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County Council of the County of Lanark

EDUCATION COMMITTEE.

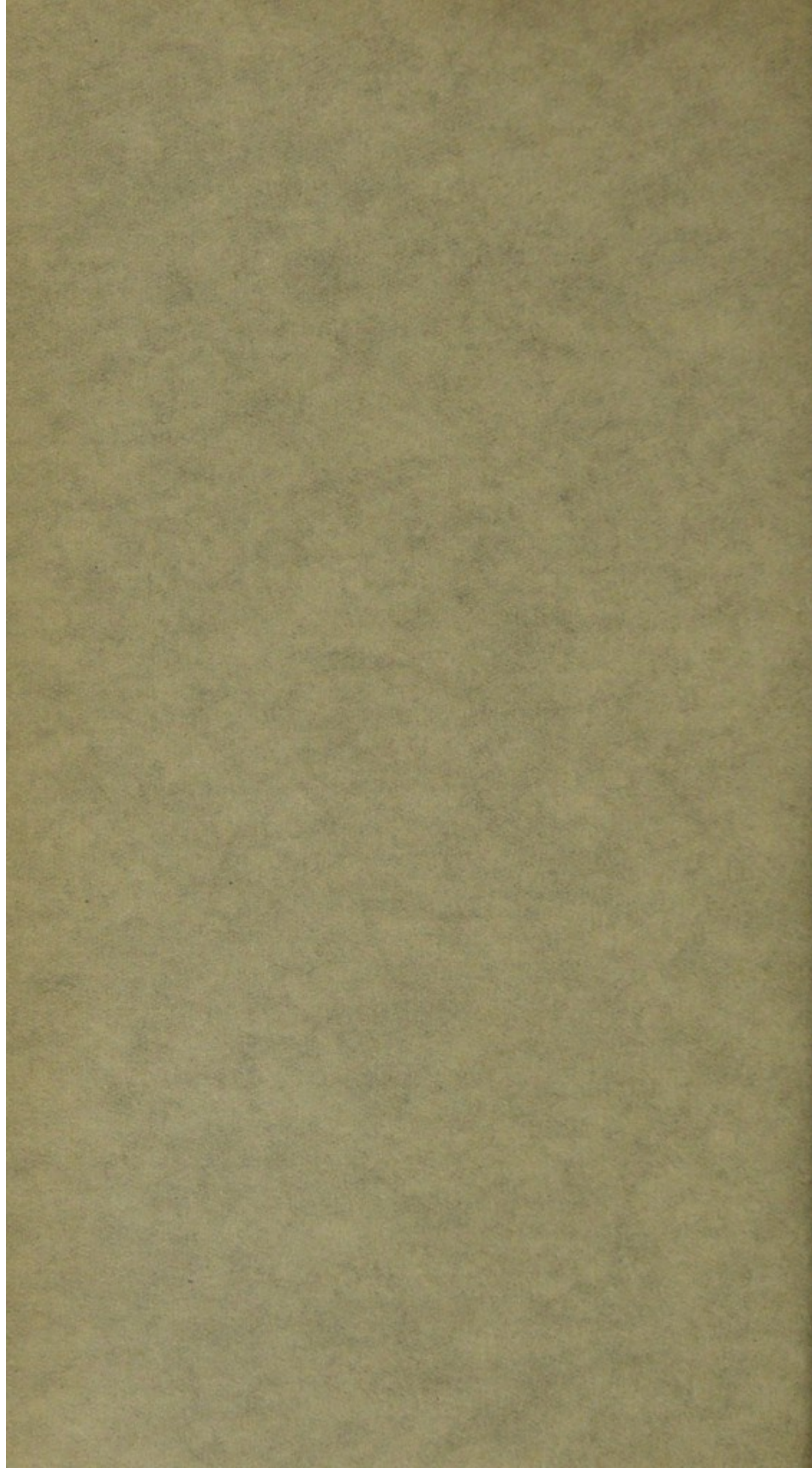
**TWENTY-FOURTH
ANNUAL REPORT**

ON THE

**MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN**



1932-33



County Council of the County of Lanark.

EDUCATION COMMITTEE.

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SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN.

1932-33.



COATBRIDGE :

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

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit the Twenty-Fourth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ended 31st July, 1933. This report is prepared in accordance with the Memorandum on School Health Administration issued by the Department of Health for Scotland.

I am,

Your obedient Servant,

JOHN MACINTYRE,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION OFFICES,
3 CLYDESDALE STREET,
HAMILTON, *October, 1933.*

STAFF.

Executive School Medical Officer—JOHN MACINTYRE, M.B., Ch.B., D.P.H.

Assistant School Medical Officers.

ANN K. CORMACK, M.B., Ch.B.
ISABEL C. DARLING, M.B., Ch.B., D.P.H.
IAN C. MACKENZIE, L.R.C.P. & S. Ed., D.P.H.
JOHN YOUNG, L.R.C.P. & S. Ed., D.P.H.
* JANET B. CUNNINGHAM, M.B., Ch.B., D.P.H.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
WILLIAM KERR, L.D.S.
† ALEXANDER RAE, L.D.S.
ANDREW C. F. RANKIN, L.D.S.
ARCHIBALD W. M. WATSON, L.D.S.
ELIZABETH WATSON, L.D.S.
‡ MARY N. YOUNG, L.D.S.

Part-Time Ophthalmic Surgeons.

H. SOMERVILLE MARTYN, M.A., M.B., Ch.B.
JOHN A. MORTIMER, M.D., M.R.C.P.E.
ERNEST THOMSON, M.A., M.D., F.R.F.P.S.G.
JAMES R. WATSON, M.A., B.Sc., M.D., D.P.H.
JAMES A. WILSON, M.D., D.P.H.

Part-Time Ear, Nose, and Throat Specialist.

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

Nurses.

HELEN S. BERTRAM.	MARJORY K. M'DOUGALL.
MARY M. BENNETT.	ISABEL MACKINNON.
MARTHA M. CHISLETT.	MARJORY F. MACGILLIVRAY.
ISOBEL T. COCHRAN.	§ MARGARET NEILSON.
ANNIE DOBIE.	HELEN PARK.
ANNIE N. DOUGLAS.	MYRA E. SMITH.
FLORENCE D. FLEMING.	MARGARET C. R. SUTTER.
JEAN HANNAH.	ISABEL TAYLOR.
AMY S. T. HISLOP.	GEORGINA WALLACE.
AGNES L. D. MILLER.	MARY A. YATES.

Clerical Staff.

Chief Clerk—ROBERT A. M'ROBBIE.

JOHN PORTER.	HELEN S. STEVEN.
SARAH M. B. CLARK.	JEAN B. THOMSON.

* Appointed 16th August, 1932.

† Resigned 15th August, 1932.

‡ Appointed 16th August, 1932.

§ Appointed 16th August, 1932.

SCHEME OF MEDICAL INSPECTION, SUPERVISION AND TREATMENT.

I.

LIST OF STAFF.

The personnel of the Medical, Dental, Nursing and Clerical Staffs is shown in detail on page 5 of this Report. On 16th August, 1932, Dr. Janet Cunningham commenced duty as whole time Assistant School Medical Officer in succession to Dr. A. G. Reekie; on 16th August, 1932, Miss Mary N. Young, L.D.S., commenced duty as whole time Dental Surgeon in place of Mr. Alexander Rae, L.D.S., who resigned on 15th August, 1932; and on 16th August, 1932, Miss Margaret Neilson took up duty as whole time School Nurse in place of Nurse McKee who resigned duty in March, 1932. No other changes in the personnel fall to be recorded.

II.

(a)	Number of Schools in the whole Educational Area :—	
	Primary,	221
	Secondary,	21
	Special Schools or Classes,	11
(b)	Number of Children on Register,	100,315
	Number of Children in Average Attendance,	91,372

During the year under review the following new schools and additions to existing schools were completed :—

	Recognised Accommodation.
Blackwood Primary School—Reconstruction and Addition,	380
Chryston H.G. School—Annexe,	100
Alexandra Primary School—Reconstruction,	600
Airdrie H.G. School—Annexe, 2 laboratories,	
All Saints' R.C. School, Coatdyke—Temporary accommodation,	300
East Kilbride Primary School—Hutment accommodation transferred from Blackwood Primary School,	150
Victoria Primary School—Temporary accommodation,	300
Airdrie Academy—Hut transferred from Victoria School—1 Art Room,	
New R.C. School, Low Waters,	600
New R.C. School, Muirhead, Chryston,	530

In addition to the above, a considerable amount of minor alterations to existing schools was carried out.

III.

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

During the session 1932-33 the number of visits paid by the School Medical Officers in connection with the *routine* examination of the pupils amounted to 1,254. As in former years the groups of children examined at these visits were :—(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.

It will be seen from the summary of work done during the session (pages 16-17) that **32,115** pupils in the four routine age groups mentioned above were medically examined and their physical condition duly recorded. The completeness of the scheme of school medical inspection is illustrated by the fact that this number (32,115) represents **99·55** per cent. of the possible total. The remaining 0·45 per cent. is accounted for by prolonged absenteeism on account of illness or by pupils resident during the session in sanatoria or other institutions and therefore not available for inspection by the School Medical Staff.

IV.

NUMBER OF SPECIAL VISITS BY THE SCHOOL MEDICAL OFFICERS.

In accordance with the usual procedure, a regular and systematic course of revisiting of all schools was undertaken by the medical staff subsequent to the routine examination of the scholars mentioned in the preceding paragraph. This revisiting of the schools is an essential feature of school health administration and cannot be omitted from any scheme claiming completeness. The principal objects of these visits which, unlike the visits for routine inspection, are "surprise" visits, are :—

1. To re-examine all children who at the routine inspection are found to be suffering from some condition requiring attention.
2. To examine "age group" pupils who are absent, either on account of illness or from wilful abstention, at the time of the regular routine inspection.
3. To examine any special cases which may arise in the intervals of the School Medical Officers' visits.

In addition to these visits of supervision, many visits were made by the medical staff for the purpose of examining children who had been referred by the Committee for special examination in connection with applications for food, boots, clothing, etc., to examine applicants for certificates to engage in part-time employment, and to examine and report upon absentee children for whom special education might be necessary. The total number of such special visits amounted to 792.

The number of children actually examined at these revisits during the session amounted to 21,401. For the number of children examined in the various categories—malnutrition, clothing, employment, absentees, etc.,—see summary on pages 16 and 17 of this Report.

V.

SANITARY CONDITION OF SCHOOLS.

The sanitary condition of the schools in the educational area continues, as a whole, to be satisfactory. In certain of the rural schools the continuance of the pail system for excrement disposal is unfortunate but the absence of a water carriage system in the district makes the use of the dry closet or pail system meantime unavoidable. However, advantage is always taken in every district when a sewage disposal scheme is introduced to convert the dry closet system in schools into the modern water closet. Some of the rural schools have benefited in this respect by the recent housing schemes.

The daily cleaning of the schools and the periodical cleansing of windows and floor scrubbing are regularly carried out, whilst the care of the playgrounds is specially worthy of praise. There have been very few complaints during the session regarding the inadequacy of the heating arrangements in school.

VI.

(A) ORGANISATION AND ADMINISTRATION.

This is in accordance with the scheme submitted to the Department of Health for Scotland.

(B) SCHOOL NURSES.

1. NUMBER ON STAFF.

The total number of nurses on the staff is 20. These are allocated as follows:—For medical inspection and supervision, 7; for treatment, 13. This number is the same as last year.

2. DUTIES IN SCHOOL.

From time to time, questions are asked regarding the duties of the members of the school nursing staff and although these duties have repeatedly been enumerated in previous reports it might be well to recapitulate the more important of the routine tasks which fall to be undertaken.

The nurses allocated to school medical inspection are on duty during the whole period of the actual medical examination of each child. They conduct the weighing and measuring of all pupils; examine the clothing and person of children suspected of uncleanness; prepare the pupils for the medical officer's examination and

fasten the clothing after the examination is completed ; conduct the preliminary visual testing of all children, referring to the medical officer for special examination any child suspected of visual defect ; interview the senior female scholars regarding their physiological functions ; and assist the medical officer in preparing the notices which it may be necessary to send to parents. In addition to these duties in school, the school nurse may be sent to visit the home to give special instructions to a parent as to certain remedial measures to be carried out in the case of a child.

The duties of the school nurse are not confined to medical inspection and supervision. In addition, each school nurse attends at least three half-days each week—in some cases, five half-days—at a Minor Ailments Clinic for the treatment of skin, eye, ear, nose and throat diseases, according to the number of minor ailments clinics in operation in the districts to which she is attached. Reference to statistical tables in this Report will show the number and nature of the conditions treated.

Certain of the nurses also are on duty at the operating centres (Hamilton and Motherwell) for Tonsils and Adenoids on specified dates each month.

The foregoing are merely the *routine* duties of the school nurse, but occasions are constantly arising when the services of the nurse are called for in connection with investigating cases of uncleanness in school, especially where girls are concerned, or where there is a threatened outbreak of contagious skin diseases amongst the pupils, *e.g.*, impetigo, scabies, etc. Again, in many of the secondary schools and in the senior classes of primary schools, the services of the nurse have been repeatedly called upon in dealing with cases of faintness and certain nervous manifestations amongst the female scholars.

It will thus be seen that the duties of the school nurse are many and varied and the post is one calling for the exercise of the greatest patience and tact, especially in the handling of children of tender years, both at school inspection and treatment clinics. The record of work undertaken each year at the visual and dental clinics to which certain of the nurses are attached is, or should be, sufficient evidence of the work undertaken by them.

It is hoped that the foregoing brief summary of the duties of school nurse will clear up any doubt in the minds of the misinformed, or, what is more general, the uninformed.

3. DUTIES IN VISITING.

For details regarding these duties see Report for year 1929-30. The number of special visits to homes paid during the past session amounted to 669.

(C) ARRANGEMENTS FOR "FOLLOWING UP."

A full account of the arrangements in force in connection with the "following up" of cases requiring attention was given in the Report for the year 1929-30.

(D) SUPERVISION OF INFECTIOUS DISEASE INCLUDING SCHOOL CLOSURE.

It has always been the practice to keep the various public health authorities in the County closely informed of any outbreak or threatened outbreak of contagious or infectious disease occurring in schools and this procedure still continues to be followed. Indeed, every case of contagious disease is intimated to the public health authority concerned whether the disease is classified as "notifiable" or not. Prompt exclusion from school is exercised in all infectious or contagious conditions and no child so excluded should be re-admitted to school without being certified free from infection either by the family doctor, the public health authority, or the school medical officer. The minor ailments clinics in the various districts are greatly taken advantage of in this respect as children can be taken there for treatment or for medical examination as to fitness to resume school attendance.

Although there were several epidemics affecting practically every district in the educational area during the end of last year and the spring months of the present year—particularly scarlet fever—it was not considered necessary to recommend closure of any school or department of a school. These epidemics adversely affected school attendance and also attendance at the dental clinics as will be seen from the tabular statement in another part of this Report. Threatened epidemics of conjunctivitis were dealt with at the minor ailments clinics.

Reference to Table X. in this Report will show the number of infectious or contagious diseases discovered in school during the visits of the school medical officers. There was a greater number of scarlet fever cases found this year—13 compared with 2 last year, whilst 42 cases of chickenpox were found as compared with 28 the previous year. As regards scabies 462 cases were discovered this session in school compared with 419 the year before. On the other hand, ringworm, impetigo and epidemic conjunctivitis all showed a marked fall in numbers.

The County Bacteriologist (Dr. Gow Brown) examined and reported upon all specimens of hair (for ringworm) and swabs from cases of suspected diphtheria submitted to him—22 cases in all.

(E.) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

Close co-operation with the various public health authorities in the area continues to be observed and information regarding infectious disease or sanitary conditions affecting school buildings likely to be of interest is freely exchanged. The medical officers of health of the five large burghs readily grant, free of cost, ultra-violet ray treatment to all children of school age recommended for such treatment and are exceedingly helpful in arranging the hours of attendance at their clinics so as to interfere as little as possible with a child's school attendance. The treatment is not limited to certified cases of tubercular disease but embraces cases of debility, of certain nervous diseases, of marasmus, and certain skin affections.

On the other hand, the medical officers of health keep the school medical officers informed of those cases of non-infectious tubercular

disease that might benefit by a period of attendance at a special school. They also recommend for tonsil and adenoid operation or for dental treatment these school children who are in attendance at their tuberculosis dispensaries when such operation or treatment is considered advisable.

The various health authorities have always carried out special disinfection of schools or class-rooms when this has been requested.

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

As has been previously remarked the number of parents attending at the routine inspection of their children at school is relatively small although in recent years there has been a definite tendency for the numbers to increase. In certain districts a full attendance of parents is usually got, especially in the case of the first examination, but in other districts, particularly in the populous industrial areas, the demands made upon the mothers' time in connection with household duties and the care of infant children at home offer a serious obstacle to their attendance at school inspection. Every endeavour is made at the examinations to detain the parents as short a time as possible, the children of attending parents being examined first. In rural areas where many of the children travel long distances to school, in some cases by bus or train, it is unreasonable to expect parents to be present at the examinations unless they have some information of special importance to communicate.

When a special interview with a parent is requested by the school medical officer it is a rare occurrence, indeed, for the parent to refuse to comply with the request. This anxiety of the great majority of the parents to be helpful is very evident at the various clinics, especially at the ophthalmic and the ear, nose and throat clinics. At the minor ailments clinics large numbers of parents attend and this applies also to the dental clinics. In the latter case, however, the senior boys and girls usually prefer to be unaccompanied by a parent.

The general charge of parental indifference in the matter of the education and care of their children which one hears so frequently bruited abroad is entirely without foundation, at least so far as this area is concerned, and probably also throughout the whole country. The careless or indifferent parent is, of course, not unknown and probably becomes unduly prominent because he or she stands out conspicuously from the vast majority of the others who are keenly alive to all that pertains to the physical and educational advancement of their children.

(G) SPECIAL EXAMINATIONS.

(a) *For Infectious or Contagious Diseases.*—On intimation being received from a head teacher of the appearance of infectious or contagious disease amongst his pupils steps are immediately taken to have the school visited and the matter investigated at the earliest possible moment. Relatively few cases of infectious disease are actually found at school as the children have either been kept off

school by their parents or the affected pupils have been excluded by the teacher. However, occasional "missed" cases of scarlet fever are met with in school and also active cases of diphtheria.

More frequently cases of contagious disease are encountered, such as impetigo, scabies, epidemic conjunctivitis, and so on. If such conditions are found to be relatively numerous, frequent visits are paid to the school in question until the condition is stamped out. During the epidemic of scarlet fever which affected nearly the whole of the educational area the school medical officers paid many visits to examine the pupils in the class-rooms in which cases of scarlet fever had occurred. In one of the large burghs every school was re-visited, at least once, during the epidemic and the children examined for early symptoms of the disease.

At the request of the head teachers special examinations were conducted at three schools in connection with a suspected outbreak of scarlet fever or contagious skin disease. These three investigations alone entailed the examination of 840 children.

(b) *Absentee Pupils*.—During the past session a large number of special examinations was made of absentee children in the various school management areas. These children were either reported through the Clerk to the School Management Area or were referred for examination by attendance officers or head teachers. In many instances the parents themselves requested the examination to ascertain whether their children were now fit to resume school attendance. The number of applications from this last source has become increasingly great during the past few years. This is due to the fact that many parents are not calling on the services of the family doctor so frequently as formerly, probably on account of financial hardship, and are taking advantage of the presence of the school medical officers at the minor ailments clinics to have guidance as to when the child may resume school.

Throughout the past session no fewer than 1,408 examinations were made of absentee pupils. The following table shows the School Management Area concerned and the number of children from each :—

School Management Committees.					Number of Children.
1,	...	...	...	...	2
2,	...	...	...	...	9
3,	...	...	...	...	15
4,	...	...	...	...	16
5,	...	...	...	...	128
6,	...	...	...	...	115
7,	...	...	...	...	24
8,	...	...	...	...	109
9,	...	...	...	...	78
10,	...	...	...	...	18
11,	...	...	...	...	142
12,	...	...	...	...	112
13,	...	...	...	...	421
14,	...	...	...	...	219
					1,408

(c) *Physically Invalid Children*.—In this category are included all children who suffer from a more or less pronounced disability which may preclude them from attending an ordinary school for a long period or for whom special education facilities may be necessary. To enumerate all the varieties of disability claimed by the parents on behalf of their children would be, practically, to summarize the diseases found in a medical dictionary, *plus* a great many still unknown to the profession. It was found, however, that the great majority of the cases when examined could be classified under the better known conditions met with in general medical practice.

Each case reported was subjected to a thorough examination and it was frequently found that the disability, if any, was of very moderate degree and not at all in accordance with the exaggerated statements made by the parents. On the other hand, serious and, sometimes, permanent disablement was often encountered and these cases had to have special facilities arranged in the matter of education. In some instances, the physical disability was so pronounced and of such a severe character that all question of education had to be held in abeyance. Included in this latter category were certain cases of severe epilepsy, pronounced heart disease, extreme paralysis, marked loss of control of excretory functions, etc.

In those cases where attendance at a special school was considered advisable and where such could be conveniently afforded, arrangements were made for the child's admission. The Committee's own special day schools are able to deal with the vast majority of such cases, but, occasionally, either on account of inconvenience of residence or the nature of the disability, it is necessary to arrange for a child being admitted to a suitable institution, *e.g.*, Eastpark Home for Infirm Children, Maryhill, or the Colony of Mercy for Epileptics, Bridge of Weir.

Physically invalid children include, of course, all cases of blindness which may either be complete or partial. These children must have special educational facilities granted. This applies also in the case of deaf, mute, or deaf-mute children. The manner of dealing with such children is explained in subsequent sections of this Report.

The practice of parents bringing children for examination to the school medical inspection offices was commented upon in last year's Report and the session just past showed no diminution in the numbers attending. No objection can be taken to this provided an appointment is made for the interview, but considerable numbers, probably the majority, attended without any notice being given. This is not a satisfactory arrangement either for patient or doctor and attendance officers and teachers should always arrange for a definite appointment where any special examination is desired. During the past session the writer examined at his office 44 physically invalid children, 32 mentally defective children, 13 deaf-mutes, 4 blind children, 3 students in preliminary training, 4 members of the Committee's staff and 3 adult blind persons. In addition, a large number of interviews with parents took place, chiefly in connection with the present and future education of their children.

In many instances where it was impossible to bring a child for special examination to the nearest examining centre, *i.e.*, a school or clinic, the home had to be visited and the child examined there. In this connection the writer made 60 home visits during the session and the assistant medical officers 144 home visits.

The total number of physically invalid children examined during the session by the school medical staff amounted to 439. This number includes 5 blind children, 18 deaf, mute, or deaf-mute children, and 9 cases of high myopia.

(d) *Mentally Invalid Children.*—During the session 116 children were submitted for special examination and report on account of suspected mental defectiveness. These cases were notified either by the Clerk to the local School Management Committee, by the members of the school staffs, or by the family doctors. A certain number of cases also were discovered by the members of the school medical staff in the course of routine inspection or at the treatment clinics.

When there arises any question as to a child's mental fitness at school the class teacher is interviewed and a full record obtained as to the child's scholastic progress and behaviour in school. Thereafter, a special appointment is made with the parents and a thorough mental testing of the child is carried out. Opportunity is also taken to have the child subjected to a complete physical examination to ascertain whether all, or part, of the child's mental backwardness may not be attributable to some physical cause. It is the writer's experience, based on many years of school work, that the only two physical defects which materially retard a child's scholastic progress are defective vision and impaired hearing. Prolonged or frequent absenteeism on account of illness is, of course, an important factor, but where children are in regular attendance at school the two defects mentioned above are practically the only two which really count. If these can be eliminated, the backwardness is, almost invariably, due to inherent mental incapacity.

Of the 116 children specially examined for mental defect 47 were found to have such meagre intelligence as to make them unable to profit from the instruction afforded at a special school or class. These children were, therefore, notified as uneducable children to the General Board of Control and to the Public Assistance Officer of the district in which the children resided. The report submitted in the case of each child is as complete and detailed as possible, dealing both with the physical and mental condition of the child, the home conditions, and giving suggestions as to the future care of the defective. It is hoped that these reports will be helpful to the medical officers of the Board of Control in arriving at a decision regarding the child's future care and also to the Public Assistance Officers. Included in this group of uneducable children are certain pupils who, after a generous trial at a special school, have proved incapable of benefiting by the instruction given there, or who have, otherwise, become unsuitable for further attendance.

(e) *Visits to Special Classes.*—During the session all of the special schools were, as formerly, visited frequently and the children subjected to examination. The pupils in attendance at the special

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 COMMITTEES.		No. of Children Examined.	Certificates.		NATURE OF EMPLOYMENT.			
			Granted.	Refused.	Milk Carrier.	Delivering Newspapers	Delivering Messages.	Lather Boy.
Number	1	10	9	1	2	3	4	—
"	2	3	3	—	—	—	3	—
"	3	29	29	—	4	20	4	1
"	4	25	25	—	10	12	2	1
"	5	43	43	—	12	14	15	2
"	6	88	87	1	35	33	19	—
"	7	30	30	—	8	19	3	—
"	8	93	93	—	62	23	8	—
"	9	63	63	—	37	19	6	1
"	10	29	29	—	14	11	4	—
"	11	46	46	—	27	15	3	1
"	12	46	46	—	21	18	6	1
"	13	54	52	2	21	19	11	1
"	14	118	116	2	85	24	7	—
		677	671	6	338	230	95	8

By-Laws under the Employment of Children Act, 1903, and the

STATEMENT SHOWING NUMBER OF CHILDREN EX-
CERTIFICATES GRANTED OR REFUSED, AND NATIVE

...

...		...	
1	...	1	...
2	...	2	...
3	...	3	...
4	...	4	...
5	...	5	...
6	...	6	...
7	...	7	...
8	...	8	...
9	...	9	...
10	...	10	...
11	...	11	...
12	...	12	...
13	...	13	...
14	...	14	...
15	...	15	...
16	...	16	...
17	...	17	...
18	...	18	...
19	...	19	...
20	...	20	...
21	...	21	...
22	...	22	...
23	...	23	...
24	...	24	...
25	...	25	...
26	...	26	...
27	...	27	...
28	...	28	...
29	...	29	...
30	...	30	...



schools—particularly those in the physically invalid classes—are constantly kept under observation in order that a child may not remain longer at a special school than is absolutely required in the interests of his health. There is thus a constant circulation of pupils going in these schools, scholars being returned to ordinary school attendance and new pupils arriving to fill the vacated seats. This regular circulation of pupils does not apply to the mentally invalid children who leave the special school only on attaining the age limit or who may be exempted from further attendance on account of their proving uneducable or having reached the limit of educational progress.

The children in attendance at the special classes for high myopes are under the regular supervision of the visiting ophthalmic surgeon and, as a routine, are examined twice yearly by him. During the past session, the number of physically invalid children who, after medical examination, were considered fit to resume ordinary school attendance amounted to 130.

(f) *Employment of Children Act*.—During the course of the year 677 applicants for licence to engage in part-time employment were examined by the school medical officers. Of this number 671 were found suitable to receive a licence. The numbers examined show a considerable advance on those of the previous year. Of the 671 licences granted, 338 were for milk carriers, 230 for newspaper delivery, 95 for message delivery, and 8 for lather boy. The accompanying table shows the various school management areas from which applications were received.

(g) *Blind Persons Act, 1920*.—In accordance with the provisions of the Act, the Executive School Medical Officer examined and reported upon 3 adult blind applicants for vocational training.

(h) *Members of Education Committee's Staff*.—During the past session 6 members of the Committee's staff were medically examined and reported on by the Executive School Medical Officer. Four of these examinations were conducted at the office and two at the homes.

(i) *Examination of Necessitous Children*.—The number of children specially examined by members of the school medical staff during the year in connection with applications for boots, clothing, or food amounted to 207.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations :—

	1932-33.		1931-32.	
	Boys.	Girls.	Boys.	Girls.
Entrants (6 years old), ...	4,966	4,885	5,130	5,057
Intermediates (9 years old),	5,095	5,023	5,084	5,054
Seniors (12 years old), ...	5,732	5,728	4,894	4,808
Secondary Pupils (16 years and over),	426	260	515	301
	16,219	15,896	15,623	15,220
Total, ...	32,115		30,843	

(b) Special Cases (non-routine), 5,797 5,321

Grand Total, 37,912 36,164

(c) Pupils examined at Re-visits—

Number examined at 1st Re-visit,	8,063	7,921
“ “ 2nd “	6,970	7,226
“ “ 3rd “	4,257	4,492
“ “ 4th “	1,816	924
“ “ 5th “	295	22
	<u>21,401</u>	<u>20,585</u>

(d) Examination of Students in Preliminary Training—

	1932-33.	1931-32.
During Training (1st, 2nd and 3rd years),	28	94

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

1. Physically Invalid,	716	673
2. Mentally Invalid,	251	259

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

1. Physically Invalid,	1,190	467
2. Mentally Invalid,	116	94

	1932-33.	1931-32.
(g) Special Examination of Irregular Attenders—		
Number Examined,	176	141
(h) Examination of Children under Employment of Children Act (1903)—		
Number Examined,	677	537
(i) Examination of Adult Blind Persons (Blind Persons Act, 1920),	3	2
(j) Examination of members of the Education Committee's Staff,	6	13
(k) Examination of Necessitous Children (Malnutrition, Boots, etc.),	207	286

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

	1932-33.	1931-32.
1. Dental Treatment—		
Number of Children Dentally Examined,	69,006	70,268
Number of Children Notified,... ..	45,899	47,443
Number of Children Dentally Treated,	21,827	22,229
2. Visual Treatment—		
Number of Children Treated by the Ophthalmic Surgeons,	3,226	3,171
Number of Children Re-examined by the Ophthalmic Surgeons,	5,344	4,947
Number of Attendances at the Ophthalmic Clinics,	8,570	8,118
3. Ear, Nose and Throat Treatment—		
Number of Children Treated by Nose and Throat Specialists,	362	356
Number of Attendances at Treatment Centres,	1,178	1,066
4. Treatment of Minor Ailments—		
Number of Children Treated,	10,894	9,138
Number of Attendances made,	76,410	73,225
5. Clinics attached to Special Schools—		
Number of Attendances made,	24,092	23,789

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

For the year ended 31st July, 1933, the total number of children notified to their parents on account of some ailment or disability discovered during the course of medical examination at school amounted to 11,468, and the total number of such disabilities, exclusive of defective teeth, was 15,640. This figure closely corresponds to that of the preceding year and would seem to indicate that, notwithstanding the continued lack of employment and consequent financial hardship at home, the health of the children in the educational area is being maintained. As in previous years, a large number of the defects notified were of a minor degree but of such a nature that, if left untreated, might readily have developed into something more serious and resistant.

Although the number of cases of insufficient and dirty clothing showed a definite improvement on the corresponding figures for the previous year, there was a slight increase in the percentage of clothing in need of repair. Whilst only 79 cases of insufficient clothing were noted (.25 per cent.), in 101 instances (.314 per cent.) children were found to be grossly overclad, and this during a mild winter and a phenomenally hot summer. Many parents deem it essential to burden a child who may have a tendency to bronchitis or asthma with layer after layer of garments to ward off a possible bronchial attack with the result that the children become physically exhausted under the burden they are compelled to carry. This applies principally to the younger members of the family, the senior children—and especially the girls—being much more rationally clad. Fashion has stepped in to show how easily and safely superfluous clothing may be dispensed with in the case of seniors but the lesson is being but slowly learned where the younger children are concerned.

The condition of the *footgear* also showed a marked improvement on previous years. Only in 1.74 per cent. was this considered unsatisfactory, compared with 2.39 for the previous year. Credit must also be given for the high state of cleanliness found in the wearing apparel of the pupils especially when one remembers the financial stringency existing in so many homes.

In the matter of *cleanliness* of the head and body there has been for several years a progressive improvement and this year the improvement has been remarkable. This is borne out by the definite fall in the percentage of children notified for uncleanness and has been commented upon by all the members of the medical staff engaged in the inspection of the school children. The numbers, as shown in the statistical tables, may still appear high—indeed, they still *are* too high—but it has to be remembered that in all matters pertaining to cleanliness there is no leniency shown by the inspecting staff and all such conditions, even though of a minor degree, are notified to the parents. Some little allowance at the present time may be accorded in the matter of clothing but no such toleration is exercised in the matter of body cleanliness. One outstanding feature is the comparative absence of flea-bites on the children's bodies. This has been observed for the past year or

so and is still more evident in the year just completed. The reason for this is rather difficult to determine. Some claim that owing to disease amongst the pests themselves there has been a marked lessening of their numbers throughout the whole country, but other contributing circumstances have also to be considered ; for example, the better housing conditions with facilities for more frequent baths would appear to be an important factor. But there is also another cause which might well influence the absence of these pests, namely, unemployment. It is a well-known fact that the sand and dust found in all iron and steel works afford an excellent breeding ground for fleas, the proximity to the furnaces affording the genial warmth necessary for the process of egg hatching. Workmen cannot possibly avoid being infected and, in turn, carry the parasites to their homes. Another well-known source is from the coal mines where the conditions for the propagation of the pests are also favourable. The provision of baths at the pits where the workmen may wash and change clothing must have a great influence in maintaining the cleanliness of the home.

The statistics regarding the *nutritional state* of the pupils make very good reading and this notwithstanding the presence of severe epidemics, particularly of scarlet fever, in the later months of 1932 and the beginning of 1933, when practically the whole county was involved. The percentage of children found to be "Average and above Average" was 97.375 ; "Below Average," 2.538 ; and "Very Bad," .087. There is no hard and fast rule whereby malnutrition can be determined and many factors are involved in arriving at a result, *e.g.*, general appearance of the child ; colour, not only of the skin but, what is more important, of the mucous membranes ; absence of alertness ; state of flesh, whether of good tone or soft and flabby ; condition of the pulse, whether too rapid or soft in character ; presence of functional or hæmic murmur of the heart ; whether there is breathlessness on moderate exertion ; state of the child's hair, whether glossy and healthy looking or dull and lacking lustre ; recovery time of the pulse rate after exercise ; the height and weight of child, etc. It will be observed that height and weight are put at the end of the list as being, rightly, the least reliable of all the data. This is not to be construed that these two factors are of no value, for under-weight is exceedingly significant when taken in conjunction with the presence of other evidence. The real test of a child's fitness is his stamina or powers of endurance and this is much more frequently exhibited in the lean, wiry child, who may be well under average height and weight, than in the overgrown, over-weight, flabby child.

It has also to be remembered that malnutrition is frequently only of a temporary character and may be the after effects of a debilitating illness and not due to under-feeding. Comparatively few cases of what might be termed "chronic malnutrition" were found in school and in many of these cases the absence of healthy tissues was generally due to inherent lack of vitality. This is well exemplified in the case of certain children admitted to the special schools where, in spite of prolonged generous feeding, tonic treatment, rest, baths, and airy, bright surroundings, the children remain fragile and lacking in stamina to the end of their school days.

The number of children found with enlarged *tonsils and adenoids* does not show any signs of decreasing, but only when the enlargement is morbid in character is there any cause for anxiety. The mere presence of enlarged tonsils or adenoids does not call for immediate removal by operation as an enlargement of the tonsils is a normal process in children between certain ages. Only when the enlargement becomes pathological giving rise to recurring attacks of sore throat, deafness, frequent attacks of catarrh, mouth breathing, glandular enlargement, etc., or where there is a tendency to rheumatism or history of chorea is there a call for operative treatment.

In the matter of *external eye diseases* the percentages of cases of inflamed eyelids (blepharitis) and conjunctivitis remain much the same as in former years. There is, however, a very definite reduction this year in the number of cases of corneal opacities, .196 per cent. compared with .301 for the previous year. This is most gratifying and is probably due to the prolonged and energetic treatment carried out at the minor ailments clinics. Squinting in children remains at an almost stationary figure (2.6 per cent.), no appreciable variation in this percentage having occurred for many years. The great matter, however, is that these squinters are now, almost without exception, coming under the care of the school ophthalmic surgeons. The problem is not so much how to treat squint as how the incidence may be lessened.

As regards the *visual acuity* of the school children, here again the problem is not one of treatment but one of prevention of bad vision. This matter has been repeatedly discussed by ophthalmic surgeons all over the world and although certain well-known causes of the aggravation of impaired vision have been stated there is still little information as to the reason for so many children showing signs of defective vision at an early age. Probably the cause, as now generally held, is an inherent defect and it is a well-known fact that poor vision tends to run in families. Overcrowding at home, dingy dwellings, and badly lit schools have each in turn been blamed for producing poor vision, but for very many years past the schools cannot have this charge levelled at them and the improvement in the home conditions of thousands of families, both in respect of sanitation and light, has been almost beyond computation; and yet there is no improvement in the incidence of defective vision. This does not apply only to one area or district but is found throughout the whole country; indeed, one might say it is world-wide in its application. What can be done and is being vigorously carried out is to counteract, by skilled treatment, the serious effects on a child's health and scholastic progress that visual defect may produce.

There has been an increase in the percentage of cases of "fair" vision as opposed to "good" vision this year but a slight fall in the percentage of "bad" vision. It was explained in last year's Report how these cases were differentiated and classified and there is no need to repeat the procedure here. It were well, however, to re-iterate that in every case where the vision is not normal, even though the defect may be only slight, every endeavour is made to have the child examined by one of the Committee's ophthalmic surgeons. It is not enough to be content with the vision of the

better eye only—even when that may be normal—when, as frequently happens, there is a difference in the visual acuity of the two eyes. It should be the endeavour of all school medical practice to bring both eyes into the category of “normal,” if at all possible.

As regards the number of children attending school with some form of *heart* disorder, the statistics for the past year do not show any definite signs of improvement. The percentage of “congenital” heart trouble is larger although there is a slight fall in the percentage of “acquired” organic disease. There is an increase to be recorded in the number of “functional” heart disorders. A special survey was made throughout the year of all cases of acquired organic heart disease coming under the notice of the school medical officers with a view to ascertaining, if possible, the principal causative factors. The result is that 300 such cases have been investigated and much valuable information obtained. It was thought, however, that, seeing these cases were obtained largely from the children examined in the routine age groups and from the pupils at the special schools, the investigation should be continued during 1933-34, when children of other age groups will come forward for examination. In fact, probably a three years’ survey would be still better in the interests of completeness as this would bring practically every child in school attendance in the area under medical observation.

In the matter of *nervous* diseases there were discovered during routine examination no fewer than 18 cases of epilepsy. These cases were, fortunately, generally of a mild form and only in a few instances did they call for exclusion from school for a prolonged period. In every case the parents were well aware of the presence of the disease and treatment was being given by the family doctor. Infantile paralysis of varying degree of severity was discovered in 51 children, whilst 14 cases of active chorea (St. Vitus’ Dance) were also discovered. Other nervous manifestations to the number of 135 were also found amongst the routine children examined.

It is highly satisfactory to report that during the session no case of *ringworm of the head* or favus was discovered during routine inspection. This is the first occasion for many years, indeed, probably since school medical inspection commenced, that a negative report has been obtained.

Of the various disabilities notified to the parents the following are amongst the more important:—Diseases of the skin (impetigo, scabies, septic sores, etc.), 1,227; external eye diseases (blepharitis, corneal ulcers, conjunctivitis, etc.), 1,107; defective vision, 3,371; squint, 808; enlarged tonsils, 2,158; adenoids, 793; ear disease (including accumulation of wax), 510; disturbance of heart and circulation, 619; respiratory diseases (bronchitis, catarrh, asthma, etc.), 254; nervous disease, 62; tuberculosis (non-pulmonary), 36; defective hearing, 53; enlarged lymphatic glands, 154. (For full statistics see Tables D-X—pages 23-32).

In regard to dental defects 45,899 children were found to suffer in a more or less degree from dental unfitness. A detailed account of the dental condition of the school children will be found in a subsequent section of this Report (Pages 46-50).

(C) NUMBER OF CHILDREN WHO RECEIVED ATTENTION,
EXCLUSIVE OF DEFECTIVE TEETH.

Of the 11,468 children notified as suffering from some disability, including conditions of uncleanliness, 7,745, or 67.5 per cent. were found on subsequent examination to be cured, improved, or under treatment. As has been stated in previous reports, cases noted as cured, improved, or under treatment are recorded only after having been personally examined by one of the members of the school medical staff, no hearsay reports of cure being accepted. Were it possible to make, say, a weekly visit to every school up to the closing day of the session it is certain that a much higher percentage of cases treated would be forthcoming.

The statistics regarding the treatment of diseases of the skin, eye, ear, nose, throat, etc., are given in subsequent sections of this Report, but it is interesting to note that during the year no fewer than **10,894** children attended at the minor ailments clinics. This is an increase of 1,756 on last year's figures, the total attendances made being 76,410. In addition to these figures 24,092 attendances were made at the minor ailments clinics attached to the special schools, making a grand total of **100,502** attendances.

The number of cases of visual defect attending the school ophthalmic clinics during the year was again very satisfactory, **3,226** coming under full ophthalmic examination, and **5,344** for re-examination and supervision, with a total of **8,570** attendances. (See Visual Report, pages 38-45).

For diseases of the ear, nose and throat **362** children were treated at Hamilton and Motherwell clinics, the number of attendances made being **1,178**. This is an advance on last year's numbers when the corresponding figures were 356 and 1,066. (See Ear, Nose and Throat Report, page 51).

(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.	
32,115	79	·246	796	2·479	1,182	3·68	193

Also recorded "Overclad" 101; percentage ·314.

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
32,115	557	1·74	5

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average, ...	44·9	51·1	55·9
Anthropometric Standard, ...	44·1	50·7	56·0
Difference, ...	+0·8	+0·4	-0·1

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average, ...	44·3	50·6	57·3
Anthropometric Standard, ...	43·6	50·0	56·8
Difference, ...	+0·7	+0·6	+0·5

BOYS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average, ...	47·3	65·9	78·7
Anthropometric Standard, ...	47·0	64·9	79·4
Difference, ...	+0·3	+1·0	-0·7

GIRLS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average, ...	45·0	59·5	79·9
Anthropometric Standard, ...	44·8	59·3	80·2
Difference, ...	+0·2	+0·2	-0·3

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Nits.	Per cent.	Verminous.	Per cent.	No. found Defective.
32,115	3,871	12.053	425	1.323	665

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found Defective.
32,115	1,636	5.094	267	.831	293

(H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special Cases.
No. Examined	Ring-worm	Per cent.	Im-petigo	Per cent.	Favus	Per cent.	Other Diseases.	Per cent.	No. found Defective.
32,115	0	—	50	.156	0	—	127	.395	119

(H) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special Cases.
No. Examined	Ring-worm	Per cent.	Im-petigo	Per cent.	Sca-bies.	Per cent.	Other Diseases.	Per cent.	No. found Defective.
32,115	2	.006	146	.455	52	.162	965	3.004	666

(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.	
32,115	31,272	97.375	815	2.538	28	.087	58

(J) TEETH.

As in previous years the dental inspection of all pupils between the ages of 5 and 12 years was carried out by the Committee's dental surgeons. Pupils above the age of 12 years, including the 16 years old scholars and students in preliminary training as teachers, were dentally examined by the school medical officers during the course of routine examination. In all, 686 of these latter scholars were dentally examined and of these 254, or 37 per cent., were found to require more or less urgent dental treatment. This percentage compares very favourably with that found in children between the ages of 5 and 12 years, where the percentage of dentally unfit children was found to be 66.5. It would appear that the regular dental examination and treatment afforded each year at school are bearing good fruit in the case of the senior scholars and where the services of the school dentist are not being accepted greater numbers of the scholars are seeking treatment from their private dentist.

(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.	
32,115	1,238	3.855	278	.866	98	.305	145

(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.			
32,115	6,890	21.45	1,872	5.829	1,605	4.998	556	1.731	66	.206	645

(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.	
32,115	4,537	14.13	112	.349	8	.025	361	1.124	60

(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.		
32,115	1,120	3.49	210	.654	63	.196	841	2.619	192	.598	1019	

(M) VISUAL ACUITY.

Systematic Cases.							Special Cases.
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
*22,264	16,627	74.6811	5,116	22.9788	521	2.3401	1,323

* Infant Children not included.

(N) EARS.

Systematic Cases.							Special Cases.
Number Examined.	Otorrhoea.		Wax.		Other Diseases.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
32,115	331	1.031	255	.794	57	.177	230

(O) HEARING.

Systematic Cases.						Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.	
	Number.	Per cent.	Number.	Per cent.		
32,115	287	.894	27	.084	83	

(P) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,115	263	.818	53	.165	111

(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.
32,115	337	1.049	48	.149	91	49

(R) HEART AND CIRCULATION.

Systematic Cases.										Special Cases.
Number Examined.	Organic.				Functional.		Anaemia.		Number found Defective.	*
	Congenital.		Acquired.		Number.	Per cent.	Number.	Per cent.		
	Number.	Per cent.	Number.	Per cent.						
	32,115	26	·081	202	·629	705	2·195	695			2·164	184

(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.	
32,115	1,109	3.453	4	.012	10	.031	35	.109	126

(T) NERVOUS SYSTEM.

Systematic Cases.										Special Cases.
Number Examined.	Epilepsy.		Chorea.		Infantile Paralysis.		Other Diseases.		Number found Defective.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
32,115	18	.056	14	.044	51	.159	135	.424	66	

(U) TUBERCULOSIS (NON-PULMONARY).

Systematic Cases.										Special Cases.	
Number Examined.	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.	
32,115	22	.069	22	.069	12	.037	4	.012	—	—	20

(V) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,115	317	.987	10	.031	16

(W) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
32,115	86	.268	244	.759	32

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 Tuberculosis.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.
COUNTY	...	...	11	10	175	73	83	7	4	6	—	1	2	3	13	—
BURGHES—																
Airdrie	...	...	10	1	71	52	15	—	—	—	—	—	—	—	4	—
Biggar	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coatbridge	...	...	3	2	26	18	3	1	1	2	—	—	—	—	1	—
Hamilton	...	...	1	18	95	28	31	1	—	2	—	1	1	—	4	—
Motherwell, Wishaw			2	4	51	51	14	—	—	1	—	—	10	—	1	1
Lanark	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rutherglen	...	...	7	1	44	31	14	—	—	—	—	—	—	1	19	—
TOTAL	...		34	36	462	253	160	9	5	11	—	2	13	4	42	1

(Y) OTHER DISEASES OR DEFECTS.

In addition to the foregoing tabulated defects a large number of other conditions was discovered during examination, *e.g.*, enlargement of thyroid gland, with or without complication, 124 ; diseases of the urinary system, 59 ; rheumatism (active), 21 ; cysts, 12 ; appendicitis (actual or suspected), 10 ; hernia (rupture), 7 ; fractures, 4 ; nephritis (Bright's disease), 3 ; and one case of each of the following : hæmophilia, gumma, achondroplasia, angio-neurotic œdema, Keppell-Feil's disease, diabetes, and cystitis.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

The number of schools for the education of physically invalid children remains the same as last year, *viz.*, four. These are as follows :—

Drumpark, serving the parishes of Old and New Monkland, including the Burghs of Coatbridge and Airdrie, and the Shettleston district of Cadder Parish.

Dalton, serving the parishes of Cambuslang and Blantyre, East Kilbride and the Burgh of Rutherglen.

Woodburn, serving the Burgh of Hamilton and the parishes of Dalserf and Hamilton.

Knowetop, serving the joint Burgh of Motherwell and Wishaw and the parishes of Dalziel and Cambusnethan ; also the Newarthill and Carfin districts of Bothwell parish.

In addition to the foregoing, provision is made for certain children who, on account of inconvenient residence or special disability, are unable to attend the special schools, being educated at the Eastpark Home for Infirm Children, Maryhill, or at the Colony of Mercy for Epileptic Children, Bridge of Weir.

The total number of physically invalid children on the roll of the Committee's special schools is 675.

The incalculable boon which these special schools afford for the education of children who may be temporarily or permanently unfit to stand the strain of ordinary school attendance is now widely recognised and there is never any lack of applications for admission to these schools. All the old prejudices against special school attendance have practically disappeared and were the school medical officer to acquiesce in accepting all requests for admission the present accommodation would be found to be quite inadequate. The excellence of the accommodation provided at these schools, the bright and beautiful surroundings, the high standard of education provided, the wide range of subjects taught, the curative effects of the treatment afforded, the kindly atmosphere and tone pervading the class-rooms, and, above all, the beneficial results to

health accruing to the children are acknowledged by all who have come into close contact with the special schools. It was not always so and at the inauguration of the special school bitter opposition was encountered not only from the parents but also from the general public; now any faint disparagement that may be heard comes only from those unrepentant Scrooges who can find no good in anything that would tend to alleviate the lot of the unfortunate.

Before passing from this subject attention might be directed to the special school at Knowetop, Motherwell, where the lack of accommodation for the mental classes is seriously restricting the efficiency of the school. It has to be remembered that this school was opened before all the accommodation contemplated was completed, with the result that four of the class-rooms intended for the use of physically invalid children have had to be utilized for the teaching of mentally retarded pupils. This lack of class-room accommodation makes it impossible for the school medical officer to meet the pressing demands for the admission of mentally retarded children in the area as well as for physically invalid pupils.

In addition, the buildings for instruction in cookery, housewifery, woodwork, tailoring, etc., are also awaiting construction and, in the meantime, pupils receiving instruction in those subjects have to attend at Knowetop Primary School. This arrangement is good neither for the instructors nor instructed.

2. MENTALLY INVALID CHILDREN.

Each of the four schools has accommodation for the instruction of mentally retarded children and the total number of such children on the roll of these schools is 251. Certain children for whom attendance at the Committee's schools is not convenient are sent for education to Birkwood Certified Institution, Lesmahagow, to St. Charles' Certified Institution, Carstairs, or to Rosewell Certified Institution, Midlothian.

In connection with each of the Committee's four special schools there is now an After-Care Centre. These centres are maintained by voluntary effort and serve a very useful purpose in dealing with those mentally invalid children who have left school on attaining the age limit and for whom no employment has yet been found and also with certain younger children who have been excluded from the special schools as unfit to profit further from the education provided there. The organising and maintaining of these After-Care Centres entail a vast amount of work and every credit should be given to those public-spirited ladies and gentlemen who contribute so generously, both in the matter of finance and time, to the maintenance and conduct of these centres. The After-Care Committees also undertake systematic home visiting of the children attending their centres thus maintaining a very useful connecting link between the centres and the homes. The work deserves the maximum support and encouragement from all who have the interests of these unfortunate children at heart and that should mean every member of the community.

3. BACKWARD CHILDREN.

The problem of the education of dull or backward children is still far from being solved although, perhaps, the process of solution is being now more widely considered. It is a well-known fact that in practically every school there is a percentage of children who are well under the average standard of mental development but who cannot be classified as feeble-minded. The percentage of such children varies considerably in different localities and probably also depends to some extent on the standard set by a school or by the individual teacher. Be that as it may, it is computed that not less than 5 per cent. of the pupils in an ordinary school could be classified as dull or backward and probably this figure may be an underestimate. The backwardness may not be general but may apply only to certain subjects of the school curriculum, especially to arithmetic, spelling, writing and similar "mental" subjects, while, on the other hand, the pupils may show an aptitude for hand-work, domestic science, woodwork, etc. The Scottish Education Department has emphasised the fact that such children, especially in the later years of school life, should have as much of their time as possible devoted to the subjects in which they have shown proficiency but from the number of cases of backward children—backward, that is to say, in the purely scholastic sense—presented by teachers to the school medical officers for their opinion the Department's instructions are slow in being observed. When one considers how little arithmetic, grammar, and writing are necessary for the conduct of a useful and successful course in many of the humbler walks of life and how much depends on manual efficiency it were well if teachers were instructed to call halt to their Sisyphean endeavours. But this instruction should come from H.M.I. who actually visits the school and not merely as a general recommendation.

Example should be taken from the varied nature of the instruction given at the special schools and there is no real reason why it should not also apply to the ordinary schools. Domestic science (cookery and housewifery) for the girls and woodwork for the boys virtually sum up the whole of the "practical" instruction in an ordinary school. But why should there not be provision for tailoring, shoemaking, metal work, basket making, etc., also in the primary schools for children who have no great aptitude for purely scholastic work? And why should housewifery and cookery be limited to girls? There is no valid reason why boys should not be taught domestic science in all its branches or girls the art of tailoring. The day for the delimitation of practical instruction according to sex would seem to be far past and the advance of schools along polytechnic lines would be welcomed by the children and not less acceptable to many harassed teachers.

4. BLIND AND PARTIALLY BLIND CHILDREN.

The only centre for the teaching of blind children or "educationally blind" children under the jurisdiction of the Education Committee is at St. Vincent's Institution, Tollcross. This is a residential school and serves the needs of the Roman Catholic children in the county and burghs; the children of Protestant

parents are sent for education to the Royal Blind Asylum, Edinburgh. The number of children being educated by the Committee in these two Institutions are 5 and 25 respectively.

At Drumpark, Dalton, and Knowetop Special Schools provision is made for the teaching of children suffering from a high degree of myopia. These children are not "educationally blind" but they suffer from such a marked impairment of vision—frequently of a progressive nature—that education at an ordinary school and by ordinary methods would be accompanied by grave risk to the children's already markedly defective vision. That these sight-saving classes are fulfilling an exceedingly useful function is vouched for by the visiting ophthalmic surgeons who have the greatest praise for the special methods of education conducted there and also for the most encouraging results which have accrued. As one of the ophthalmic surgeons remarks in his report for this year, "these myope classes which most certainly meet a real need in the modern school system are an asset of considerable worth not only to the individual educated there but also to the State."

The total number of children in attendance at the myope classes is 51.

5. DEAF AND DEAF-MUTE CHILDREN.

There are two centres under the jurisdiction of the Committee for the education of deaf and deaf-mute children, namely, Woodburn Special School, Hamilton, and St. Vincent's Institution, Tollcross. The former centre is a day school only, the children travelling either by bus or train; a few local pupils walk to school. The latter centre (St. Vincent's) is a residential school and is attended by the deaf or deaf-mute children of Roman Catholic parents in the county and burghs. Deaf or deaf-mute children for whom attendance at either of the above named centres is not convenient are educated at Donaldson's Hospital, Edinburgh, or at the Royal Edinburgh Deaf and Dumb Institution. The number of children from this educational area attending these centres is as follows:—Woodburn Special School, 41; St. Vincent's Institution, 29; Donaldson's Hospital, 4; Royal Edinburgh Deaf and Dumb Institution, 13.

At Drumpark Special School there is a class for speech training. This class deals with children who may have normal or, it may be, somewhat impaired hearing, but whose articulation is markedly defective. Only a certain period of each day is devoted to instruction in speech formation but the results, so far, have been very encouraging.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For a detailed account of the arrangements in force for the physical education of the pupils, see Report for year 1929-30.

X.

ARRANGEMENTS FOR FEEDING CHILDREN.

The arrangements for the supplying of food at school have been fully dealt with in previous reports but a brief summary of these arrangements may be given again.

TABLE A.—All Pupils examined at the Systematic Examination for the Year ended 31st July, 1933.

SCHOOL MANAGEMENT COMMITTEES.		SCHOLARS EXAMINED IN EACH GROUP.										*Conditions Notified.	Average Number of Scholars on Register.	
		Infants (6 years).		Age Group (9 years).		Seniors (12 years).		Higher Grade (16 years).		Selected Cases.				TOTAL.
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
Number	1	73	59	58	62	96	91	7	3	72	86	607	128	1350
"	2	156	152	156	156	166	161	7	2	67	93	1116	432	2809
"	3	255	263	301	301	329	315	13	12	108	112	2009	445	5397
"	4	335	344	367	360	353	361	30	13	228	254	2645	1314	6587
"	5	216	238	239	202	202	235	—	—	173	139	1644	1008	3995
"	6	642	628	643	660	697	809	36	53	372	434	4974	2407	13216
"	7	393	409	382	360	354	356	—	—	168	201	2623	971	7346
"	8	275	248	307	287	298	310	3	2	173	197	2100	759	5654
"	9	516	477	526	560	466	453	—	2	216	224	3440	1367	9773
"	10	314	286	302	308	356	384	38	23	132	134	2277	1005	5983
"	11	464	439	430	439	614	563	58	23	292	306	3628	2020	9409
"	12	426	391	434	425	511	496	63	48	300	286	3380	1534	8892
"	13	650	680	694	640	977	872	129	62	436	381	5521	1716	14557
"	14	251	271	256	263	313	322	42	17	106	107	1948	534	5347
TOTALS	...	4966	4885	5095	5023	5732	5728	426	260	2843	2954	37912	15640	100315

* Defective Teeth not included.



SHOWING THE REMEDIAL MEASURES INSTITUTED.

1. All children in attendance at the special schools for invalid children are provided with a forenoon snack of biscuit and milk and a two-course hot meal at mid-day. The cost to the children is 3d a day. Where the financial circumstances of the parents justify it the meals may be given free.

2. The Committee provides food to all those children in attendance at school who are necessitous in terms of Section 6 of the Education (Scotland) Act, 1908. The supervision of the supplying of the meals is generally left in the hands of the head teacher of the school who makes the necessary local arrangements. The number of meals provided during the year under review amounted to 109,826.

3. Many of the Secondary Schools have a regular buffet attached where a hot mid-day meal may be obtained.

4. In many of the rural schools hot soup or cocoa is provided at a nominal cost during the winter and spring months for those pupils who reside at a long distance from the school.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Briefly stated, the Committee's scheme of treatment for school children comprises (a) dental treatment; (b) visual treatment; (c) treatment of diseases of ear, nose, and throat; (d) treatment of minor ailments affecting the skin, eyes, ears, nose, etc. Each of these branches of treatment is fully dealt with in subsequent sections of this Report.

In addition to the foregoing a considerable number of children attended for treatment of deformities at one or other of the public Institutions in Glasgow and, especially, at the Royal Hospital for Sick Children. A number also received treatment at Stonehouse Orthopædic Hospital. During the course of the year the Committee sanctioned the provision of special boots and orthopædic appliances for 34 necessitous children at a cost of, approximately, £90.

REPORT ON VISUAL TREATMENT.

The work at the various visual clinics continues to be attended with marked success. The interest of the teachers and parents in the condition of the children's eyes not only is maintained but appears to be steadily increasing. This is shown by the number of children presented for special examination by the teachers when the school medical officer visits the school and by the very large number of parents that attend at the visual clinic when their children come up for examination by the ophthalmic surgeon. The scheme of treatment for defective eyesight is now so complete that there is no excuse for any shortsighted child remaining untreated either on the ground of inability to meet the expense connected with the examination or the provision of glasses when these are considered necessary. For many years past all ophthalmic examinations at the school clinics have been free of cost to the parents and should there be difficulty in obtaining the glasses prescribed on account of financial hardship the Committee's scale of necessity, which in this matter is generous, should amply cover all needful cases. Those parents who are in a position to meet the cost of the spectacles themselves may take advantage of the Committee's special contract whereby excellent spectacles, accurately dispensed in accordance with the ophthalmic surgeon's prescription, may be had at a very reasonable price.

But although this scheme has been in force for many years and is thoroughly understood in even the remotest corner of the educational area, every now and again parents, labouring under the delusion, like Naaman, that what is granted free and made easy of access must, of necessity, be inferior, elect to take their children for visual examination to one of the ophthalmic dispensaries in Glasgow. There they may possibly be examined by the same specialist as would have conducted the examination at the child's own school. But the further difficulty arises in that these parents generally take the prescription obtained at the Glasgow dispensary to a city optician and there indulge in an orgy of spending by ordering expensive frames and specially shaped lenses. When the bill comes to be met, plaintive letters are sent in to the school medical department asking for money to meet the cost of these glasses. As a rule, the claims show a cost from three to five times greater than the Committee's contract price. Such claims cannot, of course, be entertained and then comes an accusation of lack of sympathy and disregard for the welfare of the child.

The numbers of children attending the school ophthalmic clinics show no signs of lessening; in fact, for the past session there is an increase both in the numbers coming forward for full ophthalmic examination and also in the cases for re-examination. Altogether, no fewer than 3,226 children were subjected to complete examination during the year (an increase of 55 over the preceding

TABLE C.

VISUAL TREATMENT.

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 ended 31st July, 1933.

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.						
Airdrie	257	370	627	233	24	—
Cadder	67	56	123	52	15	—
(Bishopbriggs and Chryston)						
Drumpark Special School	23	91	114	16	7	—
Dr. JOHN A. MORTIMER.						
Blantyre	82	116	198	75	7	—
Carlisle	66	78	144	57	9	—
East Kilbride	35	60	95	33	2	—
Lanark	118	148	266	97	21	—
Larkhall	157	290	447	135	22	—
Shotts	94	140	234	85	9	—
Strathaven	26	47	73	26	—	—
Uddingston	114	164	278	108	6	—
Wishaw	296	444	740	246	50	—
Knowetop Special School	22	69	91	21	1	—
Dr. H. SOMERVILLE MARTYN.						
Abington	5	8	13	4	—	1
Baillieston	104	251	355	91	6	7
Bellshill	218	494	712	178	28	12
Biggar	23	22	45	17	3	3
Cambuslang	165	291	456	150	6	9
Carnwath	26	37	63	26	—	—
Lesmahagow	59	104	163	46	8	5
Rutherglen	55	240	295	48	1	6
Dalton Special School ...	22	41	63	17	1	4
Dr. JAMES A. WILSON.						
Motherwell	439	633	1072	386	52	1
Dr. JAMES R. WATSON.						
Coatbridge	394	606	1000	376	18	—
Hamilton	359	544	903	341	17	1
TOTAL	3226	5344	8570	2864	313	49

Summary of the results of the visual treatment of the data presented in Table A. The results are presented in the following table.

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2999	3000	3001	3002	3003	3004	3005	3006	3007	3008	3009	3010	3011	3012	3013	3014	3015	3016	3017	3018	3019	3020	3021	3022	3023	3024	3025	3026	3027	3028	3029	3030	3031	3032	3033	3034	3035	3036	3037	3038	3039	3040	3041	3042	3043	3044	3045	3046	3047	3048	3049	3050	3051	3052	3053	3054	3055	3056	3057	3058	3059	3060	3061	3062	3063	3064	3065	3066	3067	3068	3069	3070	3071	3072	3073	3074	3075	3076	3077	3078	3079	3080	3081	3082	3083	3084	3085	3086	3087	3088	3089	3090	3091	3092	3093	3094	3095	3096	3097	3098	3099	3100	3101	3102	3103	3104	3105	3106	3107	3108	3109	3110	3111	3112	3113	3114	3115	3116	3117	3118	3119	3120	3121	3122	3123	3124	3125	3126	3127	3128	3129	3130	3131	3132	3133	3134	3135	3136	3137	3138	3139	3140	3141	3142	3143	3144	3145	3146	3147	3148	3149	3150	3151	3152	3153	3154	3155	3156	3157	3158	3159	3160	3161	3162	3163	3164	3165	3166	3167	3168	3169	3170	3171	3172	3173	3174	3175	3176	3177	3178	3179	3180	3181	3182	3183	3184	3185	3186	3187	3188	3189	3190	3191	3192	3193	3194	3195	3196	3197	3198	3199	3200	3201	3202	3203	3204	3205	3206	3207	3208	3209	3210	3211	3212	3213	3214	3215	3216	3217	3218	3219	3220	3221	3222	3223	3224	3225	3226	3227	3228	3229	3230	3231	3232	3233	3234	3235	3236	3237	3238	3239	3240	3241	3242	3243	3244	3245	3246	3247	3248	3249	3250	3251	3252	3253	3254	3255	3256	3257	3258	3259	3260	3261	3262	3263	3264	3265	3266	3267	3268	3269	3270	3271	3272	3273	3274	3275	3276	3277	3278	3279	3280	3281	3282	3283	3284	3285	3286	3287	3288	3289	3290	3291	3292	3293	3294	3295	3296	3297	3298	3299	3300	3301	3302	3303	3304	3305
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TABLE D.

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



VISUAL TREATMENT.

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

CLINIC.	1				2				3				4				5				6				7				TOTAL.	
	Hypermetropia.				Hypermetropic Astigmatism (Simple and Compound).				Myopia.				Myopic Astigmatism (Simple and Compound).				Mixed Astigmatism.				Eyes not Requiring Correction or too Defective for Correction.				Cases not Completed.				Boys.	Girls.
	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.																														
Airdrie	52	51	51	47	25	27	29	34	8	8	14	19	9	9	17	14	11	11	17	14	14	13	10	10	—	—	—	—	119	138
Cadder	8	10	14	12	9	8	4	7	1	1	9	7	2	2	2	3	2	1	3	2	4	4	9	10	—	—	—	—	26	15
(Bishopheigs and Chryson)																														
Drumpark Special School	6	4	2	2	4	5	1	2	2	2	—	—	—	—	1	1	1	1	—	—	1	2	5	4	—	—	—	—	14	9
Total	66	65	67	61	38	40	34	43	11	11	23	26	11	11	20	18	14	13	20	16	19	19	24	24	—	—	—	—	159	162
Dr. JOHN A. MORTIMER.																														
Blantyre	15	16	10	8	15	14	15	16	3	2	2	1	3	3	5	7	2	3	5	6	4	4	3	2	—	—	—	—	42	40
Carlisle	10	11	8	6	14	13	15	15	3	3	1	3	4	4	1	2	—	—	1	—	3	3	6	6	—	—	—	—	34	32
East Kilbride	8	10	7	5	8	7	4	6	1	1	1	—	2	1	2	3	—	—	—	—	—	—	2	2	—	—	—	—	19	16
Lanark	16	22	20	18	19	17	19	19	4	3	4	4	4	4	5	6	3	—	3	4	6	6	15	15	—	—	—	—	52	66
Larkhall	15	19	17	19	26	21	45	46	4	3	5	6	7	8	9	6	1	2	6	5	8	8	14	14	—	—	—	—	61	96
Shotts	12	12	17	20	9	7	23	21	4	4	5	5	3	4	7	5	1	2	—	—	—	—	—	—	—	—	—	—	33	61
Strathaven	4	5	4	6	5	3	7	5	1	1	—	—	2	2	2	2	1	2	—	—	—	—	—	—	—	—	—	—	13	13
Uddingston	10	10	17	21	15	15	25	23	4	4	10	9	6	8	11	12	1	1	7	5	3	3	3	3	—	—	—	—	41	73
Wishaw	41	42	42	47	38	39	62	56	11	10	8	7	9	8	19	20	11	12	6	6	22	21	27	28	—	—	—	—	132	164
Knoweston Special School.	4	5	1	—	3	3	4	4	1	1	1	1	3	2	4	4	—	—	—	1	1	1	—	—	—	—	—	—	12	10
Total	135	152	143	150	152	139	219	211	36	32	37	36	43	44	65	67	20	22	32	32	51	50	75	75	—	—	—	—	439	571
Dr. H. SOMERVILLE MARTYN.																														
Abington	1	1	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	1	1	2	3
Bailieston	10	10	6	6	19	19	21	25	4	4	3	2	6	7	6	6	6	5	10	7	3	3	3	3	1	1	6	6	49	55
Bollisland	22	18	21	17	43	48	29	38	9	9	5	3	10	10	10	9	10	9	19	17	16	16	12	12	5	5	7	7	115	103
Biggarr	1	—	2	—	1	2	1	4	1	1	2	1	1	1	—	—	6	6	2	2	1	1	2	2	1	1	2	2	12	11
Cambslang	18	18	13	10	31	32	42	41	3	6	4	4	10	8	10	9	7	5	12	17	3	3	3	3	4	4	5	5	76	89
Carnswath	5	4	3	4	3	5	6	7	1	1	2	3	2	2	1	—	1	—	2	—	—	—	—	—	—	—	—	—	12	14
Lesmahagow	7	4	6	4	6	9	10	12	2	1	2	2	—	—	8	9	1	2	4	3	2	2	6	6	2	2	3	3	20	39
Rutherglen	12	9	3	3	7	12	7	6	6	4	5	4	1	1	3	5	1	1	3	3	1	1	—	—	2	2	4	4	30	25
Dalton Special School	3	1	1	2	1	3	4	3	—	2	1	1	4	2	3	1	—	—	—	2	—	—	1	1	3	3	1	1	11	11
Total	79	65	55	46	111	130	121	137	26	28	24	20	34	31	41	39	33	29	53	52	26	26	27	27	18	18	29	29	327	350
Dr. JAMES A. WILSON.																														
Motherwell	56	53	88	80	75	73	91	101	12	12	17	17	15	16	24	18	2	4	6	10	19	19	33	33	1	1	—	—	180	259
Dr. JAMES R. WATSON.																														
Coatbridge	50	40	41	31	72	86	101	113	20	16	22	20	14	14	18	23	16	17	22	21	7	6	11	7	—	—	—	—	179	215
Hamilton	32	32	34	30	82	53	99	104	11	14	25	22	11	10	25	28	30	26	23	24	6	7	10	8	1	1	—	—	143	216
Total	82	72	75	61	124	139	200	217	31	30	47	42	25	24	43	51	46	43	45	45	13	13	21	15	1	1	—	—	322	431

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.



year) and 5,344 for re-examination (an increase of 397 over last year's figures) with a total attendance of 8,570. Of the 3,226 children examined, spectacles were prescribed in 2,864 instances, *i.e.*, in 88·8 per cent. of the cases, the remaining percentage being made up of patients whose vision was not requiring correction or whose eyes were too defective for glasses to be of any avail.

The varied nature of the visual defects found at the clinics is shown in Table D. and in addition to the conditions enumerated there certain rarer, but none the less serious, defects were discovered, *e.g.*, aphakia, 2; retinitis, 3; abscess of cornea, 1; detachment of retina, 1; anophthalmos, 1; mucocoele, 1. Certain cases which, because of their severity or need for operative measures, could not be dealt with at the school clinics were referred to one or other of the Institutions for the treatment of eye diseases in Glasgow and little, if any, difficulty has, so far, been encountered in having the children placed under appropriate care. This is largely due to the fact that two of the Committee's ophthalmic surgeons are on the staff of one of the largest of these Institutions.

There is general agreement amongst the Committee's eye specialists that the interest of the parents in their children's eyesight is as great as ever and that the children themselves are taking much greater care of their spectacles.

The following reports on the work of the session have been received from the Committee's ophthalmic surgeons:—

(DR. ERNEST THOMSON).

CENTRES:

Airdrie, Bishopbriggs, Chryston, and Drumpark Special School.

There is nothing special to report in connection with the work done in the year under review. A minor curiosity is that the total attendances amount to exactly 1 more than in the previous year. The statistics will be found in tabular form elsewhere in the Report.

Since, however, it is an annual custom to endeavour to write something more or less constructive, and possibly instructive, about school ophthalmic work, the writer has been compelled to revert to the statistics of a particular subject, namely, convergent squint in children. It was considered that an analysis of the figures from 1914 up to the present time, eighteen years in all (since one of the war-time Reports presented no statistics on the subject), might reveal something of value. The result seems to show that the percentage of squint in the children coming before the school ophthalmic surgeons is really higher than has been thought. The figures, at the best, must suffer from a certain amount of inaccuracy because they are recorded by different observers, but, taken over a period of years, they might be expected to be near enough to the truth.

The figures which the writer now sets forth refer to the work of the whole-time ophthalmic surgeons from 1914 to 1922, while from 1923 to 1932 they embody the work of all the part-time officers, the whole-time post having been abolished.

The results are here set out in two columns, the first dealing with all the children examined by all the ophthalmic surgeons, the second with those only who were seen at the writer's clinics during both his whole time and part-time periods. In order to save printing the percentages only are given, the overall totals and percentage being stated at the foot of the table. The fluctuations in the percentages shown in these columns immediately attract attention. An examination of the first column shows a fairly steady drop in the percentage from 30.5 in 1916 to 19.8 in 1932. (Note that the two columns are identical up to 1921). In 1923-4-5 the two columns are fairly well in step and the mean percentages are very similar. Also in the years 1929-30-31-32 the difference in the mean percentages is only 1.90. But in the years 1926-27-28 there is a wide difference owing to a jump in the percentages in column 2, such that the respective mean percentages are now 22.2 and 29.0, a difference of practically 7 per cent.

Such a sudden increase in the percentage can hardly be due to a change in the real number of squints. A change in the recording seems to be the alternative explanation. In fact, the truth stares the writer in the face and is no more agreeable than truths in general. For, during these years 1926-7-8 he was engaged, at the request of the School Medical Officers, in a special investigation regarding convergent squint, the results of which investigation were published in the Report for 1929. For the purposes of this report it was necessary to pay very special attention to the number of squints and to their recording. The presumption certainly seems to be that *this* is the cause of the apparent rise in the figures. If so, then the moral for the whole ophthalmic staff is so obvious that it need not be emphasised.

To sum up the matter, may it be suggested that the percentage of squinters in Lanarkshire school children is underestimated and that it may be nearer to 30 than to 20 per cent? The possibilities of error are so numerous that it will be a very difficult question to answer positively.

A word of caution is necessary to the layman who may read these remarks. The figures apply to *selected* children. They mean that out of every hundred children selected as having some visual defect such and such a number are squinters. It must not be supposed that between 20 and 30 per cent. of the school population are squinters.

It is perhaps of interest to record that these statistics whatever they may be worth, are based upon the examination of 36,822 children with 8,425 squints, an overall percentage of 22.8.

The ascertainment of these percentages has involved a considerable amount of arithmetic, but if they turn out to be of any benefit to anybody the writer will be quite satisfied that the time was not wasted.

STATISTICS OF CONVERGENT SQUINT IN CHILDREN CONSIDERED OVER A PERIOD OF 18 YEARS.

Year of Report.	Children examined by whole-time Ophthalmic Surgeons, 1915-22, and all part-time Ophthalmic Surgeons, 1923-32.	Children examined by Dr. Thomson as whole-time Surgeon, 1915-21, and part-time, 1923-33.		
1915	24.9	24.9	mean per cent. 27.3	Dr. Thomson whole-time
1916	30.5	30.5		
1917	29.4	29.4		
1918	No Statistics	No Statistics		
1919	29.3	29.3		
1920	24.8	24.8		
1921	25.2	25.2	mean per cent. 27.3	Dr. Mortimer whole-time
1922	21.3	—		
1923	24.3 } mean	22.6 } mean		
1924	21.6 } per cent.	22.8 } per cent.		
1925	22.9 } 22.9	21.0 } 22.1		
1926	22.5 } mean	27.1 } mean		
1927	22.7 } per cent.	29.7 } per cent.	All part-time	
1928	21.5 } 22.2	29.3 } 29.0		
1929	20.0 } mean	21.9 } mean		
1930	22.1 } per cent.	22.0 } per cent.		
1931	21.3 } 20.8	15.6 } 18.9		
1932	19.8 }	16.2 }		
1933	—	23.6		

Total Number of Children examined, ...	36,822
Total number of cases of Convergent Squint,	8,425
Percentage of Squint overall, ...	22.8
Number examined by Dr. Thomson, ...	13,566
Number of cases of Convergent Squint,	3,205
Percentage of Squints, ...	25.00

(DR. JOHN A. MORTIMER).

CENTRES:

Blantyre, Carlisle, East Kilbride, Lanark, Larkhall, Shotts, Strathaven, Uddingston, Wishaw, Knowetop Special School.

The summary of ophthalmic work done during the past session shows a continuation of the excellent response to the benefits made available by the Education Committee for the correction and alleviation of eye defects and diseases in school children. In the above areas during the current year, 1,010 children were examined and treated and 1,556 were revisited. Out of this total of 1,010 children treated there were 132 more girls than boys, showing a continued preponderance of girls over boys requiring ophthalmic treatment.

In surveying this summary the following points of interest present themselves :—

(a) The great improvement during recent years in the relations between family doctors, teachers and the visiting ophthalmic surgeon. People now understand that the specialist who treats the child is not necessarily an enemy, but someone who is trying to do good for the family. In the writer's early days at this work with the Education Committee a few doctors resented the "interference" on the part of school medical officers but that has now happily almost completely died out.

(b) That the response to treatment by spectacles is eminently satisfactory where the defective vision is wholly due to errors of refraction.

(c) The advice with regard to the care of the eyes ; the prognosis and the future career of children who have considerable deficiency in vision, the bulk of whom are myopics of the advancing type ; the advising of parents and teachers of the standard of vision and the degree of myopia indicative of the necessity for admission to Myope classes ; the advice on higher education and the suggestions concerning occupations for the defective sighted. Answers and advice are now commonly sought by parents and teachers with regard to these questions. The special classes, established to provide children of this type with a scheme of education which can be undertaken with the least strain to the eyes and also to inculcate such methods of work as may, by becoming habitual, persist even after school years, are having a great influence on the progress of these children, both as regards the future of their vision and on their efficiency as workers after leaving school. These Myope classes which most certainly meet a real need in the modern school system are an asset of considerable worth not only to the individual educated there but also to the State.

During the year several cases have been investigated and operated on by the writer at the Glasgow Eye Infirmary where special facilities not available at the school clinics were made use of in their treatment.

(DR. H. SOMERVILLE MARTYN).

CENTRES :

Abington, Baillieston, Bellshill, Biggar, Cambuslang, Carnwath, Lesmahagow, Rutherglen, and Dalton Special School.

The total number of children examined by me during the past year was 2,165, of whom 677 were new cases and 1,488 revisits. Details of the work for the respective areas may be found in the appended tables. These provide further basis for the claim made by Dr. Ernest Thomson in last year's Report that "It may fairly be claimed that the County of Lanark is ahead of many other counties and cities in the Kingdom in the matter of the treatment of school children, certainly of ophthalmic treatment." The organisation and administration compel the admiration of those who work under it for it greatly facilitates the work and invites and provokes thoroughness. For the vast majority of cases the system

is complete. For the more difficult and obscure cases which are also the most serious from the probable loss of sight, the County of Lanark is much indebted to the Glasgow Eye Infirmary (and in some cases to the Ophthalmic Institution) for facilities for diagnosis and treatment. These include perimetry for the fields of vision as distinct from visual acuity, the services of a well-equipped modern X-ray department and Radiologist, the use of the operating theatre for cases of squint, cataract, ptosis, etc., the services of the ophthalmic staff, the consulting general surgeon, the consulting physician, the consulting neurologist, the neurological surgeon, the pathologist and the anaesthetist.

The recognition of these priceless services in any annual report of the work done is inevitable for such service supplies what is essential in the thorough investigation and treatment of the more serious cases.

The rooms in which the work is carried out are in the main adequate and in the more recent buildings such as Gateside and Dalton (Cambuslang), Gallowflat (Rutherglen) and Biggar, are ideal. Other rooms are made to serve the purpose, the numbers dealt with in them being in some places small. There is one outstanding exception, however, viz., Bellshill. Reference to the Tables will show that this Clinic is the largest of all yet the conditions for work are by far the least adequate and most unsatisfactory.

Instances of interest and co-operation of teachers and parents in the work of the clinic are more marked than in past years. The execution of the prescriptions by the opticians is almost without exception good, and the frames well-fitted.

The shape of lens supplied, large and perfectly circular, is good in so far as it is large, but the perfectly circular lens too frequently becomes rotated in its frame and in the case of astigmatic lenses this is disastrous. The eye is thereby irritated, the visual acuity is lessened, sometimes dramatically so, depending on the amount of rotation of the lens in its frame (and in such cases is worse than no glass at all), and time is wasted in detecting the error and in rectifying it. Frames are available with a check to prevent the round lens from rotating but these are expensive. The difficulty would seem to be best overcome by the adoption of the large oval type of lens. This type could not possibly rotate and could probably be obtained at the same cost as the present type.

(DR. JAMES A. WILSON).

CENTRE: Motherwell.

The work of the session has proceeded smoothly and satisfactorily. I have made an analysis of the eye conditions of the scholars coming under my care and give the results of my investigation.

EYE CONDITIONS IN SCHOLARS.

1. *Age-group 5 to 7 years*—From among the scholars that have been examined during the last eight years I have picked out all

those under seven years of age. This gives me a group of 300 children and in this group there are 35 cases of myopia. There are eight cases of hypermetropia (H. & H.A.) to one of myopia (M.; M.A. & Mix-A.). Among the small or hypermetropic eyes there are cases with 8D. of hypermetropia and among the large or myopic eyes there is one with 12D. of myopia. Between these extremes there are many intermediate conditions. In the myopic section 12 had low, 8 medium and 15 high degrees of myopia. There are also other 14 cases on the border line.

Here among these young scholars we have all the inequalities in the size of the eyeball already noted among children under five years of age, but with a strikingly large number of myopic, or shortsighted children. Most of the work these children get to do in the school is reading or observing at a distance of several yards and in their little books the type is large.

Is school work in any way responsible for these conditions? If it is, it can only be so to a very limited extent.

2. *Age-group 7 to 10 years*—In this group there are 4.6 cases of hypermetropia to one of myopia. This estimate is based on 800 consecutive cases and as far as possible all re-examinations have been excluded.

3. *Age-group 10 to 14 years*—In this group there are 3 cases of hypermetropia to one of myopia. This estimate is based on 1,200 consecutive cases.

Placing the proportions, for comparison, beside those found in the Report of the Committee set up by the Board of Education, the respective number of cases of hypermetropia to one of myopia are :—

Schools,	(1)	8 to 1,	(2)	4.6 to 1,	(3)	3 to 1.
Report,	(1)	36 to 1,	(2)	15 to 1,	(3)	13 to 1.

These two groups of figures exhibit, approximately, an arithmetical relationship of one to four.

The figures from the schools are relative to those with defective vision and those in the Report refer to the incidence in the total population. The steady approximation in both sets is due to the number of cases crossing the "optimum" line and becoming shortsighted.

(4) *Conditions in the Higher Grade Pupils*.—During the last eight years 94 pupils from the Higher Grade Schools have been examined. Their ages range from 15 to 17 years, 53 were males and 41 females. Here the steady approximation has now reached parity, for one half of these pupils were found to be shortsighted. These relative proportions are striking, but the number of cases is small. The results may or may not have some relation to the amount of study associated with these Higher Grade schools. Shortsighted people are often mentally equipped for higher grade work and their personal inclinations frequently lie in the same direction. Thus there may be selective influences at work in this group.

5. *Myopia caused by disease.*—There is at least one disease that produces shortsight, namely, the protracted inflammation of the eyes (Keratitis) that sometimes follows measles, or is associated with tubercular and other diseases when they affect the eyes. This inflammation leaves scars or opacities on the front of the eyes. In monocular myopia we sometimes see opacities on the myopic but not on the other eye. In ten cases of this nature, the eyes with the opacities had in all 38D. of myopia, while the eyes without the opacities had only 2D. of myopia.

In 1922, 16 per cent. of the cases of myopia examined had opacities, usually on both eyes; in 1925, 13 per cent. had opacities; in 1927, 5.7 per cent.; in 1929, 9 per cent.; in 1930, 6 per cent.; and in 1931, only 3 per cent. had opacities.

The number of cases of shortsight due to this cause is steadily decreasing and this is probably a result of the attention the children are now receiving at Child Welfare and the School Minor Ailments Clinics.

(DR. JAMES R. WATSON).

CENTRES:

Coatbridge and Hamilton.

The tables and summary for the past year show that the system of ophthalmic inspection is working smoothly and well and is gradually being more appreciated by parent and pupil alike. The time is really gone when one could complain of much non-attendance and inattention to instructions.

During the past session in these two areas 753 children were examined and received appropriate treatment, while 1,150 appeared at revisit. The usual preponderance of girls requiring treatment is again noticeable, there being 145 more girls than boys. Again, too, the preponderance of Myopic and Myopic-astigmatic eyes in girls is remarkable. Taken as a whole, there is the usual large excess of Hypermetropia and Hypermetropic Astigmatism cases over all other forms of refractive error.

The excess of the more serious forms of error of refraction in girls as compared with boys I have already remarked on in previous reports, *i.e.*, Myopia, Myopic-astigmatism and Mixed Astigmatism. Taking eyes singly there were 199 in boys, 273 in girls. How far this is due to the greater use of the eyes in girls for fine work, such as white seam sewing, is an interesting question, difficult to answer.

The types of cases that appear from year to year vary little so that it is difficult to make any new remarks regarding them, but there can be no doubt that a faithful record of them from year to year will in time yield a total of statistics from which a more minute knowledge of all the causal factors may be gradually evolved. It is impossible to overestimate the value of the system of revisitation, more particularly in myopic cases, as one has the satisfaction of seeing in many cases vast improvement from the treatment, as well as the opportunity of making required alterations in cases that have not given the expected result.

REPORT ON DENTAL TREATMENT.

The extraordinary success of this branch of the Committee's scheme of treatment is again shown by the numbers of children who came under the care of the school dental surgeons during the past session. When school dental treatment was first inaugurated the response of the parents and children was immediate and beyond all expectation and each succeeding year has shown a steady increase in the applications received for the services of the school dentist. If one cares to enquire from past Reports it will be seen how enthusiastically the scheme of school dentistry was received when first introduced. There was no slow, tedious building up process, no disheartening, widespread apathy on the part of the parents, no reluctance on the part of the teachers to co-operate, and, what is the more surprising, little, if any, unwillingness on the part of the children. In fact, the greatest share of the praise for the success of the scheme must be awarded to the children themselves who, after all, are the principal actors on the stage.

The progress of the scheme is shown by the fact that in 1917 there were two whole-time dentists on the staff; in 1919, the number had to be increased to four; and in 1925, so great was the demand for dental treatment, other two dentists were appointed. Now, with six whole-time dentists working it is found barely possible to cope with the demands for their services.

The number of scholars who came under the care of the Committee's dental officers during the past session was no less than **21,827**. When one considers that all these children came forward voluntarily to undergo treatment it will be conceded that they displayed a fortitude and enthusiasm singularly wanting in their elders. No compulsion, whatsoever, is exercised in the matter of bringing the children under the care of the school dentist. It may be, of course, that a little mild persuasion from the teacher or dentist may be required for the hesitating but nothing in the way of threat or constraint is ever exercised.

That the enthusiasm of the pupils is not transitory or due to the desire for a novel experience is shown in the record of treatment for the past seven years.

<i>Year.</i>	<i>No. of Children treated.</i>		
1926-27,	20,299
1927-28,	19,205
1928-29,	20,471
1929-30,	19,852
1930-31,	20,432
1931-32,	22,209
1932-33,	21,827

This gives an average of 20,616 children treated each year during the past seven years.

TABLE F.

DENTAL TREATMENT.

Summary of Work done in the following School Management Areas during the year ended 31st July, 1933.

INSPECTION.						TREATMENT.									No. of Pupils.	
SCHOOL MANAGEMENT COMMITTEES.		Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.							Necessitous.	Partly Necessitous.	
							Extractions.		Fillings.		Scaling.	Dressing.	Cleaning.			
			Boys.	Girls.	Boys.	Girls.	Temp.	Perm.	Cem.	Amal.						
Number	1	1048	322	297	249	241	807	49	—	70	—	—	—	403	87	
"	2	2245	608	624	497	519	1572	64	—	271	2	7	1	876	140	
"	3	4232	1141	1070	887	815	2683	130	—	331	25	20	10	1374	328	
"	4	2272	689	786	353	345	1178	207	9	192	—	16	82	562	136	
"	5	3468	1087	1109	608	585	2080	378	26	276	—	20	863	1047	146	
"	6	10206	4002	3964	1598	1774	4133	862	194	962	138	106	167	2923	449	
"	7	5641	2156	2062	1199	1248	3888	560	141	354	13	68	22	2154	293	
"	8	4321	1727	1704	902	919	1967	618	92	868	2	97	286	1558	263	
"	9	7188	1924	1974	1032	1034	3274	505	40	469	55	52	61	1620	446	
"	10	5300	1332	1412	623	679	2048	261	19	298	20	27	24	1049	252	
"	11	5420	1881	1754	818	821	1503	165	91	718	1	139	24	1450	189	
"	12	7059	2282	2224	658	680	1945	656	59	433	3	39	745	1117	221	
"	13	6564	2191	2117	831	826	2741	345	90	240	6	27	2	1404	253	
"	14	4042	1737	1723	538	548	669	75	67	756	1	61	1	787	299	
TOTAL	..	69006	23079	22820	10793	11034	30488	4875	828	6238	266	679	2288	18324	3503	



As was stated in an earlier paragraph of this Report, the slight fall in the numbers of children treated this session compared with last year was due to the prevalence of epidemics in the latter part of 1932 and the early months of 1933. These epidemics affected adversely the attendance of the children at the dental clinics, as also at the visual and minor ailments clinics, but, nevertheless, it must be agreed that the record of work done is entirely praiseworthy.

As has been observed in previous years the best percentages of treatment were again obtained from the rural areas. In these districts the treatment is actually conducted in the schools attended by the pupils and whether this greater facility for treatment or a higher appreciation of the dentists' services in the country is the principal factor in the excellent response obtained is difficult to say; probably both factors play their part equally. That the conducting of treatment in the school attended is conducive to a higher percentage of treatment was fully brought out in last year's Report and wherever this procedure can be carried out conveniently it is now done.

The honour of giving the highest percentages of treatment falls to No. 2 School Management Area where the percentage was 82.46. This means that, of each 100 children notified as requiring dental treatment, 82.46 accepted and received dental treatment. This percentage is closely followed by No. 1 School Management Area where the treatment percentage was 79.16. In No. 3 Area the percentage was 76.9. The doubtful distinction of furnishing the poorest returns falls to an urban area (No. 12 Area) where the treatment percentage was only 29.9. The individual schools in the various School Management Areas differed rather widely in the percentage of children treated. In the urban areas where the work is carried out at a central clinic, the school in which the clinic is conducted invariably gives a high treatment percentage. This bears out the contention that treatment, if conducted actually in the school premises, is accepted by the children as part of the school routine. This applies not only to dental treatment but is also well seen in cases where visual treatment is necessary.

The reports obtained from the school dentists are unanimous in the matter of a decided improvement in the dental state of the children under their care. The grossly unhealthy, septic mouth is now a decided rarity and the wholesale extraction of carious teeth is rapidly becoming a thing of the past. More and more each year the treatment is tending towards the conservation of the teeth and the statistics for several years past show a steady rise in the number of fillings and a corresponding fall in the number of extractions.

The exemplary behaviour of the children when undergoing treatment is commented on by all members of the dental staff. Very rarely indeed does one come across an obstreperous or recalcitrant child and if such is encountered it is invariably a child who is accompanied by a nervous, excitable mother. Admission to the treatment room is never refused to any parent who wishes to be present but, when all is said, it would be much better both

for child and parent if the latter remained outside during the actual dental operation. Frequently, the dentist and nurse have to deal with a calm, cool and collected child and a hysterical, half-fainting mother. When once the confidence of the children is obtained—and this requires tact, gentleness, and infinite patience—it is an easy matter to deal with them and the fact that children come forward year after year for treatment shows how completely the dentist has obtained their trust. It has to be remembered that large numbers of the children dealt with are of tender years. This attribute of the school dentists is, one fears, not fully appreciated, probably because it has never been given serious thought.

Each of the dentists desires to acknowledge the great help received from all members of the teaching staffs and also from the school janitors who have done all in their power to make the premises as comfortable as possible both for the children and dental staff.

The following extracts are taken from the reports submitted by the dental surgeons on the session's work :—

Mr. Beattie (Nos. 1, 2, 3, 4, 5 and 8 School Management Areas) remarks on the wonderful regularity and punctuality of the patients in attending the clinics. There have been very few absentees except through illness or removal from the district. Mr. Beattie comments on the greatly improved condition of the children's mouths especially in the rural areas. In these districts the diet is well balanced and calls for effort in mastication which lends itself to good teeth but in the mining districts he finds that the diet is more sloppy, calling for less effort from the teeth and consequent deterioration of the teeth themselves. Mr. Beattie remarks on the need for orthodontic treatment and expresses the hope that when conditions are more favourable this branch of dentistry may be taken up in school practice.

The following is a summary of the work undertaken during the year by Mr. Beattie :—

Total number of children treated, 3,957 ; extractions (temporary teeth), 6,312 ; extractions (permanent teeth), 287 ; fillings, 816 ; dressings, scaling, etc., 68.

Mr. Rankin (Nos. 4, 5, 8 and 12 School Management Areas). Mr. Rankin has no special points to raise in connection with the work undertaken this year except to comment on the marked improvement in general health of a patient—a mentally defective boy—that followed an extended course of dental treatment.

The following is a summary of the work undertaken by Mr. Rankin during the session :—

Number of patients treated, 3,365 ; extractions (temporary teeth), 5,331 ; extractions (permanent teeth), 1,747 ; fillings, 1,100 ; scaling, dressings, etc., 2,062.

In addition to the foregoing, Mr. Rankin treated the following number of pre-school children at Hamilton Child Welfare Clinic by arrangement with the Medical Officer of Health of the Burgh :—

Boys, 8 ; Girls, 15 ; total teeth extracted, 60.

Mr. Kerr (Nos. 8, 11, and 14 School Management Areas) remarks on the increased number of new patients coming forward for treatment during the session. In many cases this meant a considerable amount of extraction work owing to the delay in accepting treatment but, taken all over, the dental work shows a marked increase in conservative treatment. The parent's demand for extraction of a child's tooth rather than that an endeavour should be made to preserve the tooth by suitable filling is becoming much less frequent.

The following is a summary of the work undertaken by Mr. Kerr during the session :—

Total number of children treated, 3,807 ; extractions (temporary teeth), 2,885 ; extractions (permanent teeth), 342 ; fillings, 2,399 ; scaling, dressings, etc., 324.

Miss Watson (Nos. 7 and 13 School Management Areas) comments on the interesting nature of school dentistry especially when the good results of former treatment begin to be manifest. She draws attention to the absolute necessity for patience and tact in dealing with the children and of gaining the confidence of the patients. Especially is this the case with the very young children when, if confidence has been established, these children will come forward freely each succeeding year for whatever treatment may be necessary. Miss Watson wishes to thank very specially the infant mistresses in the various schools for their great help in dealing with the youngest children in school. She also wishes to thank those Headmasters who, when treatment is not authorised by parents, make a special appeal to the parents to reconsider their decision, usually with success. In one school where an unusually large number of refusals had been sent back by parents the headmaster took the matter up directly with the parents with the result that no fewer than seventy parents withdrew their objections and consented to dental treatment being carried out.

Miss Watson remarks on the unfailing courtesy extended to her at all schools and the evident desire of all members of the teaching staffs to be as helpful as possible in promoting the efficiency of the scheme.

The following is a summary of the work carried out during the year by Miss Watson :—

Total number of children treated, 3,786 ; extractions (temporary teeth), 6,267 ; extractions (permanent teeth), 858 ; fillings, 728 ; scalings, dressings, etc., 106.

Mr. Watson (Nos. 6, 7, 9 and 10 School Management Areas) draws attention to the considerable increase in the demand for school dentistry in all of his districts, and especially from parents who, formerly, were in the habit of having their children treated privately. This may be due, in part, to the financial stringency existing at present in many households but it is reasonable to conclude that, in part, it is also due to a change in public opinion regarding the scheme. The excellent results obtained at the school clinic cannot be hidden and are bound to become public with the result that prejudice against school treatment is fast disappearing

amongst all classes of the community. Mr. Watson also draws attention to the better response obtained in rural areas as compared with urban and attributes this, in great measure, to the personal influence of the headmaster and his staff in encouraging the pupils to take advantage of the opportunities afforded. The response from the Secondary Schools is, however, still disappointing although exactly the same opportunities are afforded to the senior pupils as are given to the scholars in primary schools.

Mr. Watson comments on the interest shown by the teachers in the scheme of school dentistry. In some schools essays were given to the children on the subject of "The School Dentist," "Care of the Teeth," "A Visit to the Dental Clinic," and so on. The results were, as may be supposed, rather astonishing and many of the essays displayed a great sense of humour amongst the children, but never was there any hint of ridicule. The routine work at a clinic is none the worse in being relieved by an occasional humorous incident.

The following is a summary of the year's work overtaken by Mr. Watson:—

Total number of children treated, 3,301 ; extractions (temporary teeth), 5,328 ; extractions (permanent teeth), 748 ; fillings, 792 ; scaling, dressings, etc., 238.

Miss Young (Nos. 6 and 7 School Management Areas) states that as this is her first year under the Committee she desires to express her appreciation of the courtesy and helpfulness extended to her by her medical and dental colleagues in the service. Although not long enough in the present post to feel justified in making any dogmatic statements Miss Young is impressed by the excellent work undertaken by her predecessors in the service as shown by the state of the children's teeth. Where treatment follows quickly on inspection the enthusiasm of the children does not get time to wane and, consequently, better percentages of treatment are obtained. Miss Young comments also on the splendid behaviour of the children when undergoing treatment and on the keen interest shown by a large number of parents.

The following is a summary of Miss Young's work throughout the session:—

Total number of children treated, 3,611 ; extractions (temporary teeth), 4,365 ; extractions (permanent teeth), 893 ; fillings, 1,231 ; scaling, dressings, etc., 435.

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

AT HAMILTON CLINIC:

(DR. JAMES ADAM).

During the year ended 31st July, 1933, 163 school children received 570 attendances at Linnview; in addition, 131 operations under chloroform were done at Beckford Street Hospital; of these 129 were for enlarged Tonsils and Adenoids, the adenoids alone being removed in 39 cases. Of 13 nasal cases, 8 were suppurative; in 4 the suppuration ceased after the Tonsils and Adenoids operation, in 2 under medication, and in 2 after operation under chloroform; 2 were cases of nose bleed treated by cautery (which was also applied in 2 cases of obstruction); 2 cases of watery nose cleared up under diet and medication.

Of 14 aural cases, 11 were chronic suppurations of the middle ear; all have dried except one which was sent to hospital for mastoid operation; 3 were cases of deafness due to chronic aural catarrh. Of these, one, a boy, who had been 6 years at the School for the Deaf, is now doing well at an ordinary school; another has attended for 3 years and can now hear a whisper at 15 feet instead of 3 feet; the third is a similar case.

In 14 cases sent for the Tonsils and Adenoids operation, this was not considered necessary, most of them being cases of vitamin lack and all of them being satisfactorily treated by dietary.

Only 3 cases cited for operation failed to turn up.

As will be noted, an attempt is being made on lines referred to in last year's Report to avoid removal of tonsils, an operation that should need to be far less frequently performed. There is no doubt, however, that since regular attention has been paid to Tonsils and Adenoids, nasal and aural suppurations have become much less frequent.

AT MOTHERWELL CLINIC:

(DR. R. A. GRAY).

	Under General Anæsthetic.
No. of necessitous cases treated for Tonsils and Adenoids,	195
No. of necessitous cases treated for Diseases of the Ear,	2
No. of necessitous cases treated for Diseases of the Nose,	2
	<hr/>
	199
	<hr/>
Total number of attendances of school children at the Clinic,	608
Total time occupied by Ear, Nose and Throat Specialist (approximate number of hours),	75
Total time occupied by Anæsthetist (approximate number of hours),	75

MINOR AILMENTS CLINICS.

The number of clinics for the treatment of minor ailments remains the same as last year, namely, seven. These are situated at the following centres :—Airdrie, Blantyre, Cambuslang, Hamilton, Larkhall, Motherwell and Rutherglen. At Airdrie, the clinic is conducted in a building in the grounds of the Academy; at Blantyre, in the Child Welfare Centre by arrangement with the public health department of the county; at Cambuslang, in Gateside School; at Hamilton, at the Committee's clinic in Beckford Street; at Larkhall, in Machanhill School; at Motherwell, in the Carnegie Welfare Clinic by arrangement with the public health department of the burgh; at Rutherglen, in Gallowflat School.

The success attending the establishing of the minor ailments clinics is shown by the increasing advantage which is being taken of them, each successive year showing an increase both in the numbers of children treated and the number of attendances made. The parents, also, have come to regard the clinics not only as places where treatment can be obtained for their children but also as centres to which they can apply for all manner of advice ranging from the care of a bed-ridden grandparent to the obtaining of better quarters in a new housing scheme. In fact, many of the parents regard the school clinic as a general information bureau and are quite disappointed when they are told that there are certain limitations attached to the functions of such a clinic.

Apart from the curative measures undertaken at the clinics there has grown up during recent years the practice of parents taking their children to the clinics for advice as to when school attendance may be resumed by an absentee child. These parents either have had no private medical advice during the illness of their children or have not the money to pay for a medical certificate and when pressure is being put on them by the attendance department they have recourse to the medical officer at the nearest school clinic. No special objection can be offered to a parent's consulting the school medical officer as to a child's fitness for school attendance but these examinations all make serious inroads on the doctor's time and no credit is given for this as the numbers are not included in the tabulated attendances for treatment at the clinic. And yet, no fewer than 758 such examinations were conducted at the various clinics during the past year.

It will be observed from the accompanying table (Table G.) that *diseases of the skin* are by far the commonest ailments treated at the clinics, constituting 63·6 per cent. of the total of all conditions dealt with. Septic sores and abrasions are the commonest, closely followed by impetigo. Pediculous conditions of the head or body are now becoming rare, indicating a marked improvement in the cleanliness of the children. There has, however, been a rather disturbing increase in the number of scabies cases coming to the clinics during the past few years.

Next in order of frequency come *diseases of the eye*; these constitute 24·7 per cent. of the total conditions treated. The commonest eye disease amongst school children is blepharitis, *i.e.*, ulcerative inflammation of the eyelids. This condition is fairly easily cured if got in its early stages but when there is serious delay in treatment the condition tends to become very intractable, necessitating prolonged attendance at the clinic and frequently resulting in permanent scarring of the eyelids. Conjunctivitis, *i.e.*, inflammation of the lining of the eyelids and outer covering of the eyeball, tends to become epidemic in character as certain types of it are highly contagious. In Hamilton, Cambuslang, and Rutherglen districts certain schools were threatened with an outbreak of the condition—chiefly amongst the infant children—and prompt measures were taken to have the children sent to the minor ailments clinics for treatment. Teachers are warned to send the children to the clinic as soon as the disease is recognised, but frequently the first indication the teacher has of the presence of the condition is when several of the pupils in the class simultaneously show evidence of the infection. The removal of school towels from the children's lavatories helps to prevent the spread of the disease.

Diseases of the Ear, although not of such frequent occurrence as skin and eye diseases, are generally much more tedious in their process of cure. The condition commonly known as a "running ear" is one of the most trying of all children's diseases in medical practice. If the condition is suppurative in character the smell arising from it is exceedingly disagreeable and on account of its chronicity parents are notoriously lax in carrying out the sustained treatment so necessary to effect a cure. The dangers attendant on this condition are not yet recognised fully by the majority of parents and usually it is found that the most perfunctory of treatment has been given at home for months, and even years, before the child comes under the care of the school medical officer. The great majority of cases of acquired deafness arise from prolonged suppurative inflammation of the middle ear and in every instance treatment should be instituted on the first appearance of the disease. Diseases of the ear constitute 8·1 per cent. of all cases attending the minor ailments clinics.

Disease of the Nose, although relatively few in number when compared with skin and eye diseases, resemble cases of ear disease in the matter of chronicity; mild catarrhal conditions yield readily to treatment but when the discharge is purulent prolonged treatment is required. Operative measures have frequently to be advised but difficulty is encountered in persuading parents as to the necessity for such action. Diseases of the nose constitute 3·06 per cent. of the cases attending the clinics.

Ringworm of the Head and Body are comparatively uncommon conditions, but owing to their highly contagious nature demand energetic and urgent treatment. Ringworm of the body is very amenable to clinic treatment but the case is frequently far otherwise with ringworm of the head. This latter condition is exceedingly chronic, as a rule, necessitating many months of treatment even in favourable cases and frequently proving quite resistant to local

drug treatment. In such cases X-ray treatment is advised. Fortunately, as has been said, the numbers of children affected are few, ringworm only furnishing 0·3 per cent. of the clinic cases. Indeed, at one clinic (Larkhall) no case of ringworm was discovered during the past year.

A survey of Table G. will show the numbers of children attending the various clinics, the conditions from which they suffered and the attendances made by the patients. The table shows that no fewer than **10,894** children attended throughout the year for one or other of the tabulated diseases and that the total attendances made by the patients amounted to **76,410**. Compared with the previous year, this shows an increase of 1,756 patients and an increase of 3,185 attendances.

To the above figures must be added the treatment afforded at the Committee's special schools for invalid children where minor ailments clinics for the pupils are in operation every school day. The number of attendances at these clinics during the past session was **24,092**.

Thus, the grand total of attendances made at the Education Committee's minor ailments clinics for the year 1932-33 amounts to **100,502**, an increase of 3,488 over the corresponding figures for the preceding year.

The following is a summary of the number of patients attending at each of the clinics:—

Airdrie Clinic (Dr. DARLING)—For eye diseases, 253 with 2,442 attendances; skin diseases, 817, with 4,617 attendances; ear diseases, 115, with 2,274 attendances; nose diseases, 5, with 22 attendances; ringworm, 4, with 16 attendances.

Blantyre Clinic (Dr. CORMACK)—For eye diseases, 244, with 2,636 attendances; skin diseases, 743, with 4,161 attendances; ear diseases, 92, with 1,336 attendances; nose diseases, 43, with 909 attendances; ringworm, 5, with 44 attendances.

Cambuslang Clinic (Dr. CUNNINGHAM)—For eye diseases, 638, with 4,382 attendances; skin diseases, 1,197, with 5,644 attendances; ear diseases, 110, with 1,087 attendances; nose diseases, 53, with 421 attendances; ringworm, 12, with 56 attendances.

Hamilton Clinic (Dr. MACKENZIE)—For eye diseases, 527, with 5,253 attendances; skin diseases, 1,300, with 7,309 attendances; ear diseases, 182, with 2,003 attendances; nose diseases, 52, with 568 attendances; ringworm, 15, with 110 attendances.

Larkhall Clinic (Dr. MACKENZIE)—For eye diseases, 303, with 3,060 attendances; skin diseases, 874, with 6,045 attendances; ear diseases, 77, with 1,058 attendances; nose diseases, 75, with 1,285 attendances. (No case of ringworm discovered).

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.

	AIRDRIE CLINIC.			BLANTYRE CLINIC.			CAMBUSLANG CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHERWELL CLINIC.			RUTHERGLEN 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.	Boys.	Girls.	Total Attendance.
DISEASES OF THE EYE—																					
Blepharitis	67	59	1309	56	56	1544	123	127	1793	96	109	2095	63	67	1529	98	93	1703	90	100	1469
Conjunctivitis	28	22	259	22	29	189	122	116	1529	97	110	1805	41	64	834	33	38	751	70	74	817
Corneal Ulcer	1	5	45	—	1	4	25	9	216	4	7	53	1	4	36	2	6	128	3	2	21
Corneal Opacities	7	4	314	7	8	579	16	3	344	13	22	873	8	6	468	3	4	112	3	2	119
Ophthalmia and Phlyctenular Conj.	2	2	45	2	6	27	10	7	216	8	5	89	—	2	8	—	1	5	3	2	28
Keratitis-Interstitial	—	—	—	—	—	—	—	1	7	1	1	50	2	9	24	2	1	46	1	3	67
Hordeolum (Stye)	16	24	143	19	18	111	29	30	161	19	22	163	18	11	91	21	14	238	24	16	100
Stillicidium	—	—	—	2	3	124	2	1	45	—	1	5	—	—	—	1	—	2	—	—	—
Other Diseases	5	11	327	9	6	58	8	9	71	8	4	150	2	5	70	4	5	59	8	4	33
TOTALS	126	127	2442	117	127	2636	335	303	4382	246	281	5253	135	168	3060	164	162	3044	202	203	2654
DISEASES OF THE SKIN—																					
Impetigo Contagiosa	172	141	1973	136	76	1198	173	132	1460	270	163	2301	127	87	1139	140	89	1066	183	116	1626
Eczema	6	8	66	11	19	358	40	28	461	21	15	296	23	9	379	73	25	639	57	38	674
Alopecia Areata	—	—	—	—	—	—	1	2	31	5	4	145	5	3	80	—	—	—	3	3	87
Scabies	47	36	397	31	23	247	22	11	119	31	21	203	13	17	85	28	16	326	16	26	186
Pediculosis Capitis, with Impet.	—	3	21	3	3	27	1	5	54	8	19	131	1	4	27	27	46	309	1	14	81
Pediculosis Capitis	1	1	3	—	—	—	—	2	3	1	4	17	—	1	2	—	6	21	—	4	13
Dermatitis Seborrhoeica	1	1	9	6	10	150	56	40	573	24	34	365	27	26	432	18	8	123	50	44	442
Wounds and Septic Sores	222	99	1621	192	115	1262	363	167	2232	385	174	2865	284	119	2793	208	93	1534	312	129	1916
Psoriasis	7	7	120	3	4	123	—	3	34	2	4	110	1	3	18	3	7	52	1	1	18
Other Skin Diseases	37	28	407	57	54	796	91	60	677	82	33	876	85	39	1090	19	6	98	112	79	896
TOTALS	493	324	4617	439	304	4161	747	450	5644	829	471	7309	566	308	6045	516	296	4168	735	454	5939
DISEASES OF THE EAR—																					
Chronic Suppurative Inflammation	43	53	2159	44	28	1235	40	28	909	99	55	1903	41	23	977	78	44	1512	58	35	1195
Ceruminous Collection	11	6	112	4	1	19	10	10	65	13	2	49	3	1	12	9	6	27	22	11	103
Chronic Catarrh	—	—	—	1	3	8	8	8	89	4	6	40	1	5	52	—	1	7	11	4	61
Other Diseases	1	1	3	8	3	74	4	2	24	3	—	11	2	1	17	4	6	31	13	4	72
TOTALS	55	60	2274	57	35	1336	62	48	1087	119	63	2003	47	30	1058	91	57	1577	104	54	1431
DISEASES OF THE NOSE—																					
Nasal Catarrh	2	2	21	11	12	491	23	16	331	19	17	382	30	17	659	20	12	430	34	17	249
Nasal Obstruction	1	—	1	9	11	418	10	4	90	7	9	186	17	11	626	8	9	137	4	2	26
TOTALS	3	2	22	20	23	909	33	20	421	26	26	568	47	28	1285	28	21	567	38	19	275
Ringworm of Head	1	—	2	—	1	20	1	2	10	6	1	61	—	—	—	—	—	—	—	—	—
Ringworm of Body	2	1	14	3	1	24	6	3	46	4	4	49	—	—	—	1	1	13	1	1	4
TOTALS	3	1	16	3	2	44	7	5	56	10	5	110	—	—	—	1	1	13	1	1	4



Motherwell Clinic (Dr. YOUNG)—For eye diseases, 326, with 3,044 attendances; skin diseases, 812, with 4,168 attendances; ear diseases, 148, with 1,577 attendances; nose diseases, 49, with 567 attendances; ringworm, 2, with 13 attendances.

Rutherglen Clinic (Dr. CUNNINGHAM)—For eye diseases, 405, with 2,654 attendances; skin diseases, 1,189, with 5,939 attendances; ear diseases, 158, with 1,431 attendances; nose diseases, 57, with 275 attendances; ringworm, 2, with 4 attendances.

At the Special School Clinics:—

Drumpark Special School (Nurse DOUGLAS),	10,663 attendances
Dalton Special School (Nurse PARK),	... 7,772 „
Knowetop Special School (Nurse CHISLETT),	5,657 „

JOHN MACINTYRE,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION OFFICES,
3, CLYDESDALE STREET,
HAMILTON.

1. The first class (the first) - the first class, 1887 with 1887
attendance; the first class, 1887 with 1887 attendance
the first class, 1887 with 1887 attendance, was 1887 with 1887
attendance, 1887 with 1887 attendance.

2. The second class (the second) - the second class, 1887
attendance; the second class, 1887 with 1887 attendance
the second class, 1887 with 1887 attendance, was 1887 with 1887
attendance, 1887 with 1887 attendance.

3. The third class (the third) - the third class, 1887
attendance; the third class, 1887 with 1887 attendance
the third class, 1887 with 1887 attendance, was 1887 with 1887
attendance, 1887 with 1887 attendance.

JOHN MACINTYRE
1887 with 1887 attendance

1887 with 1887 attendance
1887 with 1887 attendance
1887 with 1887 attendance