[Report 1926] / School Medical Officer of Health, Lanark County Council.

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Education Authority of the County of Lanark.

EIGHTEENTH ANNUAL REPORT

ON THE

MEDICAL INSPECTION, SUPERVISION, AND TREATMENT OF SCHOOL CHILDREN.

1926-1927.

HAMILTON:
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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 Eighteenth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ending 31st July, 1927.

We are,

Your obedient servants,

JOHN MACINTYRE.
W. JONES MACKINNON.

School Medical Inspection Offices,
3 Clydesdale Street,
Hamilton, November, 1927.

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.

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

(b) CATHERINE B. WILSON,
M.B., Ch.B., D.P.H.

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.

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.

Dental Surgeons.

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

Part-Time Ophthalmic Surgeons.

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

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

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

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

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

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.
ANNIE N. DOUGLAS.
FLORENCE D. FLEMING.
ISABEL MACKINNON.
MAY B. B. YOUNG.
MARJORIE M'DOUGALL.
MINNIE B. H. WOLFE.
(c) MARGARET C. R. SUTTER.

MARTHA M. CHISLETT.
ANNIE DOBIE.
AMY T. HISLOP.
FRANCES M'KEE.
ISABEL TAYLOR.
MARY A. YATES.
MARJORY F. MACGILLIVRAY.
GEORGINA WALLACE.
(d) MARY M. BENNETT.

(e) AGNES L. D. MILLER.

Clerical Staff.

ROBERT A. M'ROBBIE.
JOHN PORTER.

HELEN S. STEVEN.
JEAN B. THOMSON.

SARAH M. B. CLARK.

(a) Resigned 7/11/26.
(b) Appointed 8/11/26.
(c) Appointed 16/9/26.
(d) Appointed 16/5/27.
) Appointed 16/5/27.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

The personnel of the Medical Inspection, Treatment, and Nursing Staffs is as detailed on page 6 of this Report. Owing to the increase of work resulting from the establishment of clinics for the treatment of minor ailments the Authority found it necessary to appoint two additional whole-time nurses. These nurses commenced duty in May, 1927.

II.

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

Primary	221
Intermediate and Secondary ...	21
Special Schools or Classes ...	11

(*b*) Number of Children on Register ... 103,002

Number of Children in Average Attendance 93,715

During the course of the year the following new schools were built:—Mossend Public School; Muir Street Public School, Motherwell; and Allanton Public School. All these schools replaced previously existing schools which had become unserviceable. The special school for invalid children at Knowetop, Motherwell, is nearing completion and should be ready for occupancy early next session. A new primary school at Machan is also completed and will be officially opened at an early date. The new R.C. school at Carluke will also open in August, 1927.

III.

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

The number of visits paid to schools during the year by the School Medical Officers in connection with the routine examination of the scholars was 1,329. 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.

A very large number of special visits to the schools was made by the Medical Officers during the course of the year. These visits, normally, are principally for purposes of supervision, that is, for the re-examining of children who have been found to suffer from some defect or other at the routine examinations. During the year which has passed, however, the number of visits for ordinary supervision purposes was very much lower than in a normal year, but, on the other hand, the number of special visits for examinations in connection with applications for food and clothing has increased very greatly. This, of course, was due to the long continued industrial disputes which affected the whole country. The result is that, although the figures showing the number of children examined at "revisits" are very much lower than in previous years, the number of children specially examined for symptoms of malnutrition or for inadequate clothing is very greatly increased. This latter work made a very serious inroad on the time of the medical officers, and, therefore, the session that is presently under review cannot be considered as quite a normal one.

The number of special visits to schools for purposes of supervision amounted to 883, and the total number of children re-examined at these visits was 10,442. In addition, 159 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.

The number of children examined for malnutrition and inadequate clothing and the number of visits paid in connection therewith are dealt with in a subsequent section of this Report.

V.

SANITARY CONDITIONS OF SCHOOLS.

The sanitary condition of the schools throughout the County is generally satisfactory. Dry closets still exist in certain of the rural schools and these should be replaced by water closets at the earliest opportunity. The Authority have decided to replace the dry closets with water closets at Law Primary School at an estimated cost of £250. The schools are clean and the systematic scrubbing and disinfecting are conscientiously carried out. It would appear that

greater attention is now being paid by the teachers to the ventilating of their class rooms.

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 19. These are allocated as follows:—7 for medical inspection and supervision and 12 for treatment.

2. Duties in School.

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

3. Duties in Visiting.

The work undertaken by the nurses in connection with home visiting has been very fully explained in previous Reports. The total number of home visits paid by the nursing staff during the year was 804.

(C) ARRANGEMENTS FOR "FOLLOWING UP".

There is nothing to add under this heading to the details given in the Report for the year ending July, 1920. The Medical Officers again desire to tender their thanks for the great assistance they have received from the Inspectors of the Society for the Prevention of Cruelty to Children. The Authority's Medical Officers and the Society's Inspectors regularly co-operate and a great deal of good is quietly and unostentatiously accomplished. Only in a few extreme cases has it been found necessary to have recourse to prosecution.

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

For the arrangements in force for dealing with infectious diseases in schools, see 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. Throughout the year reports on 70 cases were received from Dr Brownlie.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

For details of the arrangements in force regarding co-ordination with the various Health Authorities in the County and Burghs, see Report for year 1919-20 (pages 11-12). An arrangement with the Public Health Authority of the County has recently been come to whereby the names and addresses of children of school age whose parents, or relatives, living in the same house, have given positive evidence of pulmonary tuberculosis (this is, where actual tubercle bacilli are found in the spit) are submitted to the School Medical Officers for their information. This will enable a much stricter watch to be kept over these children who are known to have been definitely exposed to the risk of tubercle infection. It is hoped that this arrangement will soon be adopted also by the Burgh Health Authorities.

(F) PRESENCE OF PARENTS AT INSPECTION AND TREATMENT CENTRES.

The number of parents who attend at the routine medical examination of their children still remains relatively small, but, on the other hand, the attendance of parents at the various treatment centres—visual, dental, ear, nose, and throat, and minor ailments—shows a very marked increase. This latter is a most hopeful sign, as it is at the clinics that the presence of parents is most welcomed. After all, there is no great necessity for parents to attend the ordinary examination of their children unless there is some important information to give to the medical officer in regard to a child's previous illnesses, and parents can rest assured that if any defect of special importance is discovered an intimation to that effect will be sent to them, and also a request for a personal interview with the medical officer. It is far more important that a parent should attend the clinic when her child is being treated to obtain instructions regarding the present and after care of the patient, such instructions being usually very difficult to convey in a written message, and well nigh hopeless in a verbal message. Thus, at the visual clinics, the ophthalmic surgeon can explain to the parent the nature of the visual defect from which the child is suffering, the future prospects as regards the vision, and the nature of the treatment to be carried out, and enlist the parent's co-operation in seeing that the child regularly wears his spectacles if these have been ordered.

At the dental clinics the parent will receive instructions from the dental surgeon regarding the regular care of the child's teeth, and what measures should be adopted to prevent decay. She will also be strongly advised to have treatment carried out at the earliest possible moment should symptoms of dental trouble appear.

At the minor ailments clinics, the parent will be instructed as to the correct method of carrying out treatment in the interval between the child's attendances at the clinic, and get a practical demonstration if necessary. Advice will also be given regarding the progress of the ailment and, should the condition be of a contagious nature, how best to prevent the other members of the family becoming affected.

At the ear, nose and throat clinic advice is given regarding the after care of ear disease, the treatment of mouth breathing, and the necessity for keeping the nasal passages at all times clear. Of course, when operative treatment of tonsils and adenoids is being performed, each child is invariably accompanied by one of the parents or by some other responsible person.

It is the unanimous opinion of all the members of the treatment staff that parental interest is markedly increasing, and where, formerly, it was the exception for a parent to accompany her child to the clinic it is now becoming the rule. Attendance at a clinic, whether it be for visual, dental, ear, nose and throat, or minor ailments treatment, has a wonderfully enlightening effect. It has given the parents a different outlook altogether on the objects and aims of the Authority's Scheme, and those "who came to scoff remained to pray."

(G) SPECIAL EXAMINATIONS.

(*a*) *For Infectious or Contagious Diseases.*—During the course of the year special visits were made to schools on a report being received of the prevalence of some infectious or contagious disease amongst the scholars, and where it was deemed necessary as a precautionary measure arrangements were made with the Sanitary Authority concerned to have the whole school or certain of the classrooms disinfected. It is gratifying to report that at these special visits only in one instance was a child discovered who was actually suffering from the disease—it was a case of "itch"—but the medical officer's visit had a steadying effect both on the teachers and parents. The principal visits made were at West Maryston Public School in connection with an outbreak of scarlet fever in the infant department; at Macdonald Public School where some cases of "itch" were reported; at Auldhouse for contagious skin disease; at Caldercruix Public School for mumps in the infant department; and at Farie Street Public School where a few children, all pupils in the same class, had contracted diphtheria. In this case the fauces of all the children in the class were swabbed and the swabs bacteriologically examined, but all with negative result. Many of the schools throughout the County were affected rather badly in the early part of 1927 by influenza, and the school attendance in

consequence suffered severely. Fortunately, the influenza was of a mild type and children were rarely absent for more than a week or ten days. Large numbers of the children were absent only for three or four days, and it is highly probable, in fact, almost certain, that in these cases the "influenza" was merely an ordinary "cold."

(*b*) *Absentee Pupils.*—The number of special examinations conducted in connection with absentee pupils throughout the year was 260. These examinations are primarily intended to apply to cases of prolonged absence on account of illness and where there is grave doubt as to the genuineness of the excuse. The examinations are not intended to apply to cases of illness—however prolonged—where the family doctor is still in attendance and where the absence is duly medically certified. A child may, however, on account of some disabling disease be unfit to return to an ordinary school, and in this case the medical officer will, of course, examine the child with a view to ascertaining the nature and degree of the defect and arranging for the child's future education. Many of the medical practitioners in the County communicate direct with the School Medical Officer requesting an examination of a child under their care, and this co-operation is to be encouraged and fostered.

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

Old Monkland	195
New Monkland	88
Hamilton	80
Bothwell	71
Shotts	42
Cadder	36
Cambuslang	35
Rutherglen	33
Blantyre	31
Dalserf	29
Dalziel	24
Lanark	13
Cambusnethan	4
Carnwath	3
East Kilbride	2
Douglas	1
Carluke	1
Stonehouse	1
Southern	1
	690

(*c*) *Physically Invalid Children.*—During the course of the year a considerable number of children were examined who, it was reported, (*a*) were definitely unfit to attend an ordinary school; or (*b*) were unable to attend an ordinary school without serious risks to their health; or (*c*) had periodically prolonged spells of absence on account of recurrent attacks of ill health. In the great majority of these cases arrangements were made for the children being admitted to one or other of the special schools or classes. In certain instances the children were sent to an institution for education, *e.g.*, Eastpark Home, Maryhill, or the Colony of Mercy, Bridge of Weir, but in some cases it was found impossible, on account of the severe degree of disablement, to make any provision for the education of the child. The education of epileptic children is still a difficult problem. These children, although usually mentally sound, cannot attend an ordinary school, and, in fact, for obvious reasons are not desirable pupils even at a special school for invalid children unless their disability is very slight. In the major forms of epilepsy, where the seizures are frequent or severe, there is no doubt that residence in an institution specially devoted for the purpose offers the best and, at present, the only solution of the educational problem. Unfortunately, the facilities for the treatment and education of epileptic children in this country are very limited and usually a long time has to elapse before a vacancy for a pupil occurs. It has to be remembered also that there is a marked tendency for children affected with this distressing disease to deteriorate mentally.

The total number of physically invalid children examined during the year was 345. This figure includes 8 blind children and 13 deaf and dumb children.

(*d*) *Mentally Invalid Children.*—During the past session 90 children who were reported to be suffering from mental defect were examined. In 25 cases it was found that the mental defectiveness was of such a degree as to render the children "uneducable," and these cases were duly notified to the General Board of Control and to the Parish Council concerned. At some of the Special Schools (Drumpark, Gateside, etc.) certain of the mentally invalid children who had been admitted on trial were unable to profit by the instruction given, or had otherwise become unsuitable for further attendance, and were, in consequence, reported as "uneducable" children. In a few cases where the Authority's Medical Officers and the Parish Council's Medical Officers could not agree as to the "educability" of a child the matter was referred to the Scottish Education Department for final decision.

(*e*) *Students in Preliminary Training.*—In accordance with the Regulations for the Preliminary Education, Training, and Certification of Teachers, 151 candidates were examined by the School Medical Officers. As in former years, the principal defects found were unsatisfactory teeth and defective eyesight. It is hoped that, with such adequate facilities for treatment of these two ailments in this County, future candidates for the teaching profession will not require to be rejected, either permanently or temporarily, because of their failure to attend to these two essential factors of health.

(*f*) *Visits to Special Classes.*—The number of visits paid to the special classes for physically invalid, mentally invalid, and deaf-mute children were fewer than in former years on account of the great demand made on the medical officers' time this year in connection with the examination of the children reported to be suffering from malnutrition. Many of the pupils attending the classes for physically invalid children were found to have regained their normal health and were transferred back to the ordinary schools.

(*g*) *Employment of Children Act.*—The number of children applying for permits to engage in part-time employment still continues to be large. In the vast majority of cases the applicants were of sound physique and cleanly in their person and clothing, but in some cases the claims were rejected because of physical unfitness or bodily uncleanliness. It is rather remarkable that applications for licences are occasionally received from pupils attending the special classes for physically invalid children, the applications being, of course, duly signed by the parents. Such parents seemingly do not see any incongruity in applying, on health grounds, for their children to be conveyed to a special school and then applying for a permit for their children to walk miles, perhaps, each morning and evening delivering milk or messages. Altogether, 490 children were examined during the year, the accompanying Table showing in detail the applications received from each School Management Committee Area, the number of certificates granted or refused, and the nature of the employment for which application was made.

(*h*) *Adult Blind Persons.*—In accordance with the Blind Persons Act, 1920, examinations were conducted in 11 cases for the purpose of ascertaining whether the applicants were physically and mentally fit to undergo a regular course of technical training.

(*i*) *Staff.*—During the course of the year 9 members of the Authority's Staff and applicants for the post of Attendance Officer or Janitor were medically examined and reported upon.

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	—	—	—	—	—	—	—	—
Biggar	16	16	—	4	3	9	—	—
Blantyre	16	16	—	4	7	5	—	—
Bothwell	31	29	2	18	5	6	—	—
Cadder	35	34	1	26	4	4	—	—
Cambuslang	82	77	5	45	14	17	1	—
Cambusnethan..	9	9	—	6	1	2	—	—
Carluke	2	2	—	—	—	2	—	—
Carnwath	2	2	—	—	2	—	—	—
Dalserf	4	4	—	2	1	1	—	—
Dalziel	38	36	2	18	10	8	—	—
Douglas...	—	—	—	—	—	—	—	—
East Kilbride	8	8	—	5	2	—	1	—
Glassford	—	—	—	—	—	—	—	—
Hamilton	37	36	1	16	7	10	3	—
Lanark	—	—	—	—	—	—	—	—
Lesmahagow	—	—	—	—	—	—	—	—
New Monkland	18	17	1	8	6	3	—	—
Old Monkland..	70	68	2	49	12	6	—	1
Rutherglen..	103	100	3	83	11	6	—	—
Shotts	16	16	—	11	3	2	—	—
Southern	—	—	—	—	—	—	—	—
Stonehouse..	3	3	—	3	—	—	—	—
	490	473	17	298	88	81	5	1

(*j*) *Examination of Necessitous Children.*—On account of the widespread industrial disputes which occurred during the first half of the session very large numbers of applications were received by the Authority from parents requesting the provision of boots, clothing, and food for their children. The Authority decided that each child for whom application was made should be examined by one of the Authority's medical staff, and the granting of food or clothing would be contingent upon the medical report. Altogether, 539 special visits to schools were made in this connection, the total number of children specially examined being 17,480.

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) ...	5,900	5,910
Intermediates (9 years old)	4,680	4,617
Seniors (12 years old)	5,263	5,283
Secondary Pupils (16 years and over) ...	398	350
	16,241	16,160
Total	32,401	
(*b*) Special Cases (non-routine)	4,413	
Grand Total ...	**36,814**	

(*c*) Pupils examined at Re-visits:—

Number examined at 1st Re-visit	8,107
,, ,, 2nd ,, ...	2,244
,, ,, 3rd ,, ...	46
,, ,, 4th ,, ...	45
	10,442

(*d*) Examination of Students in Preliminary Training:—

Entrants	151
During Training (1st, 2nd, and 3rd years) ...	281

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

1. Physically Invalid	509
2. Mentally Invalid	143

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

1. Physically Invalid	345
2. Mentally Invalid	90

(*g*) Special Examination of Irregular Attenders and Absentees:—	
Number examined	260
(*h*) Examination of Children under Employment of Children Act (1903):—	
Number examined	490
(*i*) Examination of Adult Blind Persons (Blind Persons Act, 1920)	11
(*j*) Examination of members of the Authority's Staff ...	9
(*k*) Examination of Necessitous Children (Malnutrition, Boots, etc.)	17,480

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

1. Dental Treatment:—	
Number of Children Dentally Examined ...	74,363
Number of Children Notified	50,270
Number of Children Dentally Treated	20,299
2. Visual Treatment:—	
Number of Children Treated by the Ophthalmic Surgeons	2,690
Number of Children Re-examined by the Ophthalmic Surgeons	3,348
Number of Attendances at the Ophthalmic Clinics	6,033
3. Ear, Nose, and Throat Treatment:—	
Number of Children Treated by Nose and Throat Specialist	145
Number of Attendances at Treatment Centres ...	399
4. Treatment of Minor Ailments:—	
Number of Children Treated	3,508
Number of Attendances made	29,290

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

During the course of the year the number of children notified to parents on account of some defect discovered at the routine medical examination was 11,777. The total number of defects found—exclusive of dental defects—was 17,369, that is, an average of, approximately, 1.5 per child notified. It is very gratifying to record that, notwithstanding the distress occasioned by the long continued industrial trouble, the number of children who were notified for insufficient clothing showed only a comparatively small increase on last year's figures, the percentage of all children examined being only 0.5. The percentage of cases of clothing in need of repair was 3.4, practically the same as the previous year, whilst the percentage of cases of dirty clothing was actually smaller than last year, 4.43 as compared with 6.05. The percentage of unsatisfactory footgear showed only a moderate increase, 3.34 as compared with 2.26 for the year 1925-26.

There is a distinct drop in the percentage of dirty heads this year, although the numbers are still much too high. The improved cleanliness is undoubtedly due to the practice amongst the girls of wearing the hair short, and whatever may be said against the "bobbing" of hair in the case of adults, it has certainly proved a great boon to school girls from the standpoint of cleanliness and health.

There was no evidence this year of any special malnutrition amongst the school children, and it may be of interest to compare this year's percentages with those of the two previous years. Thus:—

Year.	Average and above Average.	Below Average.	Very Bad.
1924-25	97.5%	2.44%	.05
1925-26	97.89%	2.05%	.05
1926-27	97.62%	2.31%	.06

One rather notable feature this year was the marked increase in the number of enlarged tonsils in practically every district. This tonsillar enlargement was usually temporary in character, a marked improvement being observed when the cases were again examined after an interval of a month or two. The condition was not associated with any inflammatory changes, and the affected children experienced no discomfort. It is probable that the wet climatic conditions which prevailed for several months during the winter and early spring were responsible for the temporary enlargement.

As was noted in last year's Report, the percentages of cases of defective vision still remain practically constant, and this year the

number of cases of bad eyesight amounted to 3,528. Of this number 856 were cases of squint. It is the invariable practice of the School Medical Officers to advise all cases of squint to visit the ophthalmic clinic, to ascertain whether anything can be done either to improve the vision of the squinting eye or to correct the deformity. The percentage of squint cases notified was somewhat higher this year than last.

Of the other defects found the following were the most important:—External eye disease (inflamed eyelids, conjunctivitis, etc.), 888; various forms of skin disease (impetigo, septic sores, etc.), 921; adenoids, 601; ear diseases (including wax), 525; disturbance of the heart and circulation, 295; respiratory diseases (bronchitis, etc.), 257; nasal obstruction, 202; non-pulmonary tuberculosis, 42; defective hearing, 38; diseases of the nervous system, 34; other conditions, 459.

As regards dental defects, 50,270 children were found to require treatment. A detailed account of the dental condition of the school children in the County is given in a subsequent section of this Report (page 41).

The following statistical Tables (D-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 11,777 children notified as suffering from some defect, 5,324, or 45.2%, were found on subsequent examination to be cured, improved, or under treatment. This percentage is considerably lower than that of last year, but this is accounted for by the fact that the re-visiting of the schools this year was not nearly so frequent as in former years for reasons already explained, and it is probable, nay, almost certain, that if the usual re-visits had been carried out it would have revealed a marked increase not only in the figure given above, but also on the figures of all previous years. However, as it is the rule in this Report to state only definitely ascertained facts and not to deal in speculative probabilities, the above rather unsatisfactory percentage must stand for this year.

As regards visual defects, 2690 new cases were treated by the Authority's Ophthalmic Surgeons. In addition, 3,348 re-examinations were conducted, making a total of 6,038 attendances at the ophthalmic clinics. (See pages 35-40.)

For diseases of the ear, nose, and throat, 145 children were treated by the Authority's Rhinologist, necessitating 399 attendances of the patients at the clinics. (See page 48.)

For minor ailments of the skin, eye, ear, nose, throat, etc., 3,508 children received treatment, the total attendances made amounting to 29,290. (See page 49.)

(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.	
32,401	163	·50	1090	3·36	1436	4·43	110

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
32,401	1081	3·34	18

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average, ...	44·3	50·7	56·0
Anthropometric Standard, ...	44·1	50·7	56
Difference, ...	+0·2	-0·0	-0·0

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average, ...	44·4	50·4	55·5
Anthropometric Standard, ...	43·6	50	56·8
Difference, ...	+0·8	+0·4	-1·3

BOYS—AVERAGE WEIGHT IN LBS.

Average Age in years, ...	6½	9½	12½
County of Lanark Average, ...	45·9	61·9	79·5
Anthropometric Standard, ...	47	64·9	79·4
Difference, ...	-1·1	-3·0	+0·1

GIRLS—AVERAGE WEIGHT IN LBS.

Average Age in years, ...	6½	9½	12½
County of Lanark Average, ...	44·0	58·9	80·5
Anthropometric Standard, ...	44·8	59·3	80·2
Difference.	-0·8	-0·4	+0·3

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Dirty (including Nits).	Per cent.	Verminous.	Per cent.	No. found defective.
32,401	4885	15·07	748	2·31	722

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found defective.
32,401	3242	10·01	1111	3·43	508

(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.
32,401	7	·021	97	·299	1	·003	127	·39	100

(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.
32,401	12	·037	155	·478	35	·108	658	2 0 3	285

(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.	
32,401	31,631	97·62	750	2·31	20	061	41

(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 41.)

As regards the dental condition of the 16 years old pupils, of 748 examined, 266, or 35.56 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 39.59. 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.	
32,401	3338	10·30	351	1·09	98	·302	98

(K.) (b) THROAT.

Systematic Cases.											Special Cases.
Number Examined.	Tonsils.				Adenoids.				Other Diseases.		Number found Defective.
	Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.				
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,401	6707	20·7	1626	5·02	1002	3·09	456	1·41	53	·16	344

(K.) (c) LYMPHATIC GLANDS (Submaxillary and Cervical).

Systematic Cases.									Special Cases.
Number Examined.	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.		Number found Defective.
	Number.	Per cent	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,401	3469	10·7	121	·37	8	·025	449	1·39	79 ·

(L.) EXTERNAL EYE DISEASES.

Systematic Cases.										Special Cases.
Number Examined.	Blepharitis.		Conjunctivitis.		Corneal Opacities.		Strabismus.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,401	974	3·06	298	·92	122	·38	458	1·41	183	·56	768

(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.	
*20,591	15,684	76·17	4320	20·98	587	2·85	1316

*Infant Children not included.

(N.) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhœa.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,401	289	·89	418	1·29	31	·096	161

(O.) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,401	255	·79	25	·08	81

(P.) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,401	233	·72	91	·28	54

(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.
32,401	348	1 07	56	·172	62	58

(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.	
32,401	15	·046	124	·38	314	·97	839	2·59	114

(S.) LUNGS.

Systematic Cases.									Special Cases.
Number Examined.	Chronic Bronchitis.		Tuberculosis.		Tuberculosis Suspected.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,401	1203	3·71	5	·015	11	·034	17	·052	72

(T.) NERVOUS SYSTEM.

Number Examined.	Systematic Cases.								Special Cases
	Epilepsy.		Chorea.		Infantile Paralysis.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,401	14	·043	5	·015	35	·11	165	·51	64

(U.) TUBERCULOSIS (NON-PULMONARY).

Number Examined.	Systematic Cases.										Special Cases.
	Glandular.		Bones and Joints.		Abdominal.		Skin.		Other Forms.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,401	11	·034	30	·09	14	·04	6	·018	0	—	31

(V.) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,401	302	·932	12	·037	26

(W.) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,401	155	·48	258	·796	35

(Y) OTHER DISEASES OR DEFECTS.

In addition to the conditions recorded in the foregoing Tables, a large number of less common ailments was discovered during the course of routine inspection. These latter ailments were very varied in character, but in few cases were they of such a nature as seriously to threaten the health of the pupil. The most prevalent condition encountered under this heading was enlargement of the thyroid gland. This was almost entirely limited to girls, and chiefly to girls in the senior classes. As there were rarely any accompanying untoward symptoms, it must be concluded that the thyroid enlargement was physiological in character. It has been the experience of the medical officers that enlargement of the thyroid gland appearing during the years of puberty—a period of considerable physiological change and stress—is usually temporary in character, and unaccompanied by any serious manifestations, but in a certain small percentage of cases the enlargement has been found to be of a more or less permanent nature. What nervous or other symptoms may appear later in life it is difficult to say, as the pupils generally pass completely from the ken of the medical officer. Only in a few instances, as in the case of those who take the junior studentship course, is it possible to keep the cases under observation for a year or two longer. Altogether 138 cases of enlarged thyroid were noted during the session.

Smoking is now so prevalent amongst boys, both during and out of school hours, that in the absence of any bad effects no special record is taken of these cases, although the nicotine-stained fingers clearly proclaim the indulgence in the habit. In 19 instances, however, there were definite symptoms of nicotinism. It is not easy to deal with such cases, as the modern parent looks upon juvenile smoking with complacency. Not infrequently mothers have informed the medical officer that their boy gets a regular allowance of pocket money for cigarettes. The following are some of the varied conditions met with during medical examinations:—Rheumatism, urinary ailments, hernia, herpes, stomatitis, laryngitis, Raynauld's disease, septic sores, boils, hæmophilia, synovitis, enlarged spleen, diabetes, pleurodynia, phimosis, cysts, chilblains, etc. Altogether, a total of 363 conditions were recorded under this heading.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. Physically Invalid Children.

There is no increase in the number of centres of instruction for physically invalid children, the centres being at Drumpark,

Cambuslang, Hamilton, and Motherwell. The new special school at Motherwell is nearing completion and should be ready for occupancy early next session. Some children who were unsuitable for education at a special school have been sent to an institution, *e.g.*, Eastpark Home, Maryhill, and The Colony of Mercy for Epileptic Children, Bridge of Weir.

2. Mentally Invalid Children.

There are four centres for the education of mentally invalid children. Each of these centres is run in conjunction with the classes for physically invalid children mentioned above. The Authority have also placed several children in special institutions, *e.g.*, Birkwood Institution, Lesmahagow, and St. Charles' Institution, Carstairs.

3. Backward Children.

In certain of the larger primary schools classes for dull or backward children have been instituted, and these are being successfully conducted.

4. Blind and Partially Blind Children.

The Authority have only one institution for blind children under their jurisdiction, namely, St. Vincent's Institution, Tollcross. At Drumpark Special School special provision is made for the education of high myopic children, and similar provision will be available at the new special school to be opened shortly at Knowetop, Motherwell. The practice of the Authority is to send blind, or educationally blind, children to St. Vincent's, Tollcross, if they belong to the Roman Catholic religion, and to the Royal Blind Asylum, Edinburgh, if they are of the Protestant faith.

5. Deaf and Deaf-Mute Children.

The Authority have two centres in the County for the education of deaf or deaf-mute children, namely, Woodburn House, Hamilton, and St. Vincent's Institution, Tollcross. Children who, for some reason or other, cannot attend at these centres for instruction are sent either to Donaldson's Hospital, Edinburgh, or the Royal Edinburgh Deaf and Dumb Institution.

X

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.	Osseous.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.
OUNTY—														
Upper Ward,... ...	...	1	2	2	1	...	...	...	...	...	...	...	...	...
Middle Ward, ...	2	25	41	211	52	4	3	8	1	1	1	1	15	...
Lower Ward, ...	...	...	2	11	1	...	...	...	...	...	...	...	...	...
URGHS—														
Airdrie, ...	...	4	16	83	2	...	1	2	...	...	...	...	6	...
Biggar, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	...	...	3	19	1	...	1	2	...	1	...	...	2	..
Hamilton, ...	...	10	17	18	15	4	...	6	..	1	...	..	1	..
Motherwell, ...	...	1	1	21	1	...	...	2	...	...	...	...	...	...
Lanark, ...	...	..	...	4	..	...	...	...	...	...	...	...	...	...
Rutherglen, ...	1	2	10	63	24	1	...	2	...	...	...	..	...	...
Wishaw, ...	...	...	...	2	...	...	...	2	...	...	...	...	1	1
TOTAL, ...	3	43	92	434	97	9	5	24	1	3	1	1	25	1

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For arrangements in force as regards physical instruction in schools, see Report for year ending 31st July, 1920 (page 27).

X.

FEEDING OF CHILDREN.

As has been stated in previous Reports, arrangements are made for the supplying of food to all children in attendance at the special schools or classes. The partaking of meals at these classes is compulsory and none of the pupils are allowed to bring a "piece" for the mid-day meal. There is still, occasionally, some opposition offered by parents to this rule, but after an interview with the medical officer or the head teacher the parents are convinced of the wisdom of the practice and consent, albeit in some cases rather grudgingly, to their children receiving the food prepared for them in school. It is generally found that the opposition is occasioned more by the small sum demanded for the food than by any real conscientious objection. At all the special classes the pupils receive a "snack" consisting of milk and a biscuit at 10.30 a.m. and a hot two-course meal at mid-day. As ample food is provided, the practice of allowing children to bring additional food, sweets, or fruit with them should be strongly discountenanced by the teachers.

The Authority sanction the supplying of food to all "necessitous" children in attendance at the ordinary schools. These children are generally first examined by the medical officers to ascertain what degree of malnutrition is present, and one meal, two, or even three are supplied according to the needs of the child. During the course of the year 45,253 meals were provided for children certified as suffering from some degree of malnutrition.

In many of the Secondary schools a regular buffet is established, where a hot meal may be obtained at mid-day. This privilege is much appreciated by the pupils, many of whom come long distances to school. Again, in many of the rural schools, hot soup is provided during the winter months at a nominal cost for those scholars who reside at a distance from the school.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

The arrangements in force under the Authority's scheme of treatment have been fully explained in previous Reports. Briefly, the scheme provides for (1) dental treatment; (2) visual treatment;

(3) ear, nose, and throat treatment; and (4) treatment of minor ailments. In addition to the clinics for minor ailments mentioned in last year's Report, a new clinic was established this year at Airdrie. The success attending the establishment of the treatment clinics is evidenced by the large number of children taking advantage of them and the beneficial results obtained. The record of work accomplished at the various clinics is given in a subsequent part of this Report.

In addition to the foregoing, a considerable number of children were treated for deformities at one or other of the institutions in Glasgow, and especially at the Royal Hospital for Sick Children, Glasgow. During the course of the year the provision of orthopædic appliances was sanctioned by the Authority for 32 children at a cost of, approximately, £90.

TABLE A.—All Pupils Examined at the Systematic Examination for the Year ending 31st July, 1927.

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.	46	54	44	32	53	53	...	...	35	42	359	138	918
Biggar, ...	43	39	21	22	37	39	8	6	14	8	237	54	666
Blantyre, ...	216	260	185	168	205	207	...	...	98	104	1443	611	3746
Bothwell, ...	752	773	661	643	740	766	18	44	355	382	5134	3296	13679
Cadder, ...	162	158	115	121	139	130	5	4	37	32	903	287	2854
Cambuslang, ...	276	290	235	266	245	285	4	2	121	111	1835	841	5257
Cambusnethan,.. ...	424	404	283	274	300	285	65	68	126	136	2365	781	6571
Carluke, ...	132	118	81	82	103	83	...	...	7	24	630	163	1883
Carnwath, ...	61	95	67	69	54	55	...	...	22	12	435	103	1253
Dalserf, ...	259	261	221	213	216	218	16	7	76	79	1566	587	4548
Dalziel, ...	576	587	461	432	477	462	113	55	146	158	3467	1208	10847
Douglas,...	41	44	43	21	19	24	...	...	11	8	211	40	531
East Kilbride, ...	50	42	33	43	23	39	...	...	19	19	268	115	700
Glassford, ...	12	16	13	7	6	13	...	...	5	6	78	33	218
Hamilton, ...	586	549	431	442	571	601	57	48	258	284	3827	2295	10188
Lanark, ...	176	156	118	106	169	184	22	22	44	32	1029	274	3052
Lesmahagow, ...	132	132	121	89	119	93	3	6	46	43	784	251	2293
New Monkland,... ..	497	484	403	405	491	458	23	23	156	162	3102	1481	8407
Old Monkland, ...	797	768	630	637	714	729	45	50	369	387	5126	2942	13923
Rutherglen, ...	290	298	220	240	284	275	19	15	124	129	1894	940	5209
Shotts, ...	294	323	246	263	248	231	...	...	71	71	1747	831	5173
Southern, ...	20	16	11	12	16	21	...	...	5	4	105	16	340
Stonehouse, ...	58	43	37	30	34	32	...	...	21	14	269	82	736
TOTALS, ...	5900	5910	4680	4617	5263	5283	398	350	2166	2247	36814	17369	102902

*Defective Teeth not included.

TABLE B.—SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT AREAS.	Clothing and Footgear.		Cleanliness.								Condition of Skin.								Nutrition.		Nose.		Throat.				Lymphatic Glands.		External Eye Disease.		Squint.		Vision.		Ear Diseases, Wax, &c.		Hearing.		Heart and Circulation.		Lungs.		Nervous System.		Tuberculosis (Non-Pulmonary).		Other Conditions.		Total Number of Children Notified.	Number of Children Receiving Attention.	Total Number of Conditions Notified.	Total Conditions Remedied.
			Head.				Body.														Nasal Obstruction.		Tonsils.		Adenoids.																									
			Nits & Dirty.		Lice.		Nits & Dirty.		Lice.																																												
	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Impetigo.		Ringworm.		Scabies.		Other Diseases.		Notified.	Remedied.	Notified.	Remedied.	Tonsils.		Adenoids.		Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.				
											Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.					Received Medical Attention.	Notified.	Remedied.																															
...dale, ...	...	...	21	5	19	4	3	3	15	4	...	...	...	...	...	...	2	2	...	...	2	1	15	2	6	1	...	...	7	3	8	3	30	19	4	1	...	...	3	1	2	1	...	...	...	...	3	...	91	45	138	52
...ngar, ...	...	...	3	2	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	19	5	7	...	...	...	1	1	3	1	14	3	4	1	...	...	...	...	...	...	...	...	...	...	37	11	54	16
...ntyre, ...	17	6	46	10	43	10	20	6	55	14	17	10	3	...	2	2	41	32	...	...	16	5	41	13	8	3	4	...	49	28	50	25	143	71	26	13	3	1	7	...	16	4	...	...	3	...	7	4	475	214	651	234
...well, ...	176	10	477	228	212	77	443	196	301	110	51	42	5	4	11	11	44	27	3	2	25	7	263	70	125	38	34	18	186	108	133	35	545	217	63	40	10	4	44	20	25	20	6	3	3	1	131	54	1930	974	3296	1500
...ldon, ...	3	1	28	12	17	8	3	3	6	2	20	16	...	...	...	...	6	2	1	...	2	1	49	12	12	5	4	1	23	10	11	4	62	33	9	3	...	...	5	1	7	4	2	1	4	...	13	5	272	98	287	127
...ndeslaug, ...	27	1	137	47	53	20	56	15	43	14	14	7	2	...	7	4	20	14	2	...	6	1	87	14	63	13	13	8	59	16	26	6	148	67	17	12	1	1	18	2	10	1	2	...	1	1	18	2	563	196	811	266
...nisseithan, ...	6	2	77	33	60	12	11	3	62	16	6	4	2	...	...	...	11	7	...	...	6	2	129	66	49	20	7	1	11	2	42	21	237	126	34	21	5	1	7	2	9	6	1	...	1	...	14	7	605	316	781	367
...ldale, ...	4	...	23	13	19	9	2	...	9	4	1	1	...	...	...	...	1	...	...	...	2	...	28	9	11	9	...	...	2	1	6	3	30	29	17	4	...	...	...	...	...	...	...	...	...	...	...	...	119	67	263	66
...rcraik, ...	1	...	9	3	6	2	2	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	23	6	8	2	4	1	2	...	5	4	25	25	3	2	1	...	1	...	...	...	...	...	1	...	83	42	160	46
...land, ...	...	...	67	27	55	16	10	1	54	16	13	9	2	...	2	2	43	25	...	...	14	1	92	34	12	6	1	...	19	24	32	15	197	61	21	10	...	...	4	...	18	2	...	...	...	...	11	3	629	189	587	233
...ddel, ...	16	8	102	60	75	42	12	6	39	14	10	16	...	...	1	1	38	23	...	...	7	5	132	53	70	22	6	4	26	14	63	33	439	223	89	64	3	...	6	2	6	1	1	1	3	2	5	3	937	565	1208	687
...ngfus, ...	...	...	9	2	4	2	2	...	3	...	...	...	...	...	...	...	...	...	...	...	1	...	5	...	1	...	1	1	...	...	2	2	8	5	3	...	...	...	...	...	...	...	...	...	1	...	...	...	32	9	40	12
...ut Kilbride, ...	1	...	9	5	5	2	2	1	12	3	2	2	...	...	...	...	4	2	...	...	6	2	13	6	5	4	...	...	7	3	6	4	31	19	2	1	1	...	3	...	2	1	1	1	1	...	3	2	81	50	115	63
...tsford, ...	...	...	3	3	2	1	1	...	4	1	...	...	...	...	...	...	2	2	...	...	...	...	4	2	2	...	...	...	...	...	4	2	5	3	2	...	...	...	1	...	1	1	...	...	...	...	20	12	33	15
...thven, ...	115	30	264	87	168	47	206	59	170	46	76	53	9	6	7	4	65	37	14	3	42	12	181	49	60	19	18	9	132	63	126	47	383	173	52	16	7	...	45	1	21	5	9	...	13	...	312	42	1421	641	2295	809
...ench, ...	8	3	17	12	10	7	11	3	12	6	6	3	...	...	...	...	1	...	...	...	6	3	38	11	7	4	2	...	5	1	15	10	112	66	22	14	...	...	...	...	...	...	...	...	...	...	2	1	239	124	374	146
...ndalagow, ...	...	...	25	9	23	5	5	1	24	10	1	1	1	...	...	...	8	6	...	...	9	4	45	8	1	...	...	...	16	6	13	7	79	31	5	...	...	...	1	...	4	2	...	...	...	...	...	...	199	79	354	91
...w Monkland, ...	64	31	194	79	99	44	61	25	106	46	73	55	3	1	3	3	31	21	7	...	20	6	141	44	37	15	34	16	61	31	83	34	267	123	41	18	3	...	32	15	31	17	6	...	3	1	59	37	1046	452	1461	669
...th Rickland, ...	99	39	447	109	187	58	225	90	252	89	127	85	1	1	14	12	42	18	8	8	23	3	325	108	42	16	19	4	178	67	159	78	516	225	71	29	3	2	62	7	85	38	4	...	6	...	60	21	2065	895	2942	1159
...llington, ...	26	8	167	47	47	8	88	29	70	26	12	4	1	...	2	...	20	7	...	...	4	1	74	9	37	4	17	4	16	20	33	9	207	54	22	10	...	...	16	3	13	5	4	2	2	...	22	5	667	174	940	255
...ville, ...	28	4	141	32	52	8	88	20	64	16	10	1	...	...	...	...	10	5	...	...	4	2	103	19	34	11	6	2	32	11	34	5	170	35	8	4	1	...	19	3	6	2	...	...	...	...	21	8	531	196	831	194
...ithers, ...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	1	...	...	...	...	...	...	...	7	6	4	2	...	...	...	...	...	...	...	...	...	...	14	7	16	8
...ithsome, ...	...	...	2	1	1	1	...	...	1	1	...	...	...	...	...	...	5	4	...	...	5	2	13	7	3	2	1	...	7	6	2	1	28	10	6	2	1	...	1	...	1	1	...	...	...	...	5	1	69	32	82	39
Total, ...	582	214	2071	877	1136	385	1251	452	1331	459	431	309	27	12	49	30	394	234	35	15	202	59	1779	559	601	194	171	69	818	415	826	369	3672	1688	525	283	28	9	293	63	257	115	34	7	43	5	459	185	11777	5324	17369	7094

REPORT ON VISUAL TREATMENT.

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The following Reports for the year ending 31st July, 1927, have been received from the Authority's Ophthalmic Surgeons:—

(DR ERNEST THOMSON.)

CENTRES:

Abington, Airdrie, Biggar, Cadder, Carnwath, Coatbridge.

Comparison of the writer's Report for last year with the present one shows that the Centre at Coatbridge has been exchanged for that at Bellshill, now under the care of Dr Martyn. The change-over, doubtless, accounts to some extent for a fall in the numbers of revisits at Coatbridge, but, apart from Coatbridge, there is a fairly general drop in the numbers of revisits, while the numbers of children seen for the first time are either about the same as last year or slightly greater. At Bishopbriggs two large schools have gone over to the Glasgow Authority, thus accounting for a large fall in the total attendances in the Cadder area. Even allowing for such special circumstances, the revisiting is less all round, and this is presumably attributable to loss of time as a consequence of the strikes in 1926 and the difficulty the Staff encountered in overtaking all the usual routine work.

The new Special School for invalid children at Drumpark now comes under the Coatbridge area of work. The arrangements which the Authority has made for ophthalmic work at this school are very satisfactory, and references to the work of the clinic may be made at greater length at a later date.

In last year's Report reference was made to an investigation, undertaken at the suggestion of the School Medical Officers, to ascertain, if possible, to what extent convergent squint is curable by optical means, *i.e.*, by the wearing of glasses, and it was stated that "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." Now, it is quite evident that in order to ascertain progress towards cure the children must be revisited, and that, as a rule, more than once. This revisiting, as has just been mentioned, is the work wherein we have failed this year to come up to the usual mark, so that the numbers of squints kept under observation fall short of expectations. The writer will therefore not attempt to do more at present than to report progress. Before saying anything about the results so far obtained, it is necessary to say something about the meaning of the word "cure" in connection with squint. Squint is a deformity usually associated with a defect—often very great—in the acuteness of vision of the squinting eye. When the squint, regarded as a cosmetic blemish, becomes "cured," that is

when the eyes become "straight," the visual acuteness may return to normal. Unfortunately this is the exception, not the rule, although improvement short of the normal is fairly common. On the present occasion the reference will be mainly to "cosmetic" cure. The question of restoration of visual acuteness, partial or complete, is being kept in view and notes are being taken, but the figures will require to be very much larger before any useful statement on this subject can be made.

Cosmetic cure, complete or partial, by optical means is common; restoration of visual acuteness is much more rare under present conditions. The condition most favourable to restoration of vision is difficult of attainment. It is that the child should be examined and a very careful correction by glasses made within a few days of the onset of the squint. The following circumstances militate against this condition, namely:—(1) the onset may be insidious, the squint being sometimes occasional only; (2) the squint may, and frequently does, come on during a general illness, or may be the result of bandaging a "sore eye," so that the parent's attention is distracted from the occurence of squint; (3) time flies and weeks pass while the parent is meditating about "seeing about it," or else is taking no notice at all. The writer believes that if squints could be attended to within days or even weeks rather than months or years, there would be a good deal less adult incapacity from defect of vision associated with squint. This, then, is largely a question of the education of the public in regard to the importance of the subject.

The actual figures so far obtained may now be briefly mentioned, leaving the subject as a whole open for further consideration. The total number of squints so far noted is 477, but the total revisited, exclusive of those children who did not obtain the glasses ordered, or who for one reason or another were statistically valueless, is only 242. Of these 242 children who obtained the glasses and wore them more or less regularly 30% are recorded as cured cosmetically, some completely whether the glasses were put on or taken off at the time of revisit, others, more numerous, only as yet, so long as the lenses were in position before the eyes. Another 38% are recorded as "improved," and it hardly admits of doubt that some of these are on the way to cosmetic cure. 31% are recorded as "not improved." The great bulk of this last class are probably incurable by optical means. Some of them are suitable for operation, and this either has been or will be recommended. In other cases there is no chance of recovery of visual acuteness in the squinting eye and, where the acuteness is extremely low, operation is probably best postponed till later on. The question of operation is not, however, here under consideration.

The percentages which have been given, which are approximate and take no note of decimal places, are not by any means discouraging, because (1) a considerable proportion of the "improved" class have only been revisited once and further improvement—up to cosmetic cure—is possible; (2) a regrettably large number of children do not pay sufficient attention to constant wear of the glasses, without which cure cannot be expected to occur. If constant

wear could be assured, it is reasonable to think that the class of "cures" would be increased at the expense of the class "improved."

Nor must it be forgotten, in estimating the value of optical treatment, that the vast majority of squinters have an error of refraction not only of the squinting eye, but of the other eye as well, and urgently require its correction apart from the question of squint. Labour is not lost in the optical treatment of squint, since the squint, after all, is usually to be regarded as an incident—sometimes as an accident—associated with a refraction error.

While discussing squint it may be mentioned that four examples of a comparatively rare form of ocular deviation have been recorded this year in these clinics, namely, vertical squint: such squints have probably little to do with a refraction error.

In one case kidney disease, which might otherwise have gone undetected, was diagnosed in the course of eye examination. While kidney disease is frequently first discovered through ophthalmoscopic examination in the adult, the writer does not remember a similar case in a child seen at the Authority's clinics.

Two cases have been recorded of injury to the cornea of the eye through accident in the course of birth. Such corneal injuries are rare, but the writer thinks it probable that of the considerable number of cases of nystagmus and defective vision some at least are due to compression of the head of the child while on its way into the world. Accidents of this kind cannot, as a rule, be foreseen or avoided under ordinary circumstances. The details of this subject, while extremely interesting and of the first importance, are highly technical and need not be here further discussed.

In his last year's Report Dr Mortimer refers to the increase in parental interest in eye diseases, especially at certain of his centres. The writer would like to corroborate this with reference to his own work. When the treatment scheme was first instituted and, indeed, for long after that, the attitude of many parents was rather unfriendly. Nowadays such an attitude is unusual, and if, by chance, a parent on the first occasion is inclined to argue (and it is perhaps usually the father who is to blame) about the proposed treatment, it generally happens that, after talking to the other parents waiting, the atmosphere becomes much clearer. In fact, amusing changes of front have occasionally been observed.

Lastly, in the meantime, two remarks may be addressed to the younger among the teachers, who, it is hoped, will not consider them in any way offensive. They are, firstly, that they should report to the Head Teacher any child whose behaviour suggests that he or she cannot see the blackboard, who holds the book, etc., too close to the eyes, who squints, or who has a sore eye of any kind; and, secondly, that they should never knowingly allow a defective sighted child to sit at or near the back of the class. It is emphatically the teacher's duty to attend to these two points in particular.

(DR JOHN A. MORTIMER.)

CENTRES:

Blantyre, Carluke, East Kilbride, Lanark, Larkhall, Shotts, Strathaven, Uddingston, Wishaw.

The summary of work done during the current year shows that there has been an excellent and continued response to the benefits made available by the Education Authority for the correction and alleviation of eye defects and diseases in school children. In the above areas during the past session 863 children were examined and treated and 1,420 were revisited. Out of this total of 863 children treated there were 151 more girls than boys, showing the continued preponderance of girls over boys requiring ophthalmic treatment.

In surveying this summary two important points present themselves:—(1) That the response to treatment by spectacles is eminently satisfactory where the defective vision is wholly due to errors of refraction; (2) that the continued interest of parents in the treatment of their children is no mere passing phase, but is becoming yearly more pronounced. This is especially noticed when they come under the category of squint or myopia.

Squint.—The treatment of squint resolves itself into (*a*) correcting fully the refractive error present and especially the astigmatism; (*b*) the complete occlusion of the non-squinting eye—a difficult thing to secure unless one is very emphatic as to how and for how long it has to be carried out, and the parent warned of the probability of the child circumventing it. It also requires a very painstaking parent to see that it is efficiently carried out; (*c*) operation in those cases where after a reasonable time the squint persists after treatment by spectacles. Consequently the writer has operated, as in the previous year, on a goodly number of cases of squint and cataract with satisfactory results, both visually and cosmetically, with the result that there is difficulty in finding sufficient hospital accommodation to meet the desires of the parents who wish operation. This is especially the case with squint cases.

Myopia.—Myopia is an inherited disorder affecting the early growth of the sclerotic, the controlling influence being possibly the endocrine glands. Until we discover what the influence is that is passed on from parent to child and predisposes to myopia we cannot suggest any treatment to prevent it, but what we can do is to prevent or lessen its development. The preventive treatment consists of special attention to the ophthalmic hygiene of the pre-school child, and during school life, the full correction of the myopic error and astigmatism when it starts and the special attention paid to children of myopic parents. The institution of special myope classes by the Lanarkshire Education Authority and the opening of pre-school clinics have provided excellent facilities for the carrying out of preventive measures and providing a scheme of education for these handicapped children which can be undertaken with the least strain to the eyes. The attendance (whether a first visit or a revisit) of myopic children with their parents is in some areas approximating

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, 1927.

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	12	4	16	8	4	—
Airdrie	241	337	578	212	29	—
Biggar	10	8	18	9	1	—
Cadder ... ... (Bishopbriggs and Chryston)	41	20	61	37	4	—
Carnwath	34	34	68	31	3	—
Coatbridge	324	187	511	291	33	—
DR JOHN A. MORTIMER.						
Blantyre	83	194	277	75	8	—
Carluke	46	45	91	45	1	—
East Kilbride	23	17	40	21	2	—
Lanark	112	157	269	103	9	—
Larkhall	117	171	288	110	7	—
Shotts	62	119	181	60	2	—
Strathaven	30	21	51	27	3	—
Uddingston	178	373	551	168	9	1
Wishaw	212	323	535	194	18	—
DR H. SOMERVILLE MARTYN.						
Baillieston	50	102	152	41	8	1
Bellshill	245	345	590	211	33	1
Cambuslang	86	214	300	68	14	4
Lesmahagow	52	58	110	42	7	3
Rutherglen	121	109	230	94	26	1
DR JAMES A. WILSON.						
Motherwell	346	356	702	287	56	3
DR JAMES R. WATSON.						
Hamilton	265	154	419	252	12	1
	2,690	3,348	6,038	2,386	289	15

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.		Phlyctenular Conjunctivitis.		Cataract.		Synechiæ.		Choroido-Retinal Changes (Myopic).		Do. other than Myopic.		Congenital Word Blindness.		Keratitis.		Congenital Dislocation of Lenses.		Hordeolum.		Optic Atrophy.		Xerosis of Conjunctiva.		Pseudo Neuritis.		Corneal Ulcer.		Sequelæ of Iritis.		Vitreous Opacities.		Coloboma of Iris and Choroid.		Leucoma Adherens.		Detachment of Retina.		Buphthalmos.		Papillary Memb.		Squint (Vertical).	
	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.	Boys.	Girls.	Boys.	Girls.
Dr. Ernest Thomson.																																																
Abington, ...	1	...	...	...	1	...	...	..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Airdrie, ...	37	37	1	1	7	4	...	3	...	1	...	...	4	4	...	2	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Biggar, ...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
Cadder, ... (Bishopbriggs and Chryston)	3	2	...	...	2	2	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carnwath,...	6	5	...	...	1	2	...	..	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coatbridge, ...	58	45	2	4	4	9	3	4	1	2	1	1	2	1	1	2	1	4	...	...	...	...	...	...	...	1	1	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dr. John A. Mortimer.																																																
Blantyre, ...	7	13	...	1	4	9	1	2	...	...	...	2	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Carluke, ...	4	5	...	...	...	1	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
East Kilbride, ...	2	3	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lanark, ...	10	10	1	2	5	6	...	1	...	...	...	...	...	1	1	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Larkhall, ...	14	15	...	1	1	5	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Shotts, ...	8	7	...	1	1	2	...	2	1	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	—	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
Strathaven, ...	4	4	...	1	...	1	...	..	...	..	...	...	1	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Uddingston, ...	23	17	...	...	1	8	1	2	...	...	1	...	1	...	1	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Wishaw, ...	28	20	...	1	2	6	...	2	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dr. H. Somerville Martyn.																																																
Baillieston, ...	6	7	1	...	5	1	...	..	...	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bellshill, ...	24	19	...	1	11	26	7	8	...	...	3	1	3	2	...	2	2	1	...	1	2	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cambusiang, ...	9	10	1	...	6	7	3	1	...	...	...	...	3	...	...	...	1	2	...	...	...	...	...	...	5	...	42	...	2	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
Lesmahagow, ...	4	...	2	...	...	4	1	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Rutherglen, ...	18	10	...	...	5	10	6	7	...	...	1	1	1	2	...	1	2	1	...	...	1	1	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dr. James A. Wilson.																																																
Motherwell, ...	30	30	4	2	3	7	2	4	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	4	...	...
Dr. James R. Watson.																																																
Hamilton, ...	36	18	2	1	2	2	2	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	335	277	14	16	62	113	26	39	2	3	11	10	18	13	7	9	3	14	1	1	3	3	1	2	1	2	13	3	2	...	5	2	1	2	3	4	2	...	...	1	1	3	...	1	...	2	6	6	2	2

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 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not Requiring Correction or too Defective for Correction.				7 Cases not Completed.				TOTAL.	
	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.	R.	L.	R.	L.		
DR ERNEST THOMSON.																														
Abington	2	—	2	3	1	3	1	1	1	1	—	—	—	—	1	1	—	—	—	1	2	2	2	—	—	—	—	—		
Airdrie	31	35	45	48	26	29	31	32	9	9	11	9	12	10	14	14	11	7	21	22	16	15	13	11	—	—	—	—	6	6
Biggar	4	4	—	—	—	—	—	—	1	1	1	1	—	—	1	2	—	—	2	1	—	—	1	1	—	—	—	—	105	136
Cadder ... ... (Bishopbriggs and Chryston)	4	3	8	7	5	7	2	3	4	4	4	3	3	4	2	3	1	—	5	5	2	1	1	1	—	—	—	—	5	5
Carnwath	11	10	5	6	4	5	3	4	2	2	—	—	1	1	3	2	—	—	2	1	2	2	1	1	—	—	—	—	10	22
Coatbridge	60	66	58	46	42	43	45	53	13	16	15	18	17	11	18	16	12	10	11	15	12	10	21	20	—	—	—	—	20	14
Total	112	118	118	110	78	87	82	93	30	33	31	31	33	26	39	38	24	17	41	45	34	30	39	34	—	—	—	—	156	168
DR JOHN A. MORTIMER.																													311	351
Blantyre	5	5	9	8	17	17	31	36	1	1	2	1	—	—	4	4	—	—	6	5	4	4	4	2	—	—	—	—		
Carluke	8	9	6	6	10	9	7	9	1	1	1	1	2	2	5	5	1	—	3	3	—	1	—	—	—	—	—	—	27	36
East Kilbride	3	2	3	4	3	4	5	4	—	—	—	—	—	—	5	5	—	—	2	2	—	—	2	2	—	—	—	—	22	24
Lanark	8	5	15	15	23	22	32	35	2	5	6	4	8	7	5	7	1	2	4	2	4	4	5	4	—	—	—	—	6	17
Larkhall	14	13	10	8	23	24	38	35	—	1	1	2	4	3	11	11	1	3	7	10	6	6	—	1	—	—	—	—	45	67
Shotts	4	6	4	5	20	20	15	13	1	1	2	3	1	2	4	4	5	2	4	5	1	1	1	1	—	—	—	—	50	67
Strathaven	8	6	4	5	4	5	8	7	—	—	—	1	—	—	3	1	—	1	1	1	—	—	2	3	—	—	—	—	32	30
Uddingston	19	17	21	24	35	35	50	49	3	2	9	9	2	2	14	15	5	7	11	9	3	4	5	4	—	—	1	1	12	18
Wishaw	16	16	13	11	51	52	63	65	8	8	6	6	5	5	12	12	8	7	12	12	7	7	11	11	—	—	—	—	67	111
Total	85	79	85	80	187	188	249	253	16	19	27	26	22	21	63	64	21	22	52	49	25	27	30	28	—	—	1	1	95	117
DR H. SOMERVILLE MARTYN.																													356	507
Baillieston	7	7	6	5	8	9	12	11	1	1	—	—	2	2	2	4	3	3	2	—	3	2	3	5	1	1	—	—		
Cambuslang	7	6	7	7	13	16	15	16	1	1	4	4	4	3	9	5	4	4	4	7	9	9	5	5	1	1	3	3	25	25
Bellshill	19	22	27	31	53	47	30	37	12	10	9	8	19	17	20	20	9	12	10	9	11	17	16	16	—	—	1	1	39	47
Lesmahagow	6	5	5	3	9	11	7	8	3	3	4	—	3	3	3	6	2	3	1	2	4	3	2	3	1	1	2	2	123	122
Rutherglen	15	12	11	7	23	27	22	28	3	3	3	3	8	7	5	3	2	3	1	4	10	9	16	14	1	1	—	—	62	59
Total	54	52	56	53	106	110	95	100	20	18	20	15	36	28	39	38	20	25	19	22	37	40	42	43	4	4	6	6	277	277
DR JAMES A. WILSON.																														
Motherwell	43	48	59	65	61	57	61	55	16	12	14	13	9	9	12	10	4	4	14	14	20	23	30	33	2	2	1	1	155	191
DR JAMES R. WATSON.																														
Hamilton	32	25	25	18	55	60	53	69	12	13	9	6	15	14	19	21	14	14	20	12	6	8	4	4	1	1	—	—	135	190

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.

a degree near perfection. Advice is given and very often sought with regard to prognosis, the care of the eyes and the future career of these children, and in several cases known to the writer the advice has been followed after leaving school with happy results.

The rising generations are certainly paying more attention to their eyesight, physical fitness and personal appearance, and these are undoubtedly attributable to the far-reaching benefits of school medical inspection and treatment.

(DR H. SOMERVILLE MARTYN.)

CENTRES:

Baillieston, Bellshill, Cambuslang, Lesmahagow, Rutherglen.

The work at the various clinics was again carried through smoothly and expeditiously, and as each year passes it becomes more and more evident that the Authority's scheme of treatment is achieving a vast amount of good. For the most part the children are carrying out the ophthalmic surgeon's instructions with a surprising degree of loyalty, but, unfortunately, there are still a number who, in spite of explicit instructions, wear their glasses only whilst in school, and decline to wear them constantly. It is very satisfactory to observe the increasing interest on the part of the parents who do all in their power to co-operate with the staff in supervising the children in this matter.

The execution of the prescriptions has been well done by the opticians in the various areas, save for one exception where several of the spectacle frames were not accurately fitting. On the matter being reported to the medical officer, it was promptly dealt with.

In a previous report the writer has mentioned that he saw indication of less reluctance on the part of the parents where their children were advised to have operations performed, and it is now no uncommon thing for the parents themselves to request operation for their children, mainly in cases of squint. During the past year, thirty-six operations in all have been performed on thirty-one children, principally for squint, but including also cases of cataract, ptosis, and enucleation. Owing to the prolonged industrial trouble, the request that cases classed as "non-necessitous" should be considered as "necessitous" were of rather frequent occurrence.

(DR JAMES A. WILSON.)

CENTRE: Motherwell.

Among the cases dealt with this session there were five with high degrees of myopia, and these have been recommended for special consideration. There were two with functional visual defect. Eleven children were suffering from headache, and of these ten required glasses. One girl had dislocation of lenses (*i.e.*, displacement of the lenses that are within the eyeballs). Two of her brothers and their mother are similarly affected.

Squint.—Amongst 12,505 children that have been treated at the various centres under the Lanarkshire Education Authority just under 24% had convergent squint. As children are now being treated for squint at the various Child Welfare Centres, it should be of interest to observe if any reduction of this percentage is forthcoming.

In these cases of squint the sexes are about equally affected, whereas short-sight is much more prevalent amongst girls. This indicates the presence of some special factor operating for the production of short-sight.

Nystagmus (or involuntary shaking of the eyeballs).—Amongst 18,054 children sent for treatment to the various centres there have been 170 cases of nystagmus. Boys so affected, or who have been so affected, should not become miners. Coal miners, from the nature of their work, are liable to this distressing and costly disorder.

(DR JAMES R. WATSON.)

CENTRE: Hamilton.

The work of the Hamilton Clinic has had no remarkable features. There was some difficulty in overtaking the ordinary number of revisits owing to the want of clinics in the early part of the session, and this accounts for the smaller numbers of total attendances this year.

There is a gradual improvement in the care the children take of their spectacles, and an evident improvement in the interest taken in the treatment by the parents, though there is still the occasional parent who knows a child does not need spectacles and remains unconvinced.

The relative prevalence of the various refractive errors varies very little from year to year, and this year again it is much the same as is usually met with; but the improvement evident at revisits distinctly increases as time goes on. This is partly accounted for by the instructions given being more fully carried out and partly by the fact that more of the defects attended to are in those at the younger ages.

REPORT ON DENTAL TREATMENT.

It is very gratifying to report that the great success which has attended the Authority's scheme of dental treatment in the past is this year not only fully maintained, but even increased. It was considered in the year 1924-25, when no fewer than 19,100 children were treated, that the highest level had been reached with the number of dentists (6) engaged, but the present year's returns show that the number of school children actually treated reaches the very high record of 20,299, being an increase of 1,199 over the excellent results of 1924-25. This year's high returns are due to a series of factors, the most important of which are (1) an absence of illness amongst the members of the dental staff so that a full year's work from each was obtained; (2) the absence of widespread serious epidemics in the County which would, of course, adversely affect the attendance of children at the clinics; (3) increased interest in the scheme on the part of the parents; (4) more energetic action on the part of the teachers who not only encouraged their pupils to accept the treatment offered, but also did their best to see that the children attended punctually at the clinic; (5) the greater facilities for treatment afforded by the travelling dental outfit; and (6) a happy concatenation of fortuitous circumstances whereby an epidemic had usually either not arrived at, or had passed away from, a district during the period of dental examination and treatment. The excellent results obtained this year are all the more astonishing when it is remembered that for a very large part of the session there was considerable hardship owing to the industrial strife which penetrated to every corner of the County, and it is greatly to the credit of the parents that so many of them had, in the midst of all their domestic anxieties, the good sense to see that the bodily welfare of their children should not suffer.

The increasing interest taken by parents is again clearly evident, and their attendance at the clinics is yearly becoming greater. The attendance of the parents, provided they are not of an excitable temperament, is welcomed by the dentist, and no opportunity is missed in giving them sound advice on the proper care of their children's teeth. Generally, the children turn up at the clinic punctually at the hour stated on their appointment notice, but there are still certain schools where the children are notoriously unpunctual in their attendance. Representations have been made to the head teachers of those schools to help in this matter, as unpunctuality on the part of the pupils involves a serious loss of the dental surgeon's time, and might even result in the child not being treated. The number of "casual" cases appearing at the clinics shows a decided falling off, as it is now being understood that it is quite useless to send a child with a verbal request for treatment, or even with a personal note from the teacher. No treatment will be undertaken without the written consent of the parent, and if this strict rule is recognised it will save both time and disappointment.

As before, all school children from 5 to 12 years of age, both years being included, were examined by the Authority's dentists, whilst special cases above that age—the 16 years old pupils and the

students in preliminary training—were examined by the school medical officers. Altogether, 74,363 pupils were dentally examined, and of these 50,270 were notified for treatment, *i.e.*, 67.6%. This is, practically, the same percentage as last year, when the corresponding figure was 69.9%. Of the 50,270 pupils notified 20,299 received treatment by the Authority's dentists, *i.e.*, 40.4%. This is an increase of 3% on last year's figures. A rather interesting feature of the numbers treated is "the equality of the sexes," the figures being—boys, 10,154; girls, 10,145.

A survey of the statistical tables shows that there is still a considerable variation in the different districts as regards the numbers coming forward for treatment, and even amongst the schools in the same district. As formerly, it is found that a better response is obtained in rural districts, partly because the treatment is usually provided at the individual schools and partly because private treatment is not easily obtained locally. The main reason, however, is that in the country schools the teacher exercises a more intimate influence over both scholars and parents, and when the teacher is enthusiastic, as he or she almost invariably is, the response is proportionally good. All the dental surgeons who have rural districts to overtake are quite definite in stating that the success of their efforts there is very largely due to the interest taken in the scheme by the teaching staff.

In the urban areas there is in certain schools a marked reluctance to accept the treatment offered by the Authority. Too often is the excuse given that the pupils will attend their own private dentist, and although in some instances this is done it is generally found that no action has been taken. An illustration of this is afforded by a certain Secondary school where, in the past, but meagre advantage of the Authority's treatment scheme was taken, the usual excuse being that the treatment was being undertaken by the family's private dentist. Yet at the dental examination this year it was found that, compared with an Elementary school in the same district whose pupils came from the poorest quarter of the town, but who have consistently taken good advantage of the Authority's scheme, the Secondary school fell very far short in the matter of dental fitness when compared with the other, the notified cases being 55% and 42% respectively.

In Coatbridge district a much better result was obtained this year. The schools giving the highest percentage of treatment were St. Augustine's R.C. (67.3), and Langloan Public (60.5). Other good returns were Old Monkland P. (53.7), Gartsherrie P. (48.4), Whifflet R.C. (45.8), and Blairhill P. (44.8).

In Old Monkland (Landward) area the highest returns were given by Calderbank P. (60.2), Baillieston P. (51), Bargeddie P. (48.8), Tollcross R.C. (46.7), and Mount Vernon P. (46.7). A most disappointing return was furnished by Glenboig P. (19).

In Cambuslang area an excellent result was obtained this year, none of the schools falling below 42%. The best percentages were Gateside P. (64.3), Cambuslang P. (63.6), Cambuslang R.C. (60), and Newton R.C. (50).

In Rutherglen area there was a definite improvement in last year's figures. As usual, Eastfield P. headed the list with a treatment percentage of 58.5, whilst the Burgh P. had an improved figure of 40. The poorest return was given by Rutherglen Academy (17.5).

In Cambusnethan area the results were fairly satisfactory. The best percentages were Newmains R.C. (71.4), Overtown and Waterloo P. (58.4), Newmains P. (50.4), and Morningside P. (46.1). The poorest return was Wishaw High (16.9).

In Motherwell district an average of 38% was treated. The best results were Dalziel P. (59.5), Motherwell R.C. (Park Street) (42.5), Hamilton Street P. (40.9), and Calder P. (40.6). The lowest returns were from Craigneuk R.C. (29.2), and Glencairn P. (29.4).

In New Monkland area the average percentage of treatment was 40.5. The best percentages were obtained from the rural schools:—Forrestfield P. (66.6), Longriggend R.C. (58.4), Annathill P. (52.4), Riggend P. (50), the poorest rural return being New Monkland P. (17.4). Of the town schools the best percentages were from Chapelside P. (41.6), and Victoria P. (40), the lowest being Coatdyke R.C. (24.8). These figures cannot be considered satisfactory considering the excellent facilities for treatment provided at the Airdrie Clinic.

In Cadder area the highest percentages were furnished by Bridgend P. (71.5), Budhill P. (51.5), and Chryston H.G. (40.4). The lowest return from the whole area was again given by Cardowan R.C. (15).

In Blantyre area a very fine average was maintained—48.3% over all the schools. The following are the percentages from each school:—Auchinraith P. (61.2), Calder Street P. (58.4), Low Blantyre P. (52.3), St. Joseph's R.C. (49.7), Auchentibber P. (45), and High Blantyre P. (41).

In Hamilton Burgh only moderately satisfactory percentages were given, the highest being from Woodburn Special School (52.7), Beckford Street P. (43.7), St. Cuthbert's R.C. (33.8), Ferniegair P. (30.2), and Glenlee P. (30.1). The lowest return was yielded by Hamilton Academy (7.3).

In Hamilton (Landward) district a very fine percentage record was shown, Beechfield P. (93.7), Quarter P. (85.7), Cadzow R.C. (75), and Dykehead P. (43.1). Cadzow R.C. shows an exceptionally marked improvement this year compared with last year, when the percentage of treatment was only 15.8.

Larkhall district shows a definite improvement on last year's figures, and it is hoped this improvement will not only continue, but will be progressive. The best percentages were Union Street P. (40.1), Duke Street P. (36.9), Muir Street P. (36.2), and Larkhall R.C. (35.7). The lowest figure was the Academy (12.9).

Dalserf (Landward) district furnished an excellent record. The percentages were Netherburn P. (100), Swinhill Inf. (84), Shawsburn P. (82.4), and Dalserf P. (77.2).

In Uddingston and Bellshill districts a fair average return was obtained, although certain schools again gave a most disappointing

result. Apart from Elmwood Convent, which gave a percentage of treatment of 84, Bothwellpark P. (61), Muiredge P. (53), Carfin P. (50), and Bothwell R.C. (49), few of the schools gave what might be termed a really good result considering the facilities which are afforded for treatment. Holytown P. and Carfin R.C. seemed determined to maintain their position at the bottom of the list. Last year they gave, respectively, percentages of 9 and 13.6; this year the corresponding figures are 9.6 and 13.

In Shotts area the results were fairly satisfactory, the percentages of treatment for the area being 33. The best percentages were from Greenhill P. (60), Northrigg P. (55), Harthill P. (45), Stane P. (45), and Cleland R.C. (43). The lowest return was from Shotts R.C. (17).

A survey of the dental work overtaken in the definitely rural districts shows that a much higher percentage of treatment was obtained than in the urban areas. In several of the schools 100% of the notified cases were treated, whilst 90% was not an infrequent occurrence.

In East Kilbride district the highest return was again from Jackton P. (73.6), whilst the lowest was from Carmunnock P. (33.9).

In Lesmahagow area a very fine record was rather marred by the comparatively poor return from Bellfield P. (34.8). The best percentages were Auchenheath P. (89.8), Blackwood P. (87.1), Blackwood R.C. (74.4), and Bent P. (72.7). After Bellfield P., the next lowest percentage was Coalburn P. (49.5).

In Glassford both schools gave very high percentages, Glassford P. (86.8) and Chapelton P. (84.6), whilst in Stonehouse the two schools—Sandford P. and Stonehouse P.—were 70.5 and 55.8 respectively.

In Carnwath area there was a very fine response, the average percentage of treatment over the 11 schools being 69.1. The best results were Wilsontown Inf. (100), Auchengray P. (94.1), Newbigging P. (88.8), Forth P. (79.2), Braehead P. (79.1), and Carnwath P. (73.4). The lowest returns were Tarbrax P. (55.7) Woolfords Inf. (56.2).

In Lanark district the results were again very satisfactory, the average percentage of treatment for the 12 schools being 56.9. The best returns were Douglas Water P. (90.4), Carmichael P. (90), Underbank P. (72), and Kirkfieldbank P. (69.1). The lowest percentages were New Lanark P. (32.1), and Lanark R.C. (39.6).

In Avondale a good average return was obtained. The highest percentages were Strathaven R.C. (57.5), and Gilmourton P. (52.3). The lowest this year was Drumclog (25).

In Douglas area the very high average percentage of 93.3 was obtained, all of the four schools giving an excellent response. The percentages were Stableston P. (100), Upper Duneaton P. (100), Douglas P. (95.7), and Douglas West P. (80). Perhaps the greatest credit should be given to Douglas P., as very much larger numbers of children were being dealt with than in any of the other three schools.

In Biggar area a very good average percentage was shown (52.8) notwithstanding the presence of an epidemic of measles which affected the attendance at the dental clinic, especially at Biggar H.G. School. The highest returns were Libberton P. (86.2), Walston P. (83.3), and Covington P. (82.3). The lowest was Biggar H.G. (34.5).

In Carluke area a very satisfactory average percentage was given (49.6). The highest returns were Yieldshields P. (89.4), Braidwood P. (65.8), and Law P. (61.1). The lowest return was Carluke H.G. (40.2).

In the Southern area excellent results were obtained, the average percentage of treatment being 74.3. The highest returns were Whitecleugh P. (100), Crawfordjohn P. (94.1), and Crawford P. (83.7). The lowest was Roberton P. (53.3).

It will be seen from the foregoing figures that the treatment returns in the rural districts are so uniformly good that they form a class by themselves and are judged by their own special standard. What would be considered a "very fair" response from a rural school would be classed as "very good," or even have a more eulogistic epithet applied, if coming from an urban school. Of course, one must remember that in the country districts much smaller numbers are dealt with, and that potent factor—the teacher's influence—is more strongly felt. Perhaps also the wide, open spaces tend to broaden the mental outlook of the parents as against the warping influence exercised by narrow streets and crowded tenements.

Mr Bower (Cambuslang, Coatbridge, and Rutherglen district), in submitting his report on the year's work, again stresses the importance of the 6-8 years old group of children, that most important "dental age," and regrets that at present it is not practicable to examine and treat these children oftener than once a year. He also states that there is still a marked lack of pride in the appearance of their teeth amongst the older pupils, and that the tooth brush is still considered more or less of a luxury.

The total number of children treated was 3,569; extractions (temporary teeth), 7,235; extractions (permanent teeth), 1,444; fillings, 809; scaling, dressings, and cleaning, 24.

Mr Beattie (Avondale, Biggar, Carluke, Carnwath, Dalserf (rural), Douglas, East Kilbride, Glassford, Hamilton (landward), Lanark, Lesmahagow, Stonehouse, and Southern districts) states that, notwithstanding the excellent response given to the Authority's scheme of dental treatment in the country districts, there is still a considerable amount of indifference on the part of the parents as regards the regular care of their children's teeth. In other words, while parents are willing, and even eager, to have treatment carried out, they fail to supervise the care of the children's teeth during the intervals which lapse between the dentist's visits. Mr Beattie also lays great stress on the great assistance he obtained from, practically, every teacher in his area.

The total number of children treated was 3,699; extractions (temporary teeth), 5,512; extractions (permanent teeth), 379; fillings, 1,051; scaling, dressings, and cleaning, 85.

Mr Kerr (Bothwell (including Bellshill and Uddingston) and Shotts districts) remarks on the large number of new families who came forward for treatment this year. Apparently many parents who regarded such a revolutionary enterprise as the dental treatment of school children with marked suspicion have become convinced of its comparative innocuousness, and have at length consented to their children coming under the care of the school dentist. It is generally found that where one member of a family has received treatment at the clinic, he is regularly followed by all the succeeding members of the family when their time for entering school arrives. Mr Kerr also comments favourably on the large attendance of mothers at the clinic.

The total number of children treated was 3,030; extractions (temporary teeth), 3,799; extractions (permanent teeth), 622; filllings, 407; scaling, dressings, and cleaning, 96.

Mr Rae (Cadder, New Monkland (including Airdrie), and Old Monkland (landward) districts), in his survey of the year's work, draws attention to the highly successful results and also on the smooth working of the scheme. The interest of the parents is also becoming much more marked, and he states that it is a common experience to find four or five members of the same family accepting treatment. As an illustration of the enthusiasm of the children themselves, he cites the case of a girl of ten years who could not persuade her parents to sign the usual acceptance form and accordingly signed her father's name on the form herself. She came to the clinic—accompanied by her rather shame-faced mother—and received the necessary treatment. Mr Rae comments on the fact that several instances have arisen when children sent from the school to the clinic have "gone amissing" en route. Perhaps their courage ebbed away as they neared the clinic. Such "leakage" never happens when pupils are treated at their own school.

The total number of children treated was 3,581; extractions (temporary teeth), 9,233; extractions (permanent teeth), 1,489; fillings, 1,857; scaling, dressings, and cleaning, 414.

Mr Rankin (Blantyre, Hamilton (Burgh), and Larkhall districts) remarks on the general improvement observed in the dental condition of the children examined, and also on the diminishing amount of extensive treatment, a very considerable proportion of the cases notified during the year being for minor defects. Mr Rankin emphasises the necessity for the dental treatment of children of pre-school age. In this connection he treated 14 children at the Burgh of Hamilton's Child Welfare Clinic.

The total number of school children treated was 3,086; extractions (temporary teeth), 5,497; extractions (permanent teeth), 991; fillings, 766; scaling, dressings, and cleaning, 157.

Miss Watson (Motherwell and Wishaw districts), in a survey of the year's work, comments on the large numbers of mothers who accompany their children to the clinic, and on the evident interest which the parents display when the care of the teeth is being discussed. Miss Watson was greatly struck by the hopeless dental

TABLE F.

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ending 31st July, 1927.

SCHOOL MANAGEMENT AREAS.	INSPECTION.			TREATMENT.									NO. OF PUPILS.	
	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		Nature of Treatment.								
						Extractions.		Fillings.		Scaling.	Dressing.	Cleaning	Necessitous.	Partly Necessitous
		Boys.	Girls.	Boys.	Girls.	Temp.	Perm.	Cem.	Amal.					
Avondale, ...	631	183	203	73	84	237	15	3	29	...	...	...	103	54
Biggar, ...	452	143	141	77	73	217	24	6	40	..	...	3	112	38
Blantyre, ...	2942	849	851	412	408	1487	207	4	152	4	29	3	748	72
Bothwell, ...	9501	3484	3240	928	1001	2492	450	4	231	13	26	6	1630	299
Cadder, ...	2298	1029	1050	374	386	1695	302	23	403	5	12	63	536	224
Cambuslang, ...	4286	1229	1288	692	729	2658	522	14	347	3	7	...	1007	414
Cambusnethan, ...	4831	1673	1787	665	681	2191	191	41	274	1	1	...	1120	226
Carluke, ...	1322	400	398	209	187	611	12	2	127	2	5	...	252	144
Carnwath, ...	1189	347	335	226	245	617	62	4	113	...	9	...	373	98
Dalserf, ...	3404	1028	1040	465	455	1581	246	20	253	3	21	1	785	135
Dalziel, ...	7701	2517	2461	980	912	2684	230	69	452	5	1	...	1451	441
Douglas	386	122	128	110	123	327	24	8	72	3	3	...	165	68
East Kilbride, ...	556	148	165	77	84	234	19	4	29	2	...	1	108	53
Glassford, ...	164	46	46	35	44	119	14	...	19	...	...	...	59	20
Hamilton, ...	7392	2267	2298	757	752	2594	478	28	409	10	76	11	1171	338
Lanark, ...	2208	650	596	381	329	1016	94	3	205	7	9	1	535	175
Lesmahagow	1861	525	518	336	324	933	54	17	186	4	12	1	579	81
New Monkland	5099	2413	2331	878	804	4487	724	51	706	17	16	151	1309	373
Old Monkland, ...	9584	3333	3309	1465	1482	6722	1143	41	1004	19	30	140	2466	481
Rutherglen, ...	3864	1116	1159	349	382	1503	307	18	176	...	5	...	491	240
Shotts, ...	3825	1437	1399	459	502	1216	167	2	106	2	22	2	758	203
Southern, ...	269	86	93	65	68	245	3	1	26	...	1	4	110	23
Stonehouse, ...	598	228	181	141	90	371	84	...	30	...	2	...	171	60
TOTAL, ...	74363	25253	25017	10154	10145	36237	5372	363	5389	100	287	387	16039	4260

condition of the great majority of the mothers, and attributes such a lamentable state of affairs not only to lack of proper care of the teeth, but also to persistently faulty diet. In conversation with one parent it came out that rarely was butter or milk used in the house, but that treacle appeared at practically every meal. Lack of vitamines and an excess of carbohydrates in the diet are great factors in causing dental decay.

The total number of children treated was 3,364; extractions (temporary teeth), 5,161; extractions (permanent teeth), 447; fillings, 864; scaling, dressings, and cleaning, 8.

The dental surgeons are unanimous in stating that a great part of the success of the dental treatment scheme is due to the interest taken by the teachers and their hearty co-operation in the work, and they desire to tender their thanks to all who contributed towards the success of the scheme. The janitors were also most helpful in making the clinics and waiting rooms as comfortable as possible.

The accompanying statistical Table shows in detail the dental work undertaken in each School Management Area during the year.

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

(DR JAMES ADAM.)

AT HAMILTON CLINIC.

For the year ending 31st July, 1927, 88 children made 163 attendances at the house surgery. This occupied 56 hours, and included 46 operations under local anæsthetics. At Beckford Street Hospital 50 operations were performed under general anæsthesia, occupying 17 hours.

Sixty of the patients were sent for the Tonsil and Adenoid operation. Of these 4 declined treatment, and some were for various reasons rejected or sent to other departments.

Eighteen had nasal trouble, and for these operations under local anæsthesia were done. One case of antral polyp has had 26 attendances.

Only 6 ear cases involving 10 attendances were treated. This is a marked improvement on previous years. One was a deaf-mute sent for special report; two (twins) defective in speech and almost deaf were sent to a special school; a fourth was sent to the Infirmary for radical operation. Two children attended who could not properly be described as ear cases. The marked reduction in aural trouble is gratifying and probably results from systematic operation on tonsils and adenoids in previous years.

Nasal troubles would certainly be reduced in number if regular and systematic "handkerchief drill" were carried out in all primary schools.

AT MOTHERWELL CLINIC.

	Under General Anæsthetic.	Under Local Anæsthetic.
No. of Necessitous Cases treated for Tonsils and Adenoids ...	36	—
No. of Necessitous Cases treated for Diseases of the Ear	1	—
No. of Necessitous Cases treated for Diseases of the Nose	2	18
	39	18

Total Number of Attendances of School Children at the Clinic	236
Total Time occupied by Ear, Nose, and Throat Specialist (approximate number of hours)	35
Total Time occupied by Anæsthetist (approximate number of hours)	16

MINOR AILMENTS CLINICS.

The clinics for the treatment of minor ailments, which were established during the year 1925-26 at Rutherglen, Cambuslang, Hamilton, Larkhall, and Motherwell, have been in active operation throughout the whole of the past school session. In addition to these clinics, a new clinic was opened at Airdrie in October last and has been attended with marked success. The number of children who took advantage of the various clinics increased so greatly that the Authority found it necessary to appoint two additional whole-time nurses, and these commenced duty in May, 1927.

There can be no two opinions regarding the success which has followed the opening of these clinics or the very great benefit which they have conferred on the children. Enquiry at the schools which are fortunate enough to have a minor ailments clinic in their vicinity has elicited from the teachers the emphatic opinion that the clinics are one of the greatest boons which the Authority has conferred on the schools, not only in ameliorating the physical condition of the pupils, but in reducing very substantially the enormous burden of absenteeism. Children who, formerly, were absent for prolonged periods on account of certain forms of skin or eye disease and who were obtaining no treatment, or, at best, only perfunctory treatment at home, are now returning to school very much sooner, and, in many cases, are not excluded from school at all. It has been said that the providing of treatment for school children at the clinics is encroaching on the domain of the private medical practitioner, but although in a few instances this may be so, the vast majority of the cases treated belong to the class who have either no medical attendant of their own or who cannot afford the expense involved by the regular medical attendance which is so essential. Again, in how many homes is the treatment of skin, eye, or ear disease efficiently carried out no matter how explicit the instructions given by the doctor? One cannot altogether blame the parents, as the homes do not usually contain the conveniences necessary, nor do the mothers have the requisite skill. The clinics, so far from being hurtful to the medical profession, relieve the doctor from the irksome task of undertaking the treatment of those chronic, troublesome conditions—inflamed eyelids, long-continued ear discharge, impetigo contagiosa, and eczema capitis (frequently of verminous origin)—where satisfactory results are rarely obtained by home treatment. As was pointed out in last year's Report, the clinics do not undertake the treatment of general diseases, and a child attending the clinic suffering from any such condition is immediately referred to his family doctor.

At each centre the clinics are open on two days a week, and the average number of patients attending each day at the clinics is as follows:—Gallowflat Clinic, Rutherglen, 73; Gateside Clinic, Cambuslang, 61; Beckford Street Clinic, Hamilton, 64; Union Street Clinic, Larkhall, 60; Carnegie Clinic, Motherwell, 40; Academy Clinic, Airdrie, 65.

At Rutherglen Clinic the number of children treated for diseases of the eye was 275, making 1,844 attendances; for diseases of the

skin 444, making 2,691 attendances; for diseases of the ear 133 children, making 1,137 attendances; for diseases of the nose 27 children, making 393 attendances; for ringworm of head or body 1 child, making 3 attendances.

At Cambuslang Clinic the number of children treated for diseases of the eye was 171, making 1,621 attendances; for diseases of the skin 437 children, making 2,197 attendances; for diseases of the ear 77 children, making 696 attendances; for diseases of the nose 25 children, making 494 attendances; for ringworm of head or body 2 children, making 11 attendances.

At Hamilton Clinic the number of children treated for diseases of the eye was 181, making 1,744 attendances; for diseases of the skin 360 children, making 2,134 attendances; for diseases of the ear 73 children, making 1,395 attendances; for diseases of the nose 3 children, making 3 attendances; for ringworm of head or body 11 children, making 70 attendances.

At Larkhall Clinic the number of children treated for diseases of the eye was 118, making 1,118 attendances; for diseases of the skin 327 children, making 1,923 attendances; for diseases of the ear, 75 children, making 1,931 attendances; for diseases of the nose 6 children, making 6 attendances; for ringworm of head or body 5 children, making 27 attendances.

At Motherwell Clinic the number of children treated for diseases of the eye was 62, making 939 attendances; for diseases of the skin 77 children, making 720 attendances; for diseases of the ear 92 children, making 1,399 attendances; for diseases of the nose 4 children, making 32 attendances; for ringworm of head or body 4 children, making 29 attendances.

At Airdie Clinic the number of children treated for diseases of the eye was 124, making 1,293 attendances; for diseases of the skin 313 children, making 2,331 attendances; for diseases of the ear 67 children, making 1,020 attendances; for diseases of the nose 5 children, making 40 attendances; for ringworm of head or body 9 children, making 49 attendances.

It will thus be seen that the total number of children treated at the various minor ailments clinics amounted to 3,508, the total attendances made being 29,290.

The accompanying Table (G) shows in detail the number of children treated at each clinic, the total attendances made by the children, and the nature of the ailment from which the children suffered.

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.			AIRDRIE CLINIC.		
	Boys.	Girls.	Total Attendance.	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	40	43	656	24	50	775	40	60	1,211	24	32	603	16	15	603	27	23	574
Conjunctivitis	56	44	553	19	30	451	17	18	153	12	21	203	5	10	116	17	21	280
Corneal Ulcer	1	2	46	—	1	12	2	2	27	1	1	13	3	1	121	3	1	77
Corneal Opacities	6	2	95	3	6	78	7	3	146	1	3	154	1	4	39	2	3	64
Ophthalmia and Phlyctenular Conj.	3	9	99	5	4	71	2	1	35	5	2	97	—	—	—	1	3	53
Keratitis-Interstitial ...	4	4	122	3	—	21	—	2	16	—	—	—	—	1	9	—	1	34
Hordeolum (Stye)	15	26	124	5	12	52	7	11	46	3	11	44	—	5	41	4	7	45
Sulicidium	—	3	38	—	4	108	—	—	—	1	—	2	—	—	—	—	—	—
Other Diseases	9	8	111	1	4	53	7	2	110	—	1	2	1	—	10	4	7	166
	134	141	1,844	60	111	1,621	82	99	1,744	47	71	1,118	26	36	939	58	66	1,293
Diseases of the Skin—																		
Impetigo Contagiosa ...	48	43	421	43	70	512	85	42	213	71	67	811	20	13	224	95	84	1,338
Eczema	26	9	249	17	17	275	21	24	496	19	21	459	1	4	102	5	10	124
Alopecia Areata	3	—	16	1	1	21	1	2	31	2	3	79	1	3	58	—	1	16
Scabies	2	4	35	7	2	35	6	7	98	5	2	66	5	—	84	10	5	227
Pediculosis Capitis, with Impet. Contag.	3	16	70	4	19	103	4	18	635	2	8	88	—	1	3	1	4	38
Pediculosis Capitis	3	18	79	7	13	103	—	3	5	—	—	—	—	—	—	—	—	—
Dermatitis Seborrhœica ...	36	30	631	15	22	249	1	5	49	1	—	9	—	5	75	6	5	144
Erythema	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Wounds & Septic Sores ...	85	42	544	84	59	586	95	35	567	86	32	367	16	3	96	47	33	409
Psoriasis	1	1	13	3	—	30	—	1	6	—	1	2	—	1	58	—	1	4
Other Skin Diseases	44	30	633	24	29	283	8	2	34	5	2	42	2	2	20	5	—	30
	251	193	2,691	205	232	2,197	221	139	2,134	191	136	1,923	45	32	720	169	144	2,331
Diseases of the Ear—																		
Chronic Suppurative Inflammation	44	24	933	22	21	603	43	17	1,357	38	15	1,887	31	29	1,245	21	20	846
Foraminous Collection ...	21	21	102	14	9	58	4	2	15	2	9	28	13	14	64	2	2	11
Chronic Catarrh	12	5	74	2	3	15	—	—	—	—	—	—	—	—	2	—	—	—
Other Diseases	6	—	28	6	—	20	5	2	23	8	3	16	2	3	88	13	9	163
	83	50	1,137	44	33	696	52	21	1,395	48	27	1,931	46	46	1,399	36	31	1,020
Diseases of the Nose—																		
Nasal Catarrh	15	9	359	12	11	420	1	1	2	—	—	—	1	3	32	2	3	40
Nasal Obstruction	3	—	34	—	1	11	—	—	—	2	4	6	—	—	—	—	—	—
Other Diseases	—	—	—	—	1	63	—	1	1	—	—	—	—	—	—	—	—	—
	18	9	393	12	13	494	1	2	3	2	4	6	1	3	32	2	3	40
Ringworm of Head	—	—	—	—	—	—	2	1	30	—	1	6	2	2	29	—	1	20
Ringworm of Body	—	1	3	1	1	11	5	3	40	3	1	21	—	—	—	2	6	29
	—	1	3	1	1	11	7	4	70	3	2	27	2	2	29	2	7	49