352	6	...	79	...	3	...	142	83	
TOTAL,	69848	23952	23536	8900	8927	31674	4850	275	5183	114	185	222	13426	4401	



REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE, AND THROAT.

(DR JAMES ADAM.)

AT HAMILTON CLINIC.

For the year ending 31st July, 1926, 24 Girls and 25 Boys made 109 attendances at my house, occupying 19 hours. In addition, 36 of these children were operated on under chloroform at Beckford Street Hospital, all for the Tonsil and Adenoid operation, save one case of nasal obstruction due to old fracture of the nose. (This case had two other operations under local anæsthesia.) The operations under general anæsthesia occupied 20 hours for myself and 17 for the anæsthetist. Of the 109 attendances at my house 3 patients with suppurating ears (chronic) made 40 attendances, occupying 6½ hours. All the ears are dry. Most of the Tonsil and Adenoid cases made one attendance before and one after operation, and all improved as regards general health, mouth breathing, and hearing. Operation in 5 cases of Tonsils and Adenoids was postponed as not necessary, and in another case because of whooping cough. Only one case declined operation. The cases came from the following schools:—7 from St. Mary's R.C., 5 each from Beckford Street P. and Bothwell P., 4 each from Glenlee P. and Bothwellhaugh P., 3 each from St. John's Grammar, Bothwell R.C., and Woodside P., 2 each from Low Waters P., Newarthill P., and St. Cuthbert's R.C., and 1 each from St. John's R.C., Uddingston, Cadzow R.C., Larkhall Academy, Bellshill P., Greenfield P., Newton P., Auchinraith P., and Muiredge Public Schools.

AT MOTHERWELL CLINIC.

	Under General Anæsthetic.	Under Local Anæsthetic.
No. of Necessitous Cases treated for Tonsils and Adenoids ...	23	—
No. of Necessitous Cases treated for Diseases of the Ear ...	1	1
No. of Necessitous Cases treated for Diseases of the Nose ...	1	10
	25	11
<hr style="border-top: 3px double black;"/>		
Total Number of Attendances of School Children at the Clinic		620
Total Time occupied by Ear, Nose, and Throat Specialist (approximate number of hours)		60
Total Time occupied by Anæsthetist (approximate number of hours)		11

MINOR AILMENTS CLINICS.

As was foreshadowed in last year's Report, a commencement was made during the session with the establishment of clinics for the treatment of minor ailments in certain of the more densely populated districts of the County. The chief difficulty experienced in setting up these clinics was the obtaining of suitable accommodation, but, happily, this has been to a large extent overcome, and treatment centres have now been placed in Rutherglen, Cambuslang, Hamilton, Motherwell, and Larkhall. In Rutherglen district the clinic is at Gallowflat Public School, in a room adjacent to the present clinic for dental and visual treatment, an added advantage being that it also adjoins the school baths. At Cambuslang, the ophthalmic clinic at Gateside Public School has been remodelled and now serves for the treatment both of eye defects and of minor ailments. Here, also, this clinic adjoins with the dental clinic and the school baths. At Hamilton, the minor ailments clinic is conducted at the Child Welfare Centre, Beckford Street, where the dental, visual, and throat and nose treatment of school children is presently conducted. At Motherwell, the treatment of minor ailments is carried out at the Carnegie Child Welfare Clinic, which is also the centre for the treatment of diseases of the nose and throat in children resident in Motherwell, Wishaw, and the surrounding district. In Larkhall, the clinic is presently being held in the room which serves for the treatment of visual and dental defects, but it is hoped in the near future to obtain more commodious premises. A clinic for the treatment of minor ailments has just been completed at Airdrie, and will commence functioning at the beginning of next session.

Some dubiety seems to exist in the minds of certain people as to the extent and purpose of these clinics, so it might be well to give a brief résumé of the nature of the work undertaken. In the first place, these treatment centres are, as their name implies, for the treatment of minor ailments, and of minor ailments only. Included in this category are certain diseases of the Skin; simple or sub-acute diseases of the Eye; minor affections of the Ear, Nose, and Throat; and certain forms of Ringworm. No operative treatment, in the generally accepted sense of the term, is undertaken at these clinics, nor is treatment afforded for acute diseases or for general diseases. Notwithstanding this limiting of the scope of treatment, there is a very wide field for action, and even from the short experience obtained it is evident that a great deal of useful work can be accomplished at the clinics.

Briefly stated, the treatment of Eye diseases includes such common conditions as blepharitis (inflamed eyelids), conjunctivitis (inflammation of the lining of the eyelids), corneal ulcers, corneal opacities (the result of previous ulceration), styes, phlyctenular conjunctivitis, minor injuries, and so on. In the case of the Skin, such diseases as impetigo, eczema, alopecia areata, scabies, wounds and abrasions, and septic sores are treated, in addition to pediculous conditions of the head. As regards Ear diseases, treatment is afforded for chronic suppurative inflammation, chronic catarrh,

accumulations of wax, etc. In the case of the Nose and Throat, treatment covers such conditions as nasal catarrh and certain forms of pharyngitis. All forms of ringworm of the skin are treated and certain types of ringworm of the scalp which do not require X-ray treatment. When any condition is discovered which demands operative or hospital treatment, it is immediately referred to the care of the child's private medical attendant, who will take such steps as he may consider advisable.

Each clinic is held on two afternoons of each week, and is attended by one of the school medical officers, assisted by members of the nursing staff. As in the case of visual and dental treatment, no child is treated without the written consent of the parent. Children may be sent direct to the clinic by any teacher, nurse, attendance officer, or parent, provided the usual form has been duly signed and handed to the doctor or nurse at the time of the child's first visit. Each school in the area served by the clinic has a supply of forms always in hand so that delay in getting a child under treatment is reduced to a minimum.

The clinics at Cambuslang and Rutherglen commenced functioning in March last, at Hamilton and Larkhall in April, and at Motherwell in May, and already the number of patients treated leaves no doubt as to the urgent necessity for such clinics. The following Table (Table G) shows in detail the number of children treated, the nature of the ailment from which they suffered, and the total attendances at the clinic for each ailment.

It will be seen that for *Diseases of the Eye* 85 children were treated at Rutherglen Clinic, making 498 attendances; at Cambuslang Clinic 56 children, making 349 attendances; at Hamilton Clinic 45 children, making 309 attendances; at Larkhall Clinic 20 children, making 145 attendances; at Motherwell Clinic 3 children, making 19 attendances; that is, at the various clinics 209 children were treated, making 1,320 attendances.

For *Diseases of the Skin*, at Rutherglen Clinic 90 children were treated, making 369 attendances; at Cambuslang Clinic 77 children, making 358 attendances; at Hamilton Clinic 75 children, making 383 attendances; at Larkhall Clinic 30 children, making 179 attendances; at Motherwell Clinic 7 children, making 44 attendances; that is, at the various clinics 279 children were treated, making 1,333 attendances.

For *Diseases of the Ear*, at Rutherglen Clinic 35 children were treated, making 233 attendances; at Cambuslang Clinic 28 children, making 230 attendances; at Hamilton Clinic 56 children, making 621 attendances; at Larkhall Clinic 22 children, making 308 attendances; at Motherwell Clinic 10 children, making 73 attendances; that is, at the various clinics 151 children were treated, making 1,465 attendances.

For *Diseases of the Nose*, at Rutherglen Clinic 4 children were treated, making 10 attendances; at Cambuslang Clinic 6 children, making 57 attendances; at Hamilton Clinic 6 children, making 10 attendances; at Motherwell Clinic 1 child, making 8 attendances; that is, at the various clinics 17 children were treated, making 85 attendances.

For *Ringworm of the Head and Body*, at Rutherglen Clinic 3 children were treated, making 11 attendances; at Cambuslang Clinic 3 children, making 17 attendances; at Hamilton Clinic 3 children, making 13 attendances; at Larkhall Clinic 4 children, making 22 attendances; at Motherwell Clinic 2 children, making 9 attendances; that is, at the various clinics 15 children were treated, making 72 attendances.

The work at a minor ailments clinic is largely work for the nursing staff, for although the diagnosis of the disease and the prescribing of the treatment to be followed are the concern of the medical officer, the actual carrying out of the work is the duty of the nurse. Many of the cases which attend the clinic are of such a nature that a great deal of time has necessarily to be expended on the cases if satisfactory results are to be obtained, and if several "difficult" cases have to be treated on the same afternoon very serious inroads are made on the nurses' time. It is quite a common experience for the treatment of one child to occupy almost half an hour, and when one considers that as many as fifty children—frequently more—are treated during an afternoon it can be readily understood that there is little time for a breathing space for any members of the staff. Two nurses are usually on duty at the clinic during the hours of treatment, but it is quite certain that, as the work develops and larger numbers avail themselves of the facilities of the clinic, an additional nurse will have to be on regular duty.

MINOR AILMENTS.

TABLE G.—Showing (a) Number of Children treated at each Clinic; (b) Total Attendances made; (c) Nature of Ailment from which the children suffered.

	RUTHERGLEN CLINIC.			CAMBUSLANG CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHERWELL CLINIC.		
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.
Diseases of the Eye—															
Blepharitis	16	16	250	12	13	212	10	12	203	4	7	84	—	2	12
Conjunctivitis	18	13	185	6	10	83	8	2	49	1	6	37	—	—	—
Corneal Ulcer	—	1	6	—	3	6	3	—	16	—	1	13	—	—	—
Corneal Opacities	—	—	—	1	2	8	2	—	10	—	1	11	—	—	—
Ophthalmia and Phlyctenular Conj.	1	5	22	1	—	5	2	—	15	—	—	—	—	1	7
Keratitis-Interstitial	3	—	21	—	—	—	—	1	2	—	—	—	—	—	—
Hordeolum (Stye)	4	2	19	2	2	10	2	1	11	—	—	—	—	—	—
Stillicidium	—	—	—	—	4	25	—	—	—	—	—	—	—	—	—
Other Diseases	2	4	45	—	—	—	2	—	3	—	—	—	—	—	—
	44	41	498	22	34	349	29	16	309	5	15	145	—	3	19
Diseases of the Skin—															
Impetigo Contagiosa	24	16	164	20	18	178	25	16	178	7	6	85	1	2	16
Eczema	2	4	21	3	1	17	3	3	58	1	2	14	—	—	—
Alopecia Areata	—	—	—	—	—	—	2	—	9	—	—	—	—	—	—
Scabies	—	3	8	1	—	7	1	1	23	—	—	—	2	1	20
Pediculosis Capitis, with Impet. Contag.	—	3	19	—	—	—	—	—	—	—	—	—	—	—	—
Pediculosis Capitis	1	9	35	—	—	—	—	—	—	—	—	—	—	—	—
Dermatitis Seborrhoeica	1	4	35	1	3	32	—	—	—	—	—	—	—	—	—
Erythema	1	—	4	—	—	—	—	—	—	—	—	—	—	—	—
Wounds & Septic Sores	7	7	47	9	10	75	11	5	74	7	5	71	—	—	—
Psoriasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Skin Diseases	3	5	36	4	7	49	7	1	41	—	2	9	—	1	8
	39	51	369	38	39	358	49	26	383	15	15	179	3	4	44
Diseases of the Ear—															
Chronic Suppurative Inflammation	13	17	224	14	9	220	25	12	510	15	5	301	3	5	64
Ceruminous Collection	4	—	6	4	1	10	8	3	62	—	1	5	—	—	—
Polypus	—	—	—	—	—	—	1	—	4	1	—	2	—	—	—
Other Diseases	—	1	3	—	—	—	5	2	45	—	—	—	1	1	9
	17	18	233	18	10	230	39	17	621	16	6	308	4	6	73
Diseases of the Nose—															
Nasal Catarrh	3	1	10	2	4	57	1	—	1	—	—	—	1	—	8
Nasal Obstruction	—	—	—	—	—	—	3	1	4	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—	1	—	5	—	—	—	—	—	—
	3	1	10	2	4	57	5	1	10	—	—	—	1	—	8
Ringworm of Head	1	—	5	—	—	—	2	1	13	1	—	3	1	1	9
Ringworm of Body	2	—	6	2	1	17	—	—	—	—	3	19	—	—	—
	3	—	11	2	1	17	2	1	13	1	3	22	1	1	9

