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County Council of the County of Lanark

EDUCATION COMMITTEE

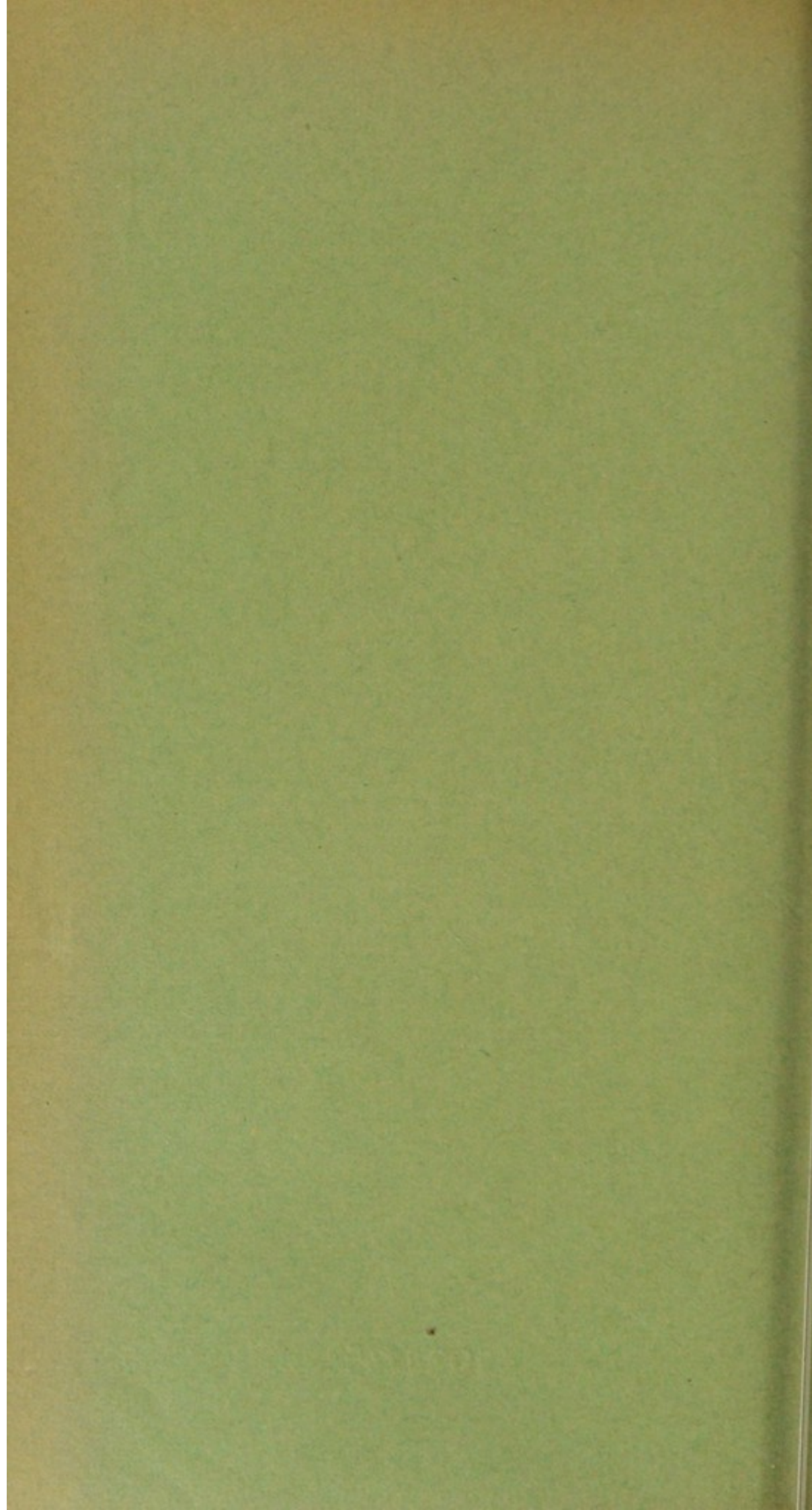
TWENTY-SIXTH
ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN



1934-35



County Council of the County of Lanark

EDUCATION COMMITTEE


TWENTY-SIXTH
ANNUAL REPORT

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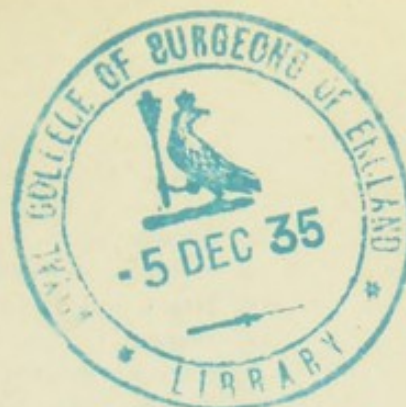
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SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN

1934-35





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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-Sixth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ended 31st July, 1935. 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, 1935.*

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.
JANET B. CUNNINGHAM, 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.

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
WILLIAM KERR, 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.
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.	AGNES L. D. MILLER.
MARY M. BENNETT.	MARJORY K. M'DOUGALL.
MARTHA M. CHISLETT.	ISABEL MACKINNON.
ISOBEL T. COCHRAN.	FRANCES M'KEE.
*ANNIE DOBIE.	MARJORY MACGILLIVRAY.
†RACHEL DOBIE.	MARGARET NEILSON.
ANNIE N. DOUGLAS.	HELEN PARK.
FLORENCE D. FLEMING.	MYRA E. SMITH.
JEAN HANNAH.	MARGARET C. R. SUTTER.
AMY S. T. HISLOP.	ISABEL TAYLOR.
	MARY A. YATES.

Clerical Staff.

Chief Clerk—ROBERT A. M'ROBBIE.

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

*Died 15th March, 1935.

†Appointed 15th April, 1935.

SCHEME OF MEDICAL INSPECTION, SUPERVISION, AND TREATMENT.

I.

LIST OF STAFF.

The personnel of the Medical, Dental, Nursing and Clerical Staffs is shown on page 6 of this Report. It is with great regret that the death of Miss Annie Dobie has to be intimated. Nurse Dobie was a member of the school nursing staff for $14\frac{1}{2}$ years and during that time efficiently and sympathetically performed all the duties entrusted to her. The vacancy caused by her death was filled by the appointment of Nurse Rachel Dobie. There has been no further change in the personnel of the staff during the year.

II.

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

Primary and Advanced Division Schools, ...	222
Secondary Schools,	21
Special Schools or Classes,	11

(b) Number of Children on Register,	95,472
,, ,, in Average Attendance,	86,779

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

Carfin R.C. School.—New school with accommodation for 600 pupils. This school replaces a former school in the district which had become dilapidated.

Newton R.C. School.—New school with accommodation for 500 pupils ; replaces a former school in same district.

Bankhead Primary School.—New school with accommodation for 600 pupils ; serves the needs of new housing scheme in King's Park district, Rutherglen.

Coatbridge Secondary School.—Reconstruction and addition ; now accommodation for 876 pupils.

Greenfield Advanced Division School, Hamilton.—An annexe added for instruction in art, science, and woodwork ; also additional class accommodation for 40 pupils.

Forth Primary School.—New school with accommodation for 500 pupils ; replaces old school in same district.

Bishopbriggs H.G. School.—Annexe added providing accommodation for 150 pupils to meet the needs of housing scheme in the district.

Budhill P. School.—Annexe added to provide additional accommodation for 130 pupils ; also buildings for instruction in cookery, science, and woodwork.

Carmyle Primary School.—New school for junior pupils with accommodation for 150 children.

In addition to the foregoing, a large amount of minor renovation and reconstruction work was carried out at many of the schools, including such work as improvement in lighting, sanitation, new flooring, removal of class-room galleries, etc.

III.

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

During the session 1934-35 the number of visits paid by the School Medical Officers in connection with the *routine* examination of school children amounted to **1,128**. As formerly, the groups of children examined at these visits were as follows :—(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. Reference to the general summary of the work overtaken during the year (pages 18-19) will show that **30,220** pupils in the four routine age groups were subjected to full medical examination, this total comprising 15,228 boys and 14,992 girls. The total number examined (30,220) is **99·97** per cent. of the possible, so that it may be said that the examination was, practically, complete. The small percentage of non-examined children is accounted for by those pupils who, while still remaining on the school register, were resident for prolonged periods in sanatoria or other institutions and so were not available for examination by the school medical staff.

During the visits paid to schools for the purpose of routine examination of the regular age groups, a considerable number of *special* cases were presented to the medical officers for examination either at the request of the parents or of the children's class teachers. The number of such special cases examined amounted to **5,338**. Table A shows the numbers examined in each of the various age groups, boys and girls separately, in each School Management Area as well as the number of selected or special cases in each Area.

IV.

NUMBER OF SPECIAL VISITS BY SCHOOL MEDICAL OFFICERS.

A regular, systematic revisiting of all the schools was, as usual, carried out by the medical staff during the year. This is a most important feature of school medical supervision as it is essential to keep under observation those children who have been noted as suffering from some condition requiring remedy and also to give advice regarding any new case which may have arisen since the

medical officer's previous visit. In addition, it permits of the medical officer examining any children who may have been absent during the routine inspection of the regular "age groups." Many special visits were also made to schools for the purpose of examining applicants for permission to engage in part-time employment and also in connection with applications for food, boots, clothing, milk, etc.

During the year, the Assistant School Medical Officers paid **591** revisits to the schools and during the same period the Executive School Medical Officer made **184** visits, making a total of **775** special visits for the staff. (This is exclusive of the regular visits paid by members of the school nursing staff to those schools in districts served by minor ailments clinics). The number of children actually examined by the medical officers at their regular revisiting amounted to **20,836**. For the number of children specially examined for malnutrition, clothing, employment, absenteeism, etc.—see summary on pages 18 and 19 of this Report.

V.

SANITARY CONDITION OF SCHOOLS.

The sanitary condition of the schools throughout the whole educational area continues to be generally satisfactory. Lighting has been improved in certain of the schools and the provision of new schools and renovation of existing school buildings have very greatly added to the sanitary efficiency.

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 remains at 20. These were allocated as follows:—For medical inspection and supervision, 7; for treatment, 13. It has to be pointed out that all nurses engaged in medical inspection also undertake treatment at the minor ailments clinics so that no hard and fast line between "medical inspection" and "treatment" nurses can be drawn.

2. DUTIES IN SCHOOL.

For detailed report on this subject see Report for year 1932-33.

3. DUTIES IN VISITING.

For full details regarding these duties see Report for year 1929-30. The number of special visits paid to homes during the past year, chiefly on account of pupils non-attendance or irregular attendance at the clinics, amounted to 300.

(C) ARRANGEMENTS FOR "FOLLOWING UP."

For a full account of the arrangements in force in connection with the "following up" of cases requiring attention see Report for year 1929-30.

(D) SUPERVISION OF INFECTIOUS DISEASES
INCLUDING SCHOOL CLOSURE.

A close supervision of contagious and infectious diseases in school continues to be maintained. All children found or suspected to be suffering from such diseases are excluded from school forthwith and the parents advised of the condition. The teaching staffs in the various schools are becoming very alert in recognising the commoner types of contagious diseases and also the early symptoms of the commoner infectious diseases such as measles, whooping cough, mumps, etc., and the teachers' valuable assistance in this matter is fully recognised by the members of the school medical service. If, occasionally, the teachers are faulty in their diagnosis of contagious disease they have erred in a good cause and no blame can be attached to them for exercising over-precaution in keeping their classes free from infection. If any blame is to be meted out it should be to those members of the teaching profession—happily becoming fewer each year—whose zeal for a high attendance average is inclined to make them somewhat blind to the presence of an obvious case of, say, impetigo amongst their pupils. The regular visits paid by the school nurses to schools in those districts served by a minor ailments clinic have been exceedingly helpful in supplementing the efforts to keep down any outbreak of infectious and, especially, contagious disease.

The past year was one in which there was a relatively low incidence of the more serious infectious diseases, such as scarlet fever and diphtheria, and it is worthy of note that no case of scarlet fever was discovered in school by the school medical staff at any of their visits and only 3 cases of diphtheria. Of the less serious infectious diseases, 33 cases of mumps were discovered in school. It was not found necessary during the year to recommend closure of any school or department of a school on account of infectious disease. Reference to Table X in this Report shows the number of infectious or contagious diseases discovered at school by the medical officers. It will be noted that scabies, which last year showed a satisfactory decline, has become more prevalent, the Burgh of Hamilton and the County Area especially showing a rather marked increase. The great majority of the cases were recognised in their early stage and appropriate measures taken to effect a cure. There was a definite fall in the number of cases of impetigo and conjunctivitis.

The County Bacteriologist (Dr. Gow Brown) examined and reported upon all specimens submitted to him, and of the 11 swabs from cases of suspected diphtheria only 3 were found to be "positive," whilst only 4 cases of "positive" ringworm of the scalp were discovered. Considering the very large number of children examined this result must be considered highly satisfactory.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The closest co-operation with the various public health services continues to be maintained. The procedure adopted has been explained fully in previous reports. The joint use of clinics by the public health authorities and the school medical service still continues in operation at Motherwell, Hamilton, and Blantyre, and a similar arrangement is meantime under consideration with the Burgh of Coatbridge.

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

There was no outstanding change in the attendance of parents at medical inspection or at the treatment clinics during the year. As formerly, it was found that the largest numbers of parents attended at the first and second routine examinations, but at the subsequent examinations, namely, at 12 and 16 years, the numbers rapidly fell. During the year, 1,103 parents attended, and of these 76 per cent. were at the first examination, *i.e.*, the "entrants," 18 per cent. at the second examination, *i.e.*, the "intermediates," whilst only 6 per cent. attended at the third examination, *i.e.*, the "seniors." These percentages are practically the same as last year.

At the treatment clinics, however, matters are vastly different and a very large percentage of the mothers regularly attend with their children. This applies to every type of clinic—visual, dental, ear, nose and throat, and minor ailments, and clearly shows that parental interest is not waning where the health of the children is at stake. Again when a *special* examination of a child is notified to take place, the parent or other responsible person invariably attends.

(G) SPECIAL EXAMINATIONS.

With the passing of the years the number of *special* examinations called for shows a marked tendency to increase, and the demand on the school medical officers for "examination and report" steadily and surely grows. These applications come from every School Management Area and, in some areas, it would almost appear from every official connected therewith, not to mention the numerous requests from headquarters itself. There is scarcely a phase of child school life that is not embraced in the requests and the brief and concise medical reports submitted furnish little indication of the amount of time and care expended in arriving at the conclusions. A report, consisting of a few lines of type, may be the summarised result of an hour, or more, of serious medical work, as in the case of a report on the mental state of a child or in the case of some physical disability, such as deafness or nervous disorder. Teachers, clerks to Local Committees, attendance officers, and so on, are each anxious that his special charges and concerns should be attended to, and so the spate of applications for "examination and report" continues. Each request, it is needless to say, is urgent. *O! terque quaterque beati* are they who can meet all demands and thoroughly satisfy all the parties concerned.

(a) *For Infectious or Contagious Diseases.*—The procedure adopted in dealing with infectious or contagious diseases in school has been fully explained in previous reports. It is sufficient to say that whenever the necessity arises special visits are made to the schools by members of the school medical staff and instructions given as to the protective measures to be adopted. The frequent visits made to schools by the nurses in charge of the minor ailments clinics are specially helpful in controlling any threatened outbreak of contagious disease.

(b) *Absentee Pupils.*—During the year large numbers of special examinations were made of children who had been absent from school for more or less prolonged periods or who were markedly irregular in their attendance. On many occasions, also, examination of children not yet enrolled at school, although of school age, was called for. In the majority of instances these requests came from the Clerks to Local Committees (which is the correct procedure) but too often the children were sent directly by the attendance officers and by head teachers. In no case was an examination refused but it would simplify matters very considerably and make for more efficient allocation of the medical officers' time were all applications for special examinations to come through the recognised channel, namely, the Clerk to the Local Committee. This matter has been emphasised in previous reports but without much effect.

During the year under review, no fewer than 959 requests were dealt with and reports furnished. The following table shows the School Management Areas from which the applications were received and the number of children involved :—

School Management Area.	Number of Children.
1,	1
2,	4
3,	18
4,	55
5,	77
6,	139
7,	33
8,	34
9,	140
10,	41
11,	139
12,	158
13,	84
14,	36
	<hr/>
	959
	<hr/>

(c) *Physically Invalid Children.*—In conducting an examination of physically invalid children one must always be on the alert not to accept at face value the statements of the parents. It would seem that parents consider it essential to exaggerate grossly the ailments of their children, probably with the mistaken idea that if they make their tale sufficiently harrowing the medical officer

will take a correspondingly greater interest in the patient. The result is that there is a serious encroachment on the doctor's valuable time by the recounting of a mass of trivialities which have little, if any, bearing on the child's present condition. This overstatement of a child's physical ailments is in marked contrast with the parents' reticence when a child's mental disability is under consideration.

During the year under review, 883 children were presented for special examination on account of supposed serious illness. These were cases where the illness was presumed to be present to such a degree as to preclude children from attending an ordinary school or, if in attendance there, to account for prolonged periods of absence or frequent shorter absenteeism. In the majority of cases, be it said, there was some physical disability present, in some cases severe, in others merely of a minor nature; but in no fewer than 182 instances, children, who were being kept off school on the ground of illness, were found, on examination, to be in perfectly good health. It is possible, of course, that these children may have had an illness from which they had completely recovered before being examined by the medical officer.

In those cases where the physical disability demanded it, arrangements were made for the child's special needs in the matter of education, such as admission to one of the Committee's special schools or to an Institution. Included in the 883 children examined there were 16 cases of deaf-mutism, 6 cases of total blindness, 7 cases of high myopia, and several cases of epilepsy of a more or less marked degree. All of these children were suitably dealt with.

Although the great majority of the children were examined either at a school or clinic, in many instances the homes were visited and the examination conducted there. Including examinations for mental defect, the number of visits paid to the homes by the school medical officers during the year amounted to 228. The school medical inspection offices are also largely made use of for examination purposes, and last year 149 examinations were conducted there.

(d) *Mentally Invalid Children.*—During the past year 76 cases of mental defect were reported for investigation and a complete physical examination and full mental testing were undertaken in each case. As in the case of physically invalid children, the majority of the cases were submitted through the Clerks to the Local Committees but frequently the children were presented by the teachers. A few cases were referred by the family doctors. In a considerable proportion of the cases examined the mental defect was found to be of such a pronounced nature as to render the child unable to profit from instruction in a special school or class. In several instances, marked physical defect was found to be linked up with the mental disability. The children in attendance at the classes for mentally invalid children in the Committee's special schools are kept under a regular survey and from time to time cases arise where, after sympathetic trial, a child is found to be unable to take advantage of the instruction provided. Such children are excluded from school and the fact is notified to the General Board of Control

and the public assistance officer of the district in which the children reside. The report sent to the Board of Control is as informative and complete as possible in the hope that it may be helpful to them in dealing with the case. During the past year, 47 children were reported as "uneducable" to the Board.

(e) *Visits to Special Schools.*—Regular visiting of the Committee's four special schools is undertaken and the children submitted to a careful medical examination. As a routine, all the children in the special schools are examined at least twice yearly, but certain of the pupils are much more frequently examined. No child is kept at a special school for a longer period than is dictated by health considerations and it is very gratifying to report that during the year 126 pupils were found to have sufficiently recovered in health to permit of their resuming ordinary school attendance. The high myope children are under the regular supervision of the visiting ophthalmic surgeon.

(f) *Employment of Children Act.*—All school children who wish to engage in part-time employment in accordance with the Committee's bye-laws are required to undergo medical examination at the hands of the school medical officers and a certificate of fitness to engage in employment must be obtained. During the past year 639 applications to engage in employment were dealt with. The physical standard of the applicants was uniformly high and only in 7 instances was the medical report adverse. The accompanying table shows in detail the number of applicants examined, the number of permits granted or refused, the nature of the employment desired, and the various School Management Areas from which the applications were received.

(g) *Blind Persons Act (1920).*—No examinations were conducted during the past year of adult blind persons desiring to enter upon a course of vocational training.

(h) *Members of Committee's Staff.*—During the course of the year, 11 members of the Committee's staff were examined and reported upon, namely, 5 teachers, 3 janitors, 2 school cleaners, and 1 typist.

(i) *Examination of Necessitous Children.*—A considerable number of examinations were conducted of children for whom application had been made for the supply of boots, clothing, nourishment, etc. In regard to the supply of boots, it has been the Committee's practice in recent years to grant boots to school children in accordance with a scale of necessity based on the weekly income of the parents, and only those applicants who were outwith the scale were referred to the school medical officers for medical examination and report. All applications for clothing, however, are referred for medical report.

The total number of examinations conducted for "boots and clothing" cases amounted, during the year, to 154.

The inauguration of the scheme for supplying milk to school children which came into force at the beginning of 1935 resulted in a large number of applications being received for a free ration of milk at school and it was decided by the Committee that all

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.	Golf Caddie.
Number	1	...	...	...	8	8	—	2	4	2	—	—
"	2	...	...	...	—	—	—	—	—	—	—	—
"	3	...	...	...	46	46	—	10	23	10	—	3
"	4	...	...	...	33	33	—	8	20	5	—	—
"	5	...	...	...	30	30	—	6	18	4	2	—
"	6	...	...	...	86	85	1	27	42	15	1	—
"	7	...	...	...	32	31	1	9	20	1	1	—
"	8	...	...	...	101	100	1	62	24	14	—	—
"	9	...	...	...	45	45	—	27	15	3	—	—
"	10	...	...	...	29	29	—	16	13	—	—	—
"	11	...	...	...	46	44	2	33	8	2	1	—
"	12	...	...	...	57	57	—	29	21	4	3	—
"	13	...	...	...	64	64	—	26	18	18	2	—
"	14	...	...	...	62	60	2	23	25	12	—	—
TOTAL					639	632	7	278	251	90	10	3



such applicants should be examined by the school medical officers. Head teachers were permitted, however, to grant a free supply to such cases as they considered necessitous pending the medical report. In addition to those applying for free milk the medical officers frequently recommended an issue to cases of subnormal nutrition discovered either during their routine examination of the pupils or at their periodical revisits to the schools even when no application for milk had been received.

From the commencement of the milk scheme till the end of the official school year, 31st July, 1935 (but actually 30th June), **2,083** applications for free milk were dealt with and the children concerned medically examined. Of these, 831 were recommended to receive a milk ration—in certain cases a double ration—and this was duly granted by the Committee. The following table shows the School Management Areas from which the requests were received and also the disposal of the applications :—

PROVISION OF MILK.

Area.	Number Recommended.	Number Refused.	Total.
1	—	—	—
2	17	16	33
3	28	41	69
4	34	17	51
5	48	98	146
6	139	135	274
7	91	124	215
8	38	67	105
9	96	272	368
10	64	77	141
11	90	115	205
12	70	91	161
13	107	187	294
14	9	12	21
	<hr/> 831	<hr/> 1,252	<hr/> 2,083

In regard to the beneficial results accruing from the partaking of a regular daily ration of milk, the period since the inauguration of the scheme is too brief for any outstanding results to be generally recognised. The amount of milk consumed, namely, one-third of a pint, is, after all, a relatively small one—practically only a moderately sized teacupful—and it will be some time before the *cumulative* effects of this daily ration will be obvious. It was quite different when the official milk test was conducted in Lanarkshire in the spring of 1930, when the daily milk ration consumed by the children was three-quarters of a pint. In this case, markedly beneficial results were observed during the four months covered by the test. (See special report by the writer in Annual Report, 1929-30, pages 49-56).

The estimation of the benefits of the present milk scheme can be more fully dealt with in next year's report.

The present scheme which commenced in this County on 14th January, 1935, is working smoothly and efficiently and causes very little disturbance of the school routine, the whole procedure only occupying a few minutes. One point of criticism is in the delivery of the milk at school. The cases containing the bottles should be of the wire-frame variety and the wooden partitioned boxes should be discontinued. These latter are difficult to keep clean and frequently the outside of bottles is dirty and rather unsightly.

The extent to which the children in the whole educational area participated in the scheme is shown in the following tabular statement. It will be observed that when the scheme was first commenced there was an immediate and enthusiastic response but that, later on, when the novelty had diminished somewhat, the number of participants declined, although not seriously. This was, however, anticipated, and is a not uncommon experience in most undertakings of a similar nature. The fall in numbers as spring merged into summer may be due, in some measure, to parents deciding to discontinue the milk ration during the warmer months of the year. Whether this is a factor in the declining numbers in April, May, and June will be seen next session at the close of the autumn months.

Month.	Average Number of Children Partaking of Milk.				
January,	64,733
February,	64,680
March,	59,501
April,	56,949
May,	57,300
June,	53,570

(j) *Examination of Students in Preliminary Training.*—In accordance with the regulations governing the Preliminary Education, Training, and Certification of Teachers, 18 candidates were medically examined by the writer during the past year.

(k) *Children and Young Persons (Scotland) Act, 1932.*—Since the coming into force of this Act towards the end of 1933, a considerable call has been made on the services of the writer in connection with the examination and certification of alleged juvenile offenders, and also in connection with children requiring guardianship. During the past year, 94 juvenile offenders were examined (87 boys and 7 girls) and 12 children (9 boys and 3 girls) for guardianship. These examinations entailed a considerable amount of travelling as the cases were widely scattered over the County. If possible, the children in the immediate neighbourhood were examined at the Medical Inspection Offices, Hamilton, but this was not possible for the outlying districts. Many of the cases were examined at the Remand Home, St. Vincent Street, Glasgow, and one case at Duke Street Prison, Glasgow.

The juveniles examined came from the following districts, the larger towns providing the majority of the cases dealt with:—Airdrie, Blantyre, Bothwellhaugh, Broomhouse, Cambuslang, Carfin, Carstairs, Chapelhall, Cleland, Coatbridge, Hamilton, Lanark, Larkhall, Motherwell, New Stevenston, Rutherglen, Shotts, Uddingston, Wishaw.

It has become the fashion within recent years to attribute all or, at least, the vast majority of cases of delinquency to feeble-mindedness on the part of the culprit, and although it is not denied that some or, it may be, many delinquents are of low mentality, the claim that mental abnormality is at the root of all delinquency is manifestly absurd. Whatever certain theorists and psychologists may state, the actual experience of the writer in his examination of the delinquents coming under his observation is contrary to the widely promulgated theory of mental abnormality being the radical cause of misdemeanour. If all delinquency and anti-social conduct arise from definite mental abnormality then one may say goodbye to all idea of moral and social responsibility and instead of approved schools being established it were more fitting to proceed with the erection of more mental institutions.

But what are the facts based on the writer's experience?

Since the coming into force of the Children and Young Persons (Scotland) Act, 1932, the writer has had to undertake the physical and mental examination of 145 children and young persons charged with delinquency and only in one solitary case could there be traced any suspicion of possible mental abnormality. This was in the case of a boy who suffered from periodic attacks of epilepsy and who was the offspring of an epileptic father. But even in this case the boy had quite a clear appreciation of his crime (theft) and fully recognised his wrong doing. Another outstanding feature of the cases examined was that amongst these 145 delinquents in no single instance had any boy or girl been a pupil at one or other of the Committee's classes for mentally retarded children. This may be an excellent testimonial for the special schools, but, on the other hand, it would seem to refute the claim of the very intimate connection of delinquency with feeble-mindedness. The Committee's special schools have been functioning in all of the densely populated districts of Lanarkshire for many years and yet, does it not seem strange, that amongst the delinquents no pupil or former pupil of these schools has, so far, been put forward for examination under the 1932 Act?

In the writer's opinion, after careful consideration of all the facts and interviews with the parents, one of the chief causes of delinquency is lack of proper parental control. Over and over again, the parents exhibited an attitude of unconcern amounting almost to a condoning of the offence. Added to this parental indifference, is the desire on the part of the boys for money to indulge their pleasures—picture houses, football matches, smoking, ice cream shops, fish restaurants, and so on. Lack of regular, remunerative employment is also a definite factor in delinquency amongst the older boys—those between the ages of 14 and 18 years—but it should be pointed out that, so far, the majority of the delinquents examined by the writer have been between 12 and 14 years of age.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations :—

	1934-35.		1933-34.	
	Boys.	Girls.	Boys.	Girls.
Entrants (6 years' old), ...	4,635	4,674	4,731	4,605
Intermediates (9 years' old),	4,997	4,976	5,054	5,022
Seniors (12 years' old), ...	4,946	4,914	5,563	5,491
Secondary Pupils (16 years and over), ...	650	428	628	350
	15,228	14,992	15,976	15,468

Total, ... 30,220 31,444

(b) Special Cases (non-routine), 5,338 5,300

Grand Total, 35,558 36,744

(c) Pupils examined at Re-visits :—

Number examined at 1st Re-visit,	7,873	8,019
„ „ 2nd „	6,895	6,302
„ „ 3rd „	4,718	1,771
„ „ 4th „	1,350	144
	20,836	16,236

(d) Examination of Students in Preliminary Training :—

	1934-35.	1933-34.
Entrants, ...	18	20
During Training (1st, 2nd, and 3rd years),	24	17

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

1. Physically Invalid, ...	878	726
2. Mentally Invalid, ...	311	300

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

1. Physically Invalid, ...	883	609
2. Mentally Invalid, ...	76	134

	1934-35.	1933-34.
(g) Special Examination of Irregular Attenders :—		
Number Examined,	182	282
(h) Examination of Children under Employment of Children Act (1903) :—		
Number Examined,	639	1,221
(i) Examination of Adult Blind Persons (Blind Persons Act, 1920),	—	2
(j) Examination of members of the Education Committee's Staff,	11	14
(k) Examination of Necessitous Children (Malnutrition, Boots, etc.),	2,237	7,008
(l) Children and Young Persons (Scotland) Act, 1932,	106	51

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

	1934-35.	1933-34.
1. Dental Treatment :—		
Number of Children Dentally Examined,	73,502	74,142
Number of Children Notified,	43,306	44,353
Number of Children Dentally Treated,	20,915	21,352
2. Visual Treatment :—		
Number of Children Treated by the Ophthalmic Surgeons,	3,206	2,970
Number of Children Re-examined by the Ophthalmic Surgeons,	4,657	4,685
Number of Attendances at the Ophthalmic Clinics,	7,863	7,655
3. Ear, Nose and Throat Treatment :—		
Number of Children Treated by Nose and Throat Specialists,	494	379
Number of Attendances at Treatment Centres,	1,226	1,073
4. Treatment of Minor Ailments :—		
Number of Children Treated,	9,932	11,218
Number of Attendances made,	68,731	75,691
5. Clinics attached to Special Schools :—		
Number of Attendances made,	26,046	24,053

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

For the year ended 31st July, the total number of children notified to their parents on account of some disability or ailment discovered in the course of medical inspection at school amounted to 10,562, and the total number of such disabilities, exclusive of defective teeth, was 14,390. These figures are considerably less than those of the previous year, but it has to be remembered that, owing to a falling school population, fewer children were examined in the routine age groups, especially in the 9 years old and 12 years old groups. As in former years, many of the defects notified were of a minor nature but were such as might easily have developed into a more serious condition if left untreated.

A survey of the following statistical tables will show the nature of the disabilities discovered as well as other, non-medical, conditions present which called for remedy, *e.g.*, clothing, footgear, cleanliness, etc. It is very gratifying again to record that in the matter of clothing the school children are, on the whole, very well cared for. Only in 26 cases (0.086 per cent.) was the clothing worn definitely insufficient in quantity but, as against this, 212 cases (0.701 per cent.) were found to be grossly overclad. The percentage of children whose footgear was unsatisfactory amounted to 2.432, a slight improvement on last year's figures.

The personal cleanliness of the pupils is always a matter of special concern and a very high standard is demanded. Frequently it was found that a slightly dirty condition, especially in the case of girls' hair, was clearly accidental but, nevertheless, intimation of the fact was duly sent to the parents. As regards head cleanliness, only in 355 instances were actual lice found, that is, 1.174 per cent. of the routine cases examined. This percentage is still too high and the efforts of the staff cannot be relaxed until the percentage becomes *nil*. Cases of body vermin were still less frequent as the condition was found in only 0.479 per cent. of the children. However, body lice are usually indicative of a greater degree of neglect than in the case of head lice and a more serious view of the condition is taken.

In regard to skin affections, either of head or body, in only one instance was ringworm of the scalp found, ringworm of the skin in 2 cases, and no case of favus. This is very satisfactory and a marked improvement on what pertained in former years. Scabies, however, did not show any fall in numbers, but prompt measures were taken in each case to have the child placed under treatment.

The nutrition of the children, as a whole, was good although not quite so satisfactory as last year. Reference to the statistical tables shows that 95·063 per cent. were well nourished, although this is a fall of 1·5 per cent. on the previous year's figures; 4·709 per cent. were below average, *i.e.*, exhibited slight degrees of malnutrition; whilst in 0·228 per cent. was the nutrition definitely bad. The fact that somewhat more children were noted during the year as suffering from malnutrition was not due to a desire on the part of the medical officers to afford children the benefit of a free milk ration at school but was an *actual* increase. It is somewhat difficult to account for this as trade conditions had improved, or, at least, were no worse than in recent years when the nutritional state of the school children stood at a remarkably high level. Nor can it be accounted for by the presence during the year of severe epidemics or an exceptionally severe winter or spring. One factor, however, cannot be ignored and that is the increasing tendency to "keep late hours," with resulting loss of sleep, on the part of very young children. Repeatedly have mothers declared that they cannot get their children to go to bed before half-past ten or eleven o'clock and one has only to see the numbers of very young children in the streets at a very late hour to corroborate this. This chronic lack of sleep must have a harmful effect on the young, growing child.

Tonsillar enlargement in children does not appear to be diminishing but, rather, to be in the increase. It is rather remarkable that certain districts seem to be affected in this respect more than others and it is not understood why children in a rural area where one would think conditions of living were highly satisfactory should show a definite predisposition to tonsillar enlargement whilst in another area, *e.g.*, a densely populated district, enlargement of the tonsils is comparatively rare. Nor can the condition be said to affect one section of the school population only, as enlarged tonsils are found, with perhaps greater frequency, amongst the children of parents in whose case there is no special financial stringency. Whatever may be the explanation (and none is yet forthcoming although there are various theories) one cannot regard with complacency the fact that 5,584 children (or 18·478 per cent.) were found to have slightly enlarged tonsils and 1,691 (or 5·596 per cent.) to have them very markedly enlarged. Enlarged adenoid growths frequently accompany enlarged tonsils, although not invariably so, and if the number of cases of *suspected* presence of adenoids be added to those where adenoids were *definitely* present, a total of 1,457 cases is obtained, a figure which approximates fairly closely to the number of cases of markedly enlarged tonsils. In other words, it is highly probable that where enlarged tonsils persist adenoids will sooner or later make their appearance.

Heart affection is still one of the most serious conditions found amongst school children, not only on account of its immediate danger but also because of its frequently permanent crippling effects. It

has been noted in previous reports that the number of cases of heart disease in children is definitely increasing and a statistical table was given showing this increase over a period of several years in the annual report of 1930-31. A cardiac investigation of all children in attendance at school has now been completed, the survey extending over a period of three years, and it is hoped to give a full analysis of the findings of the school medical officers in next year's report. It is meantime of interest to state that no fewer than 683 cases were investigated. A large amount of interesting information was obtained covering the previous illnesses of the sufferers, housing conditions, employment of parents, family predisposition, present condition of the patients, etc., an investigation of which may afford useful information on the causation and progress of the disease. In the routine age groups examined during the past year 34 cases of congenital heart disease were discovered and 211 cases of acquired disease. The percentage of acquired heart disease is practically the same as that found in the previous year (1933-34).

Functional heart disorder was found in 532 cases, chiefly girls, and precautionary instructions were given both as regards scholastic work and physical exercise.

Of the various ailments or disabilities notified to parents the following are some of the more important :—

Skin diseases (impetigo, eczema, scabies, etc.), 1,046 ; external eye disease (blepharitis, conjunctivitis, styes, corneal ulcers, etc.), 1,052 ; defective vision, 3,125 ; squint, 834 ; ear disease (including accumulation of wax), 505 ; respiratory diseases (bronchitis, asthma, catarrh, etc.), 202 ; diseases of nervous system (chorea, paresis, etc.), 49 ; tuberculosis (non-pulmonary), 35 ; defective hearing, 48 ; enlarged lymphatic glands, 159. (For full statistics and percentages see Tables D—X, pages 23-32).

In regard to dental defects, 43,306 children were found on examination to require treatment and in each case notice was sent to the parents and treatment offered. A full account of the dental condition of the school children is given in a subsequent section of this report (pages 43-47).

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

Of the 10,562 notified as requiring attention (including all conditions of uncleanliness), 7,358, or 69·6 per cent., were found, on subsequent examination, to be cured, improved, or under treatment. This is a definite improvement on the preceding year's figures when the percentage of cure was 64·5. As has been stated in former reports, no mere hearsay evidence of cures or improvement is accepted, and only those cases of cure are recorded which have been actually investigated by the medical officers ; otherwise the percentage of "cures or improvement" would have been considerably higher.

(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.	
30,220	26	·086	691	2·286	1,246	4·123	222

Also recorded "Overclad" 212; percentage ·701.

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
30,220	735	2·432	15

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·7	51·5	55·9
Anthropometric Standard, ...	44·1	50·7	56·0
Difference,	+0·6	+0·8	-0·1

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·2	50·9	56·9
Anthropometric Standard, ...	43·6	50·0	56·8
Difference,	+0·6	+0·9	+0·1

BOYS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	47·4	65·0	79·2
Anthropometric Standard, ...	47·0	64·9	79·4
Difference,	+0·4	+0·1	-0·2

GIRLS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	45·2	59·6	80·4
Anthropometric Standard, ...	44·8	59·3	80·2
Difference,	+0·4	+0·3	+0·2

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Nits (including Dirty).	Per cent.	Verminous.	Per cent.	No. found Defective.
30,220	3,318	10.979	355	1.174	572

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found Defective.
30,220	1,527	5.053	145	.479	209

(H) (1) CONDITION OF SKIN—(HEAD).

Systematic Cases.									Special Cases.
No. Examined.	Ring-worm	Per cent.	Impetigo	Per cent.	Favus	Per cent.	Other Diseases	Per cent.	No. found Defective.
30,220	1	.003	62	.205	0	—	99	.327	124

(H) (2) CONDITION OF SKIN—(BODY).

Systematic Cases.									Special Cases.
No. Examined.	Ring-worm.	Per cent.	Impetigo	Per cent.	Sca-bies.	Per cent.	Other Diseases.	Per cent.	No. found Defective.
30,220	2	.007	159	.526	43	.142	949	3.140	519

(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.	
30,220	28,728	95.063	1,423	4.709	69	.228	117

(J) TEETH.

The routine yearly examination of all school children between the ages of 5 and 12 years is conducted by the Committee's dental surgeons. Pupils above the age of 12 years, including 16 years' old scholars and students in preliminary training, are dentally examined by the school medical officers during the course of routine examination, but any senior pupil not in the age group examined may be put forward for dental examination as a non-routine case. The statistics regarding the routine dental examination by the dental surgeons will be found in a subsequent section of this Report (pages 43-47).

The dental examination conducted by the medical officers shows that of the 1,078 scholars examined 343, or 31.8 per cent., stood in need of treatment and the usual facilities were offered them. This percentage of dental unfitness in the older groups of scholars shows an improvement on last year's figures when the corresponding percentage was 36.1.

(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.	
30,220	1,357	4.490	299	.989	62	.205	124

(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.			
	5,584	18.478	1,691	5.596	948	3.137	509	1.684	107	.355	
	30,220										

(K) (c) LYMPHATIC GLANDS (SUBMAXILLARY AND CERVICAL).

Systematic Cases.										Special Cases.	
Number Examined.	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.		Number found Defective.	81	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.			
30,220	3,079	10.189	105	.347	5	.017	331	1.095			

(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.	
30,220	1,052	3.481	353	1.168	62	.205	836	2.766	210	.695	998

(M) VISUAL ACUITY.

Systematic Cases.						Special Cases.	
Number Examined.	Good Vision.		Fair Vision.		Bad Vision.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	
*20,911	15,590	74.554	4,716	22.553	605	2.893	1,173

* 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.	
30,220	293	.969	374	1.237	52	.172	188

(O) HEARING.

Systematic Cases.					Special Cases.
Number Examined.	Slightly Deaf.		Markedly Deaf.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
30,220	271	.897	46	.152	67

(P) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		
	Number.	Per cent.	Number.	Per cent.	Number found Defective.
30,220	198	.655	79	.262	65

(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.
30,220	275	.910	96	.318	63	77

(R) HEART AND CIRCULATION.

Systematic Cases.										Special Cases.	
Number Examined.	Organic.						Functional.		Anæmia.		Number found Defective.
	Congenital.		Acquired.		Number.	Per cent.	Number.	Per cent.			
	Number.	Per cent.	Number.	Per cent.							
	30,220	34	.112	211	.698	532	1.760	687	2.273	194	

(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.	
30,220	906	2.998	0	—	3	.010	45	.149	123

(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.			
30,220	15	.049	18	.059	62	.205	153	.506	72		

(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.	
30,220	10	.033	24	.079	10	.033	4	.013	2	.007	26

(V) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
30,220	348	1.151	3	.010	14

(W) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rachitic).		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
30,220	95	.314	276	.913	37

(Y) OTHER DISEASES OR DEFECTS.

The foregoing tables (D—X) show the commoner conditions met with in school but, in addition to these, a considerable number of less common defects or diseases were discovered during the examination of the children. In many cases the condition found was already well known to the parents and treatment was being undertaken, but where no remedial measures were in force, the parents were urged to have these instituted without delay. In certain of the more serious conditions the parents were interviewed and the gravity of the cases fully explained to them. The following are some of the conditions met with :—

Enlarged thyroid gland, 145 ; enuresis, 48 ; rheumatism, 44 ; obesity, 16 ; hernia, 13 ; appendicitis, 10 ; diuresis, 9 ; periostitis, 6 ; synovitis of knee, 5 ; thyroid insufficiency, 4 ; haemophilia, 4 ; nephritis, 4 ; bursitis, 3 ; thread worms, 3 ; congenital specific disease, 2 ; and 1 each of the following—orbital cyst, cretinism, fracture of arm, ranula, hydrocephalus, albinism, muscular atrophy, diabetes, purpura, osteomyelitis, haematuria. 9 cases of nicotinism were also discovered.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

The number of schools for the education of physically invalid children is the same as last year, namely, four. These are :—

Drumpark, which serves the parishes of Old and New Monkland, including the Burghs of Coatbridge and Airdrie, and the Shettleston district of Cadder parish.

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

Woodburn, which serves the Burgh of Hamilton, and the parishes of Dalserf and Hamilton.

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

The total number of physically invalid children on the roll of the Committee's schools and classes as at 31st July, 1935, was 682. This figure refers only to those children in the Committee's day schools or classes but there are many invalid children who, by reason of unsuitability of residence or special disability, are being educated at certain Institutions specially suited for their needs, *e.g.*, blind, deaf-mute, heart affection cases, etc. The following are the Institutions attended and the number of children receiving instruction there :—

Edinburgh Royal Deaf and Dumb Institution, 13 ; Donaldson's Hospital, Edinburgh, 4 ; Colony of Mercy for Epileptics, Bridge of Weir, 4 ; Eastpark Home for Infirm Children, Maryhill, 12 ; Royal Blind Asylum, Edinburgh, 21 ; St. Vincent's Institution, Tollcross, 25 ; a total of 79 children.

The question of the erection of a special school at Auchenraith which will serve the needs of children resident in Bothwell Area is still under consideration by the Committee.

Of the physically invalid children who left the Committee's special schools on attaining the age of 16 years or who were granted exemption from further attendance, 28 are known to have received regular employment. In addition, a considerable number of the girls are engaged in housekeeping duties at home or for relatives.

The extension of Knowetop Special School is at present proceeding and it is hoped that by the commencement of next session, or earlier, the buildings will be ready for occupancy. These buildings will include a separate department for the education of mentally retarded children and also provide accommodation for instruction in cookery, housewifery, woodwork, tailoring, shoemaking, basket work, etc.

2. MENTALLY RETARDED CHILDREN.

At each of the Committee's four special schools provision is made for the education of mentally retarded children. The total number of such pupils on the rolls of these schools is 272. Certain children for whom attendance at the Committee's schools is not convenient are being educated at Birkwood Institution, Lesmahagow, or at St. Charles' Institution, Carstairs. Both of these are certified institutions.

The After-Care Centres which were established some years ago in connection with each of the special schools are still being successfully and enthusiastically maintained by local voluntary effort.

3. BLIND AND PARTIALLY BLIND CHILDREN.

The only local centre for the education of blind children is at St. Vincent's Institution, Tollcross. This is a residential school and serves the needs of the Roman Catholic children in the educational area. Children of Protestant parents are sent for education to the Royal Blind Asylum, Edinburgh.

At three of the Committee's special schools—Drumpark, Knowetop, and Dalton—provision is made for the education of high myope children, that is, children who, not being blind or "educationally" blind, suffer from such a degree of defective vision—frequently progressive in character—as to debar them from attendance at an ordinary school. The excellent results obtained at these high-myope classes have been repeatedly commented upon by the visiting ophthalmic surgeons. The number of children on the roll of the myope classes is 53.

4. DEAF AND DEAF-MUTE CHILDREN.

There are two centres in the educational area for the teaching of deaf or deaf-mute children, viz., at Woodburn Special School and St. Vincent's Institution, Tollcross. The former is a day school whilst the latter is a residential school and serves the needs of the Roman Catholic pupils in the County. Where attendance

INFECTIOUS OR CONTAGIOUS DISEASE TABLE.

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

SANITARY AREA.	Mumps.	Ringworm.	Scabies.	Impetigo.	Epidemic Conjunctivitis.	Other Eye Conditions.	Pulmonary Tuberculosis.	Glandular Tuberculosis.	Lupus.	Abdominal Tuberculosis.	Scarlet Fever.	Measles.	Chickenpox.	Diphtheria.	Whooping Cough.
COUNTY	4	11	186	70	61	35	1	4	2	1	—	—	4	1	—
BURGHES—															
Airdrie	4	11	33	63	22	12	—	—	—	—	—	—	5	—	2
Biggar	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Coatbridge	2	1	9	16	13	7	—	—	—	—	—	—	—	—	—
Hamilton	—	16	126	9	9	1	—	3	—	1	—	—	4	—	—
Motherwell, Wishaw	—	3	39	43	14	2	—	1	—	—	—	—	—	—	—
Lanark	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—
Rutherglen	23	—	26	21	9	1	1	—	—	—	—	1	8	2	1
TOTAL	33	43	419	226	128	58	2	8	2	2	—	1	21	3	3



at Woodburn Deaf-Mute School is not convenient, the children of Protestant parents are sent either to the Edinburgh Royal Deaf and Dumb Institution or to Donaldson's Hospital, Edinburgh. The number of children from this area at present being educated at these schools is as follows :—Woodburn, 40 ; Edinburgh Royal Deaf and Dumb Institution, 13 ; Donaldson's Hospital, 4 ; St. Vincent's, Tollcross, 23 ; a total of 80 children.

IX.

ARRANGEMENTS FOR PHYSICAL EDUCATION.

For 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.

As this matter has been fully dealt with in previous reports, the following is merely a brief summary of the procedure followed.

1. All children in attendance at the special schools for invalid children are provided with a forenoon snack of biscuit or bread and milk and a two-course hot dinner 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. In view of the prominence given to the recent scheme for providing milk for school children it should be noted that a daily ration of milk has been given to all children in attendance at the Committee's special schools ever since these schools have been established.

2. The Committee provides food to all children in attendance at school who are necessitous in terms of Section 6 of the Education (Scotland) Act, 1908. For some years it has been the writer's practice to make every endeavour to have such children admitted to the special schools for the period of their necessity so that it can be assured that the children will obtain not only ample nourishing food but also additional tonic food. One of the unsatisfactory features of providing children with a mid-day meal outside of school is that neither the quality nor the quantity of the food can be adequately supervised, and where tonic food is also recommended there is no guarantee that the children are obtaining their tonic regularly, or, indeed, that it is being administered at all. A child in need of temporary additional nourishment may well be classified as "debilitated," and it is under this classification that such a child is admitted to the special schools in this county. It may be stated, in passing, that the practice of giving additional tonic food to, practically, every physically invalid child in attendance at the Committee's special schools has been in force for many years.

The total number of free meals provided during the year under review was 141,575.

3. Many of the secondary schools have a regular buffet attached where a hot mid-day meal may be obtained at a very reasonable cost.

4. In many of the rural schools provision is made for the supplying, at a nominal cost, of hot tea or cocoa to those children who reside at a long distance from the school.

XI.

ARRANGEMENTS FOR MEDICAL TREATMENT.

Briefly stated, the Committee's scheme of treatment of school children embraces, (*a*) dental treatment, (*b*) visual treatment, (*c*) treatment of diseases of the ear, nose and throat, (*d*) treatment of minor ailments affecting the skin, eyes, ears, etc. Each of these branches of treatment is fully dealt with in subsequent sections of this Report and the numbers treated are given in the accompanying statistical tables.

In addition to the foregoing, a large number of children received treatment at public Institutions in Glasgow, especially at the Royal Hospital for Sick Children and the Ear, Nose and Throat Hospital. A few were also treated at Stonehouse Orthopædic Hospital. During the course of the year the Committee sanctioned the provision of special boots, splints and other orthopædic appliances in 61 cases at a cost of £141.

During the past year, several applications for an artificial eye were dealt with and in each case this was provided after due examination. Apart from the cosmetic effect, the appliance prevents contraction of the eyelids and minimises, or altogether stops, stillicidium or "tear-drop." There is also much less liability to blockage of the lachrymal duct.

REPORT ON VISUAL TREATMENT.

The work at the ophthalmic clinics continues to be conducted smoothly and uninterruptedly. Like school dental treatment the regular visits to the ophthalmic surgeons have become such an integral part of school life that all novelty in the procedure has disappeared. A little flutter of excitement may be occasioned by the first visit to the clinic but subsequent attendances are taken as a matter of course by the children. This does not mean that interest in ophthalmic treatment has diminished—the numbers treated at the clinics are evidence to the contrary; it is merely that the children recognise that the periodical supervision of their eyesight and their spectacles is part and parcel of their ordinary scholastic routine.

The number of children who attend the ophthalmic clinics shows little signs of diminishing and a survey of the statistics for several years past reveals the fact that these numbers are remarkably consistent. Fluctuations may appear in the figures relating to other children's ailments but the percentage of children with defective vision remains almost stationary. This is not to be wondered at when it is remembered that, in the great majority of cases, defective

TABLE A.—ALL PUPILS EXAMINED AT THE SYSTEMATIC EXAMINATION FOR THE YEAR ENDED 31st JULY, 1935.

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	...	...	71	70	61	74	72	83	6	9	43	59	548	125	1312
"	2	...	...	126	118	142	143	115	135	5	3	84	83	954	359	2560
"	3	...	...	261	249	276	255	280	260	16	16	96	107	1816	547	5164
"	4	...	...	284	279	325	319	268	289	52	26	175	199	2216	890	5677
"	5	...	...	198	219	223	205	201	175	15	2	110	116	1464	933	3795
"	6	...	...	580	580	658	689	668	716	68	78	401	423	4861	2139	12388
"	7	...	...	370	349	412	380	299	327	12	8	151	191	2499	1060	6964
"	8	...	...	257	253	263	266	281	265	8	3	168	167	1931	761	5508
"	9	...	...	530	465	483	529	400	421	19	11	315	212	3385	1409	9396
"	10	...	...	313	290	286	267	289	307	43	24	150	152	2121	882	5726
"	11	...	...	413	460	435	455	534	483	68	49	281	283	3461	1700	9059
"	12	...	...	415	410	492	464	480	432	104	74	239	224	3334	1399	9048
"	13	...	...	585	653	648	654	777	744	189	112	343	304	5009	1588	13791
"	14	...	...	232	279	293	276	282	277	45	13	123	139	1959	598	5084
TOTAL				4635	4674	4997	4976	4946	4914	650	428	2679	2659	35558	14390	95472

* Defective Teeth not included.

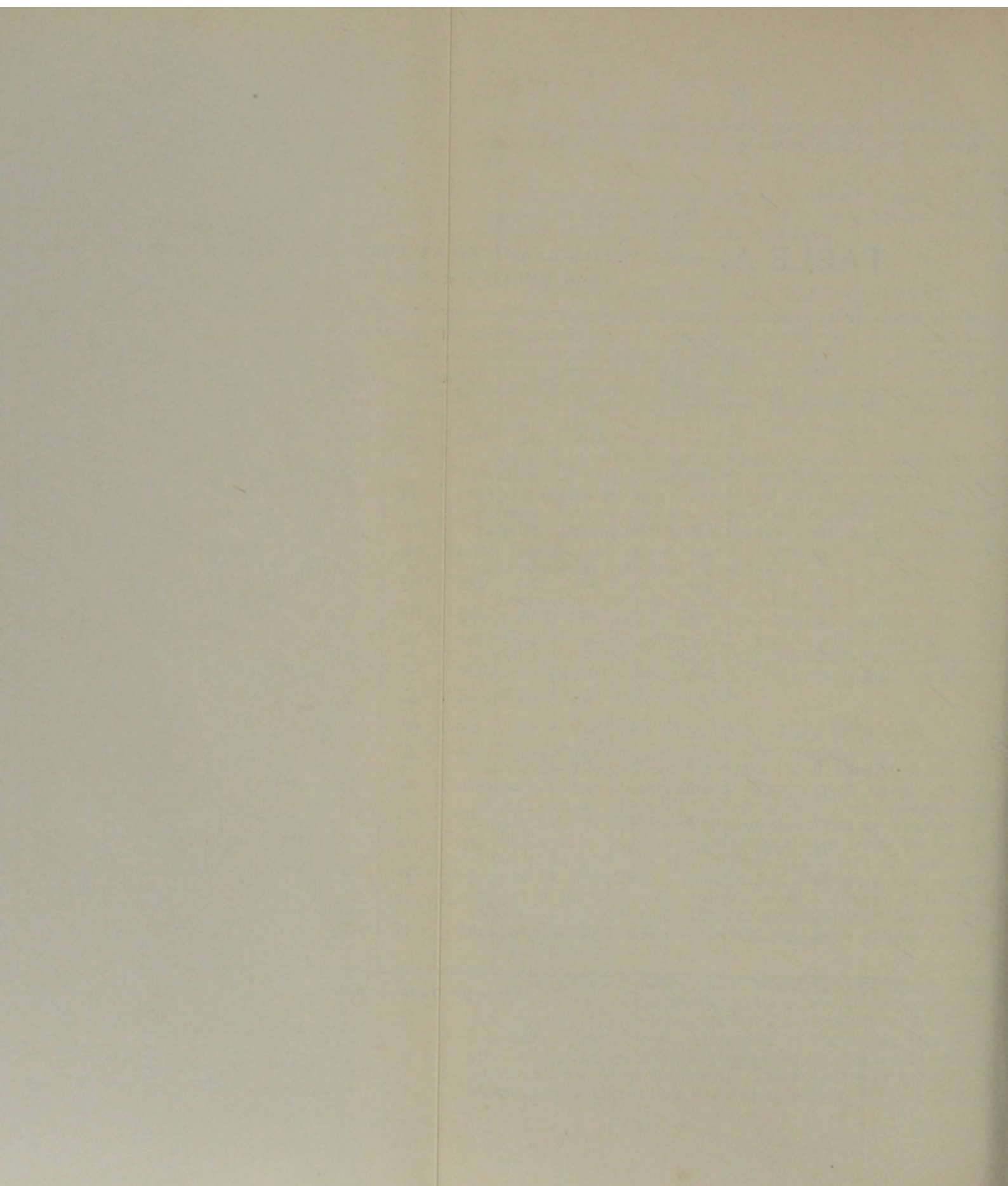
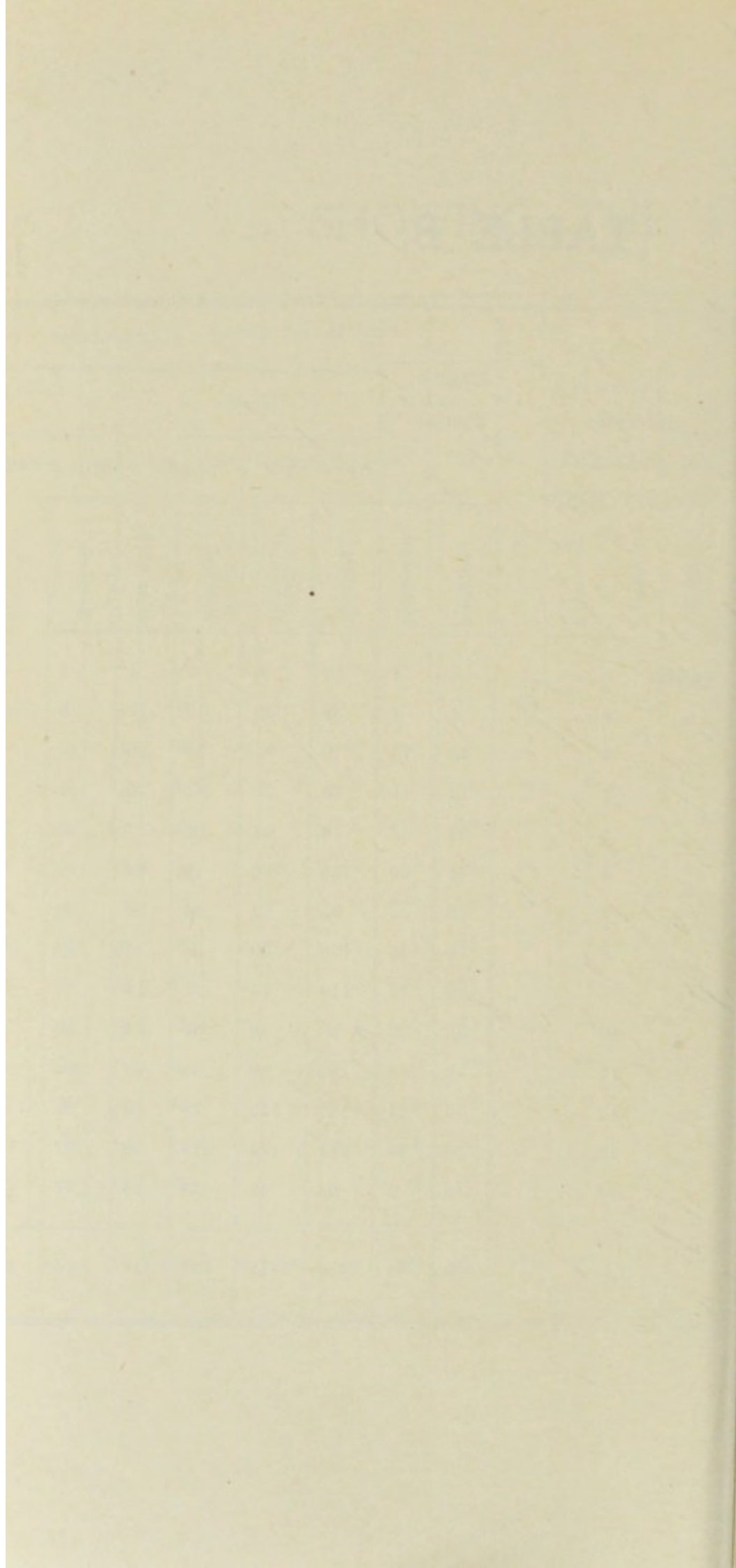


TABLE B.

SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT COMMITTEES.	Clothing and Footgear.	CLEANLINESS.								CONDITION OF SKIN.								NUTRITION.		NOSE.		THROAT.		Lymphatic Glands.	External Eye Disease.	Squint.	Vision.	Ear Disease, Wax, etc.	Hearing.	Heart and Circulation.	Lungs.	Nervous System.	Tuber- culosis (Non-Pul- monary).	Other Conditions.	Total Number of Children Suffering Requiring Attention.	Total Number of Contributions Solicited.	Total Contributions Received.	
		Head.				Body.				Impetigo.	Ringworm.	Scabies.	Other Diseases.	Nutrition.	Nasal Obstruction, etc.	Tonsils.	Adenoids.																					
		Nits & Dirty.		Lice.		Nits & Dirty.		Lice.																														
		Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.																													
		Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.	Notified.	Remedied.																													
Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
1	—	2	2	12	6	3	1	2	—	1	—	—	1	—	—	—	1	1	—	—	—	—	—	—	26	12	4	2	5	1	4	2	3	3	46	43	3	3
2	—	4	4	32	20	12	11	6	6	3	13	10	—	—	12	10	—	4	3	61	28	35	22	7	5	22	19	6	3	73	55	11	8	5	3			
3	—	23	13	70	34	31	20	13	4	—	11	10	—	—	4	1	2	1	2	2	98	70	29	22	2	1	12	9	40	31	161	129	7	2	3	2		
4	—	12	11	79	71	31	25	11	9	5	4	27	25	1	1	5	3	26	29	4	1	9	3	143	55	68	34	13	9	68	65	43	32	213	151	31	28	
5	—	30	42	76	64	22	27	42	38	12	30	47	55	—	6	6	26	69	4	2	12	6	126	56	77	34	10	7	76	63	31	39	100	69	21	19		
6	—	59	66	225	176	89	64	101	74	36	39	64	52	—	12	12	48	42	4	2	22	16	274	157	89	39	19	10	226	191	161	100	414	274	76	65		
7	—	39	32	95	82	44	38	28	23	3	1	19	17	—	9	8	34	24	8	4	23	12	207	111	98	56	4	2	43	33	70	57	166	114	33	26		
8	—	16	14	78	70	35	25	29	12	6	6	26	24	—	10	8	22	23	2	1	9	8	133	74	39	23	6	6	108	96	57	29	139	88	28	25		
9	—	109	77	119	74	33	14	50	34	18	11	62	54	3	3	15	13	37	27	16	11	50	26	229	99	64	16	26	18	83	71	63	50	211	152	84	55	
10	—	38	25	80	58	40	24	39	31	17	12	48	39	2	1	5	41	35	12	9	24	12	123	75	20	8	15	13	49	40	45	29	561	125	40	31		
11	—	76	56	165	90	56	36	61	33	59	35	59	47	1	1	9	8	34	25	45	35	28	18	209	92	42	43	19	9	126	115	112	75	333	230	62	43	
12	—	17	11	144	119	76	39	32	25	21	16	63	53	—	14	13	37	29	5	—	10	10	179	89	70	46	15	9	109	79	79	54	406	255	38	29		
13	—	36	26	211	172	112	90	57	33	7	4	15	13	—	4	4	55	47	1	—	12	10	143	77	45	26	8	6	32	45	88	69	507	436	49	23		
14	—	8	5	69	49	35	24	7	4	3	2	10	10	—	2	2	19	15	—	—	9	7	68	44	18	12	10	7	64	49	31	23	155	111	27	25		
TOTAL	—	320	205	1456	1112	631	438	469	326	191	134	482	409	8	6	93	82	465	369	99	68	214	136	1090	1044	727	283	119	109	1052	875	834	587	3125	2272	505	362	



eyesight is an hereditary and not an acquired disability. Aggravation of an already existing defect may occur and be prevented by suitable treatment but this does not affect the rate of incidence.

A feature of the ophthalmic work during the past session is the increased number of children recalled to the clinics to have their glasses checked and their vision retested. This supervision of cases already treated is exceedingly important and permits of alterations being made in the lenses if necessary, the adjustment of frames which may have become twisted, the insuring of the comfortable fitting of the glasses, and so on. Where any deterioration of vision is found appropriate measures can be taken. At these revisits opportunity is always taken to impress on the children the great care that should be taken of their spectacles and instructions given as to their constant wearing of the glasses prescribed.

Throughout the year under review, 3,206 children were subjected to a full ophthalmic examination and 4,657 came before the eye specialists for re-examination, the combined attendances at the clinics amounting to 7,863. Of the 3,206 examined spectacles were prescribed in 2,852 instances, *i.e.*, in 88·9 per cent. of the cases. The remaining percentage consisted of children whose vision did not require correction by glasses or whose eyes were too defective for glasses to be of any use. Many children were submitted to the ophthalmic surgeons by the school medical officers for expert advice in the treatment of external eye diseases at the minor ailments clinics.

The varied nature of the refractive errors and visual defects which may affect school children is shown in Tables D and E. It will be seen that convergent squint is the outstanding defect found. Corneal opacities and blepharitis are becoming comparatively rare owing to these conditions having been treated early at the minor ailments clinics. In addition to the tabulated defects (Table D) a considerable number of rarer pathological conditions were found, such as, paralysis of 7th Nerve, 1; paralysis of 3rd Nerve, 1; ocular palsy, 1; vulnus oculi, 2; anophthalmos, 1; epicanthus, 2; aphakia, 2; retinitis proliferans, 1; rupture of choroid, 1; posterior synechia, 2; microphthalmos, 1; corneal birth injury, 1.

Certain cases which could not well be treated either at the school ophthalmic or minor ailments clinics were referred to the Royal Eye Infirmary, Glasgow, where treatment was carried out. Two of the Committee's ophthalmic surgeons are on the staff of this Institution and have been exceedingly helpful in having cases requiring special treatment or operation attended to.

It is with regret that the resignation of Dr. James Wilson from the ophthalmic staff has to be announced. Dr. Wilson was one of the earliest of the part-time ophthalmic surgeons to be appointed under the scheme of school treatment and his continuous service of over twenty years has been marked by the most accurate and painstaking exercise of his great professional skill. He maintained his ideals at a high level and his devotion to the children who came under his care was single-hearted and sincere.

The following reports on the work conducted during the past year have been received from the Committee's ophthalmic surgeons :—

(DR. JOHN A. MORTIMER).

CENTRES :

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

The summary of work done during the current year shows that there has been an excellent and continued response to the benefits made available by the Education Committee for the correction and alleviation of eye defects and diseases in school children. In the above areas during the past session 982 children were examined and treated and 1,318 were re-examined. Out of this total of 982 children treated there were 150 more girls than boys showing, as in previous years, a continued preponderance of girls over boys taking advantage of this treatment.

The main objects of the school ophthalmic surgeon's work are (1) the correction of refractive defects and also the finding and treatment of disease conditions in the eyes of the school child ; (2) the compilation and examination of statistics which are of the greatest value in furthering knowledge as to origin and subsequently to advances in prevention and treatment of ocular disease and defect ; (3) the further advancement in the preservation of vision to allow the best advantage to be taken of education without deleterious effect ; (4) to give the children of to-day and the future a better start off in life and to inculcate into them a better knowledge as to how to look after their vision in after life and to choose their environment and work.

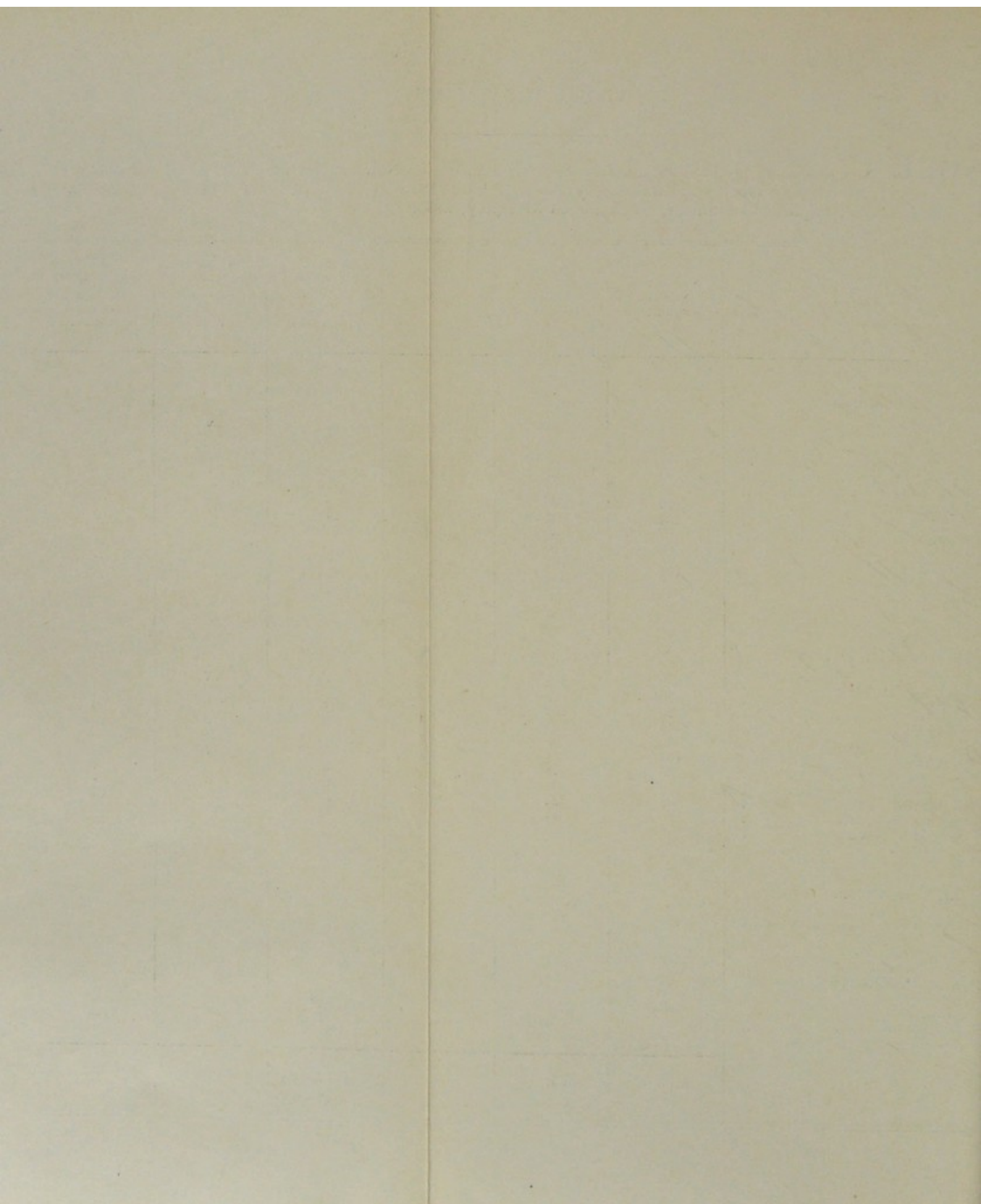
The writer would like to say a few words on Myopia and the satisfactory results in the preservation of vision in the scholars attending the myope classes :—

Although in the present state of our knowledge myopia cannot be prevented, yet by skilled and timely treatment defective vision and blindness can be postponed and not infrequently combated. The overuse of the eyes for near work is not so much a cause of myopia as a very real cause of progression in degree once myopia has appeared, especially if such close work is over indulged in when the child has rapid growth, ill health or some other strain to contend with. Many opinions have been put forward on the importance of the exogenous factors in the causation of this disease but they vary widely ; some believe that the disease is solely due to exogenous causes, others consider that heredity plays the principal, if not the only, part. The evidence in favour of the exogenous origin is however not convincing. In the meantime it must suffice to say that the heredity factor is a very important one, and some defect in the consolidation of the fibrous tissue is probably the determining element. Thus the onset of myopia may occur during a period of ill-health or a period of rapid growth in the developing child. The genetics of this group have not been fully disentangled but it can be said for certain that shortsight never arises in the absence of an hereditary predisposition, though that predisposition may remain latent in good health or be accentuated by illness and physical disability. Dysgenic births are the chief cause of myopia and the mode of transmission is probably recessive.

VISUAL TREATMENT

TABLE C.—Showing (a) Total Number of Cases Examined; (b) Number Revisited; (c) Total Attendances at Clinic; (d) Number Treated by Glasses; (e) Number Treated Otherwise or Advised; (f) Number Uncompleted and not requiring Treatment. Year ended 31st July, 1935.

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. JOHN A. MORTIMER.						
Blantyre	59	58	117	59	—	—
Cadder (Bishopbriggs and Chryston)	80	98	178	72	8	—
Carlisle	99	66	165	92	7	—
East Kilbride	15	14	29	15	—	—
Lanark	117	190	307	100	17	—
Larkhall	154	192	346	144	10	—
Shotts	67	68	135	59	8	—
Strathaven	30	40	70	26	4	—
Uddingston	74	162	236	69	5	—
Wishaw	246	367	613	228	18	—
Knowetop Special School ...	41	63	104	39	2	—
Dr. H. SOMERVILLE MARTYN.						
Airdrie	288	383	671	249	37	2
Abington	10	9	19	7	2	1
Baillieston	123	264	387	106	8	9
Bellshill	146	394	540	126	10	10
Biggar	32	39	71	26	1	5
Cambuslang	169	296	465	147	17	5
Carnwath	36	43	79	29	5	2
Lesmahagow	59	92	151	49	3	7
Rutherglen	209	223	432	179	17	13
Dalton Special School ...	26	44	70	22	3	1
Drumpark Special School ...	42	30	72	37	5	—
Dr. JAMES A. WILSON.						
Motherwell	426	587	1013	355	71	—
Dr. JAMES R. WATSON.						
Coatbridge	306	381	687	284	22	—
Hamilton	352	554	906	333	19	—
TOTAL	3206	4657	7863	2852	299	55



VISUAL TREATMENT

TABLE D. TABLE SHOWING CONDITIONS, OTHER THAN REFRACTION ERRORS, WHETHER TREATED OR ADVISED.

CLINIC.	Squint (Convergent).		Squint (Divergent).		Corneal Opacity.		Blepharitis and Conjunctivitis.		Phlyctenular Conjunctivitis.		Cataract.		Nyctagmus.		Chorioid-Retinal Changes (Myopic).		De. other than Myopic.		Optic Neuritis.		Keratitis.		Congenital Prolapse of Lenses.		Hordeolum.		Optic Atrophy.		Ptosis.		Pseudo Neuritis.		Trachoma.		Sequelae of Iritis.		Vitreal Opacities.		Coloboma of Iris and Chorioid.		Leucoma Adhens.		Detachment of Retina.		Squint (Alternating).		Papillary Membr.		Epiphora.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.					
Dr. JOHN A. MORTIMER.																																																			
Blantyre, ...	10	10	—	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Cadder, ...	7	11	—	—	1	12	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(Bishopbriggs and Chryston)																																																			
Carlisle, ...	10	4	—	—	12	12	12	12	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
East Kilbride, ...	5	12	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lanark, ...	11	8	1	1	3	3	—	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Larkhall, ...	10	14	—	—	1	3	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Shotts, ...	9	9	1	12	1	3	1	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Strathaven, ...	12	2	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Uddingston, ...	5	13	—	—	—	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wishaw, ...	12	22	1	1	1	1	—	12	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Knowetop Special School, ...	5	2	—	—	1	5	—	—	—	—	—	—	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dr. H. SOMERVILLE MARTYN.																																																			
Airdrie, ...	24	27	3	1	5	3	3	1	2	12	4	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Abington, ...	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bailieston, ...	9	14	1	3	6	12	12	3	12	1	12	12	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bellsbush, ...	15	22	12	—	4	7	3	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Biggar, ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Camislang, ...	22	18	12	12	4	4	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Carnwath, ...	4	4	—	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lesmahagow, ...	3	2	—	—	—	3	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—																					

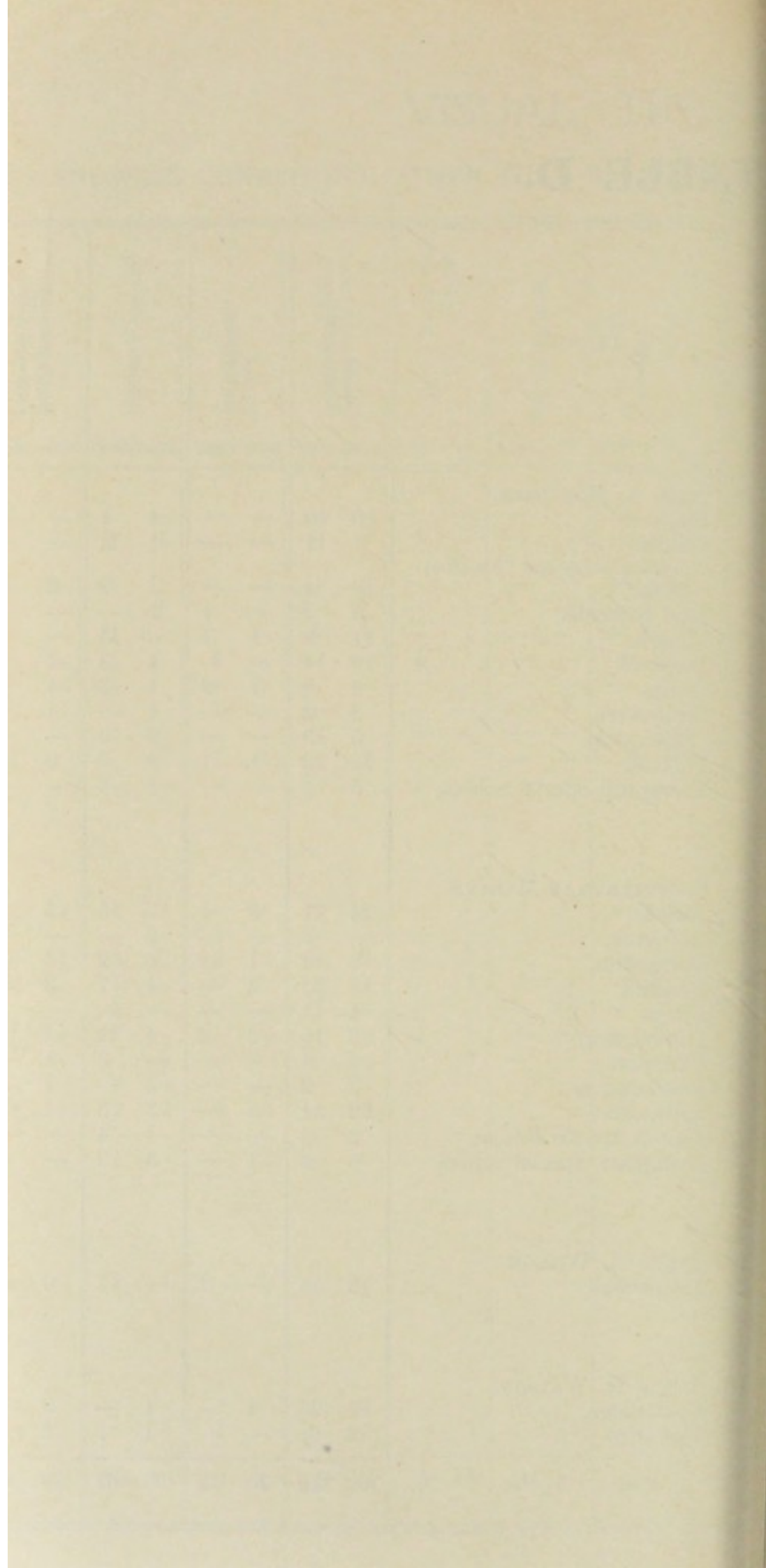
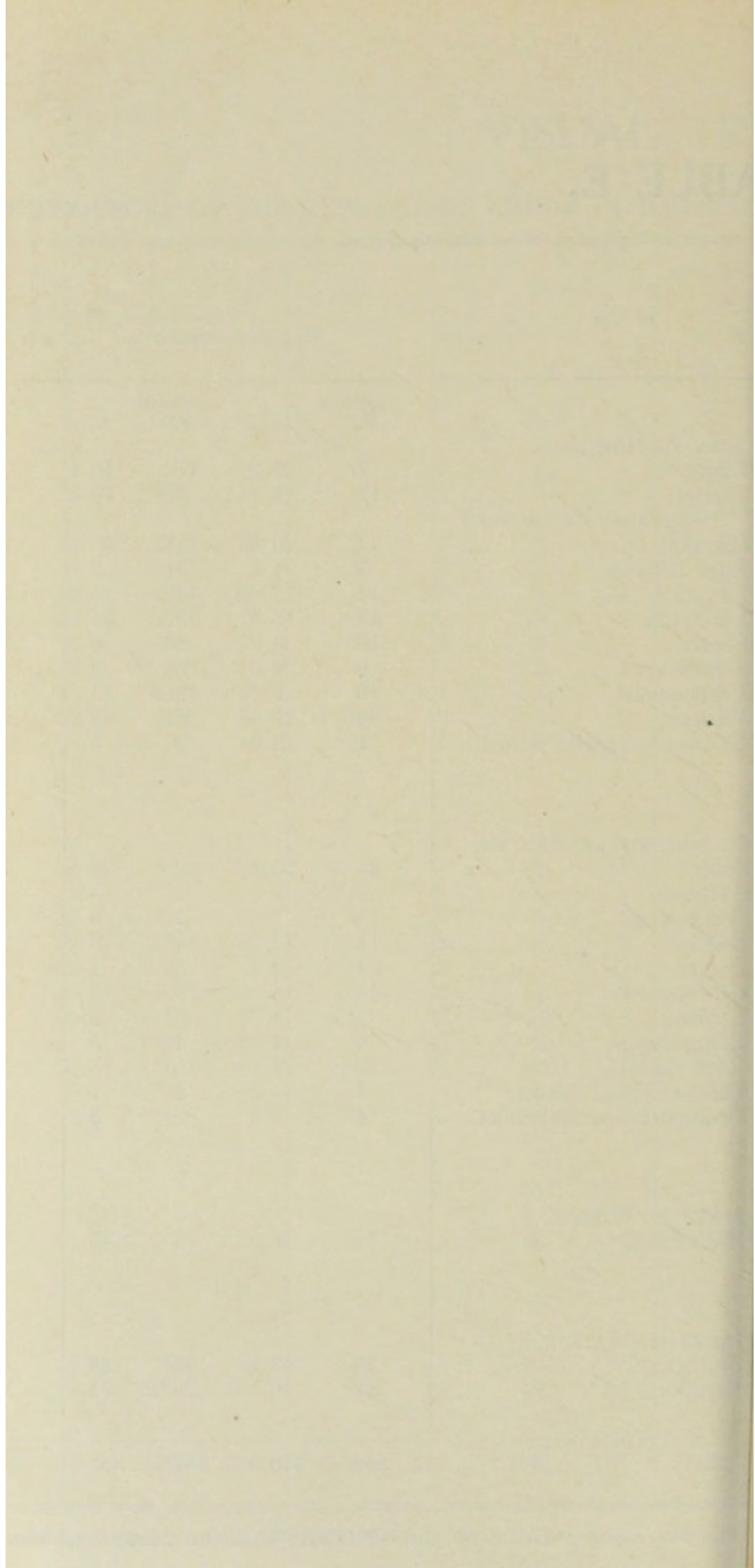


TABLE E. VISUAL TREATMENT. SHOWING THE NATURE OF THE REFRACTION ERROR IN THOSE CASES TREATED BY SPECTACLES, AND THE NUMBER OF CASES EXAMINED.

CLINIC.	1				2				3				4				5				6				7				Totals.		
	Hypermetropia.				Hypermetropic Astigmatism (Simple and Compound).				Myopia.				Myopic Astigmatism (Simple and Compound).				Mixed Astigmatism.				Eyes not Requiring Correction or too Defective for Correction.				Cases not Completed.				Boys.	Girls.	
	Boys.	L.	Girls.	L.	Boys.	L.	Girls.	L.	Boys.	L.	Girls.	L.	Boys.	L.	Girls.	L.	Boys.	L.	Girls.	L.	Boys.	L.	Girls.	L.	Boys.	L.	Girls.	L.			
Dr. JOHN A. MORTIMER.																															
Blantyre, ...	7	7	17	16	8	7	9	10	2	2	4	4	2	2	2	4	5	6	3	1	—	—	—	—	—	—	—	—	24	35	
Cadder, ... (Bishopbriggs and Chryston)	12	12	9	10	9	8	16	16	4	3	6	6	2	4	7	6	3	3	4	4	5	5	3	3	—	—	—	—	35	45	
Carlisle, ...	17	20	18	20	13	11	23	26	2	2	3	3	3	3	4	3	4	2	6	2	3	4	3	3	—	—	—	—	42	57	
East Kilbride, ...	5	4	3	2	2	3	1	2	3	3	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	10	5	
Lanark, ...	11	11	14	15	17	19	22	20	2	3	6	7	8	8	10	8	6	3	4	6	9	9	8	8	—	—	—	—	53	64	
Larkhall, ...	13	15	25	31	31	29	47	40	6	6	5	5	7	8	7	9	2	1	1	1	4	4	6	5	—	—	—	—	63	91	
Shotts, ...	10	8	8	8	11	14	18	19	2	2	1	1	—	—	—	—	—	—	—	—	3	2	5	5	—	—	—	—	27	40	
Strathaven, ...	9	8	5	3	1	2	8	10	—	—	2	1	—	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	10	20	
Uddingston, ...	9	6	13	14	11	13	11	10	1	1	4	4	3	3	8	8	2	3	7	7	1	1	4	4	—	—	—	—	27	47	
Wiskaw, ...	30	29	38	42	50	50	55	54	10	10	7	8	9	10	13	13	7	7	9	5	4	4	14	14	—	—	—	—	110	136	
Knowetop Special School,	1	2	5	3	9	8	9	10	1	1	4	4	3	3	6	6	—	—	1	2	1	1	1	1	—	—	—	—	15	26	
Dr. H. SOMERVILLE MARTIN.																															
Airdrie, ...	30	20	22	20	71	83	64	64	8	7	13	11	12	14	21	23	5	4	3	6	22	20	15	14	—	—	2	2	148	140	
Alington, ...	—	—	1	—	2	2	1	2	—	—	—	—	1	1	1	1	1	1	—	—	—	—	2	2	1	1	—	—	—	5	5
Balmain, ...	11	7	7	9	24	26	27	29	2	1	3	3	8	9	9	9	4	6	11	7	3	3	5	5	4	4	5	5	36	67	
Bellshill, ...	11	12	14	9	28	29	28	32	—	2	6	4	11	6	8	10	11	12	9	10	5	5	5	5	3	3	7	7	69	77	
Bigger, ...	4	2	5	4	7	7	3	2	2	3	—	—	—	1	3	3	—	—	2	4	—	—	1	1	2	2	3	3	15	17	
Cambuslang, ...	18	16	21	16	33	35	35	45	—	2	4	6	5	4	15	10	6	5	10	8	9	9	8	8	1	1	4	4	72	97	
Cardwell, ...	5	4	6	5	4	4	8	10	2	2	—	—	1	1	2	1	—	1	1	1	3	3	2	2	1	1	1	1	16	20	
Lesmahagow, ...	6	4	4	5	7	7	10	10	4	3	2	—	5	9	5	9	1	—	5	2	2	2	1	1	3	3	4	4	28	31	
Rutherglen, ...	20	21	15	13	34	32	50	51	16	18	12	11	12	11	12	11	4	4	4	7	6	6	11	11	5	5	8	8	97	112	
Dalton Special School,	1	—	1	1	4	5	7	6	—	—	3	2	2	2	3	3	—	—	1	2	—	—	3	3	—	—	—	—	7	19	
Drumpark Special School,	4	4	2	3	5	9	6	5	2	2	—	3	6	4	11	8	1	—	—	—	2	1	3	3	—	—	—	—	20	22	
Dr. JAMES A. WILSON.																															
Motherwell, ...	58	56	73	75	89	91	77	76	14	15	16	14	6	6	12	14	5	4	5	4	35	35	36	36	—	—	—	—	207	219	
Dr. JAMES R. WATSON.																															
Gaithbridge, ...	35	43	32	28	69	63	79	84	8	11	19	14	5	4	10	15	13	10	17	13	10	9	9	12	—	—	—	—	140	166	
Hamilton, ...	37	29	29	34	70	78	103	103	15	18	16	23	10	9	14	12	10	9	29	20	5	4	14	13	—	—	—	—	147	205	
Total, ...	364	340	387	386	609	625	717	736	106	117	136	134	121	122	192	193	91	82	134	115	132	127	162	163	20	20	35	35	1,443	1,763	

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



The special myope classes' most important function is the "damping down" of the rate of progression of this disease once established and in the appropriate instruction and training, but further advancement in prevention must be looked for in the practice of eugenics in addition to hygienic and medico-social measures. A wide gulf separates the theory from the practice and success depends above all on the general education in the facts of heredity.

During the past year a considerable number of children have been investigated and operated on by the writer at the Glasgow Eye Infirmary.

(DR. JAMES A. WILSON).

CENTRE: Motherwell.

The work of the session has been overtaken with the usual quiet regularity.

Squint.—What is the "percentage of squint in the children coming before the school ophthalmic surgeon"?

This question has already been discussed and to it I can only offer a small contribution. Looking backwards over ten years I take some figures from the Motherwell clinic that may be useful for comparison with corresponding figures obtainable to-day.

In the three years ending in 1925 there were examined 951 children and among these were 205 squinters or 21.5 per cent.

In the three years now ending there were examined 1,319 children and among these there are 276 squinters or 20.9 per cent.

It may be of interest to separate those in the three years now ending into two sections, one containing those examined for the first time and another containing only re-examinations.

During these three years 835 children were seen for the first time and among these were 139 squinters, or 16.6 per cent.

Arranging these squinters in age groups we get:—

<u>Under 7 years.</u>	<u>7 to 10 years.</u>	<u>10 to 14 years.</u>
73	49	17

The fact that so many squinters are found in the first age group is commendable, as this indicates that they have received prompt attention. There are, however, 17 squinters in the third age group, or children who attended for treatment at this late school period for the first time. Did these children begin to squint in the more advanced school years?

Re-examinations.—During the last three years 484 children have been re-examined and among these 129 were squinters or 26.6 per cent. The percentage of squinters is much larger among the re-examinations than among those seen for the first time. Arranged in age groups we get:—

<u>Under 7 years.</u>	<u>7 to 10 years.</u>	<u>10 to 14 years.</u>
5	57	67

These cases having passed into the second section appear in the higher age groups.

The cause of ordinary squint is thought to be some slight nerve defect, associated with an error of refraction in the eye (long sight).

In 75 per cent. of the cases of squint the squint appears before the child reaches the age of four years, and as the vision in the squinting eye rapidly deteriorates and in many cases is never fully regained, there is urgent need for these cases receiving early treatment. The district nurses seek them out and bring them to the Child Welfare Centres. If they have to wait for some time before receiving attention from the eye specialist, the mothers are urged to cover the non-squinting eye for days at a time, thereby inducing the squinting eye to do some work and so preserve its vision.

A record card is provided for each child and after examination the condition found and the treatment prescribed are recorded thereon.

This is part of a scheme of eye training that is being tried out in several countries and one that it is hoped will improve the visual results and lessen the number requiring surgical operation.

(DR. JAMES R. WATSON).

CENTRES :

Coatbridge and Hamilton.

There are no points requiring very special emphasis in regard to these clinics during the past year. Details of numbers treated, variety of errors corrected, etc. will be found as usual in the attached Tables. As regards the various forms of refractive error, as usual the hypermetropes predominate. There has been an especial number of cases sent this year not for defective vision, a large number having full vision in each eye, but for "headaches," "eye-strain" or other symptom. It is the constant employment of the accommodation (especially the excessive amount required for near work) that produces these symptoms—blurring of the type and headaches. In these cases glasses were in most cases prescribed for a limited period, *i.e.*, until the symptoms disappear; this frequently takes only a few months. In higher degrees, however, glasses are generally ordered to be worn constantly. This constant use is essential in cases of squint which are so commonly associated with hypermetropia, and here I may mention that this is one way in which many children and even many parents do not help us as much as they might, for a frequent note at revisits is "glasses not being regularly worn." Among the myopes, on the other hand, it is the defective vision which is the most striking feature for the accommodation here does not adjust the focus as in hypermetropia. Symptoms are often non-existent or slight. Parents, I find, are often greatly surprised to discover how poor the vision is when the child is tested with the distant types, as they may have noticed nothing except that the child holds a book close to the eyes. We have had few myopics of a very high degree—few young people have this—but we have had a few with one highly myopic eye, too different from the good eye to correct. In these cases I generally recommend the parent to be careful of the good eye and tell them if, by any chance, the good eye should get badly damaged, some-

thing might then be made of the defective eye. Those myopics of low degree can have their vision restored by glasses but in high degree the vision is not always made perfect with the best correction possible and there is always the fear of progressive degenerative changes coming on. Thus, one of our most important duties is to attend so well to the low myopes that we will have few high myopes to deal with.

Among the children of all the schools there are few and in certain schools there are many who give trouble through carelessness in looking after their glasses. At revisits frames are frequently brought of the most fantastic shapes which render them useless especially where cylinders are worn. Cracked and broken or lost lenses are also frequent and it is generally blamed on some child at school other than the wearer. All these things militate against the results we look and hope for and are very difficult to get rid of. The round frame—even if well cared for—is bad, as cylinders are frequently found to have rotated from the proper axis. The new round-oval frames now in use will obviate this.

(DR. H. SOMERVILLE MARTYN).

CENTRES :

Airdrie, Abington, Baillieston, Bellshill, Biggar, Cambuslang,
Carnwath, Lesmahagow, Rutherglen, and Dalton and
Drumpark Special Schools.

The total number of cases examined by me during the past year is 1,140 and the number of revisits 1,817, a total of 2,957 attendances. Special attention was given to the question of the percentage of cases of squint in pursuance of my report of last year (p. 43). Recalling the requirements there stated as necessary to bring cases definitely into the category of "squint" and excluding mere suspects, the percentage is 24·4 for new cases examined. This figure is in close agreement with Dr. Thomson's 25 per cent. (see Report, 1932-33, p. 41) in cases specially examined by him for squint and lends support to his contention that the number of squint cases in the course of "ordinary" as opposed to "special" examination is probably slightly underestimated whilst it lends no support to the suggestion that "the number may be nearer to 30 per cent. than to 20 per cent." The percentage, of course, will vary from year to year just as it differs in different groups. The percentage, for example, exclusive of Airdrie and Drumpark, is 26·8 for boys and 22·7 for girls, *i.e.*, an over all percentage of 24·75, whilst the total percentage for Airdrie and Drumpark is 24·09. This suggests that round about 25 per cent. is perhaps as close an approximation as can be determined in an admittedly difficult subject. This, of course, is the percentage in

children found on medical inspection to have defective vision and submitted for ophthalmological examination.

The relative percentages of the different kinds of refractive errors are as follows:—Hypermetropia and hypermetropic astigmatism, 54; myopia and myopic astigmatism 20; Mixed astigmatism, 7. Airdrie, Cambuslang, and Carnwath are each 10 per cent. above the average for hypermetropia and hypermetropic astigmatism whilst the lowest percentages for this error are Abington, 40; Drumpark, 45; Lesmahagow 45; and Dalton, 48. The latter three schools, however, give the highest percentages for myopia and myopic astigmatism, viz., Drumpark, 42; Lesmahagow, 31; and Dalton, 29; as compared with an average of 20. This is not surprising in the case of Dalton and Drumpark where special myope classes exist, but that Lesmahagow should have such a high percentage of myopes and low percentage of hypermetropes is somewhat of a problem.

I have been struck throughout the year with the relatively large number of cases of "external" diseases of the eye, *i.e.*, blepharitis, conjunctivitis, keratitis and resulting opacities of the cornea in the Bellshill and Baillieston areas. The average percentage for these combined diseases is 4.5. Dalton and Drumpark head the list with 11 per cent. and 10 per cent. respectively but the "special" type of child is sufficient explanation. (Abington equals Drumpark with 10 per cent., but owing to the small number of cases examined in this area statistics here are relatively of little value). Baillieston and Bellshill have over 7 per cent. as compared with 4.5 average. These same schools have also the highest percentages for mixed astigmatism, viz., 11 and 14 respectively as compared with an average of 7. Now, mixed astigmatism is frequently due to flattening of the cornea in one axis from ulceration and subsequent nebulae. The question therefore arises how far these adverse high percentages in mixed astigmatism and "external" diseases at Baillieston and Bellshill are attributable to the absence of minor ailments clinics in these areas.

The rooms provided for ophthalmological work in the more recently erected schools not merely facilitate but inspire good work. May I appeal to those responsible for the decorative schemes to remember that the wall in the region of the ophthalmological electric bracket demands one colour for efficient eye work, viz., "BLACK," and that the remainder of the room should be in dull tones in order to diminish reflection of light.

I would again urge that the conditions under which the work is conducted at Bellshill (previously stated in Report 1932-33) be investigated.

The optical work of executing the prescriptions for glasses and fitting of frames has been well done.

The usual facilities have been afforded by the Directors of the Glasgow Eye Infirmary.

Report on Dental Treatment.

It is very satisfactory to report that the Committee's scheme of school dental treatment continues to command a high measure of success throughout the whole educational area. The scheme has become firmly established as part of the school routine and the difficulty now is not so much in encouraging pupils to accept treatment as in dealing with the large number of cases applying for treatment. The numbers treated have remained consistently high for several years past, any slight falling off in number that may occur in any given year being due, generally, to sickness amongst the staff and not to any diminution in the number of applicants. As each dental surgeon has definite districts allotted which fully engage his (or her) time any absence on account of sickness reacts on the districts concerned and results in treatment being deferred for a period. Sickness is inevitable and allowance must be made for this contingency. However, it is highly satisfactory that during the past year no fewer than **20,915** children received treatment at the hands of the school dental staff, this total being made up of 10,088 boys and 10,827 girls.

The total number of children dentally examined at school was **73,502** and of these **43,306**, or **58.9** per cent., were found to require some degree of treatment. This percentage, although apparently high, is most encouraging when compared with the percentages in other educational areas throughout the whole country, and it has to be remembered that the Lanarkshire figures include a very large number of children in whose case the treatment necessary was by no means serious or extensive. As has been repeatedly stated in previous reports, a grossly unhealthy mouth is now a rarity amongst the school children of this county, especially from the age of eight years upwards. The most unsatisfactory dental conditions are found amongst the "entrants," namely, the five or six years old children; all the school dental surgeons are quite emphatic on this point.

As in former years, the best percentages of treatment were obtained in the rural areas although signs are not wanting that the urban districts are slowly rising to the rural standard. This can be seen from such returns as 100 per cent. from Langloan P. School, Coatbridge; 79 per cent. from Cambuslang P. School, and from St. Augustine's R.C. School, Coatbridge; 74.1 per cent. from Chapelside P. School, Airdrie, and so on. There can be little doubt, however, that much more could be done by members of the teaching staffs in urban areas in bringing the benefits of school dentistry prominently before their pupils and the percentage of children treated in a school is frequently an index of the interest or, rather, the lack of interest shown by certain teachers in this branch of school health administration.

It is well to give some comparative figures of the percentages of treatment in the various schools as these may encourage those teachers who are already enthusiastic for the scheme to maintain

their high endeavour and at the same time stimulate other teachers to greater effort. Marked discrepancy appears between schools in the same district but there is, frequently, a similar discrepancy between *classes in the same school*. Why not introduce a certain sporting element into the scheme so that schools may watch how they stand in regard to the local or county "Dental Treatment League"?

Schools giving 100 per cent. return :—

Daer & Powtrail, Summit, Whitecleugh, Bellfield, Hawksland, Kirkfieldbank, Stablestone, Upper Duneaton, Auchengray, Braidwood, Carstairs (Village), Dunsyre, Smyllum R.C., Forrestfield, St. Vincent's R.C., Langloan.

Schools giving 90-99 per cent. :—

Douglas Water, Libberton, Auchenheath, Bent, Coalburn, Douglas West, Underbank, Dolphinton, Kilncadzow, Law, Nemphlar, Walston, Bothwellpark.

Schools giving 80-89 per cent. :—

Coulter, Pettinain, Blackwood, Blackwood R.C., Douglas, Braehead, Carluke R.C., Carnwath, Carstairs-Junction, Forth, Woolfords, Yieldshields, Beechfield, Dykehead (No. 4 area), Northrigg, Drumpark Special, Longriggend R.C., Riggend, Cragneuk R.C.

Schools giving 70-79 per cent. :—

Abington, Crawford, Leadhills, Roberton, Waterside, Carluke H.G., Shawsburn, Chapelhall, Cambuslang, Calderbank, Whiterigg R.C., Chapelside, St. Augustine's R.C., St. Patrick's R.C. (Coatbridge).

Schools giving 60-69 per cent. :—

Covington, Crawfordjohn, Lamington, Symington, Lesmahagow H.G., Lanark Grammar, Lanark R.C., Newbigging, Quarter, Auldhouse, Belvidere, Bothwellhaugh, Holytown, Carnbroe, Benhar, Knowetop Special, Morningside, Newmains R.C., Cambuslang R.C., Bargeddie, Bridgend, Caldercruix, Glenboig, Coatdyke R.C., Victoria, Dundyvan, Whifflet R.C., Cragneuk, Wishaw R.C., Farie Street.

Schools giving 50-59 per cent. :—

Carmichael, Wiston, Tarbrax, Dalserf, Swinhill, Auchentibber, Jackton, Carfin, Carfin R.C., Chapelhall R.C., Elmwood Convent, Mossend R.C., Muiredge, New Stevenston, Tannochside, Allanton, Moffat, Netherton, Shottskirk, Carmunnock, Auchinloch, Baillieston R.C., Budhill, Cadder, Gartcosh, Garthamlock, Glenboig R.C., Greengairs, Longriggend, Mount Vernon, Muirhead R.C., Clarkston, Greenhill (Coatbridge), Woodburn Special, Berryhill, Wishaw Academy.

Schools giving 40-49 per cent. :—

New Lanark, Netherburn, Calder St. (Blantyre), High Blantyre, Low Blantyre, St. Joseph's R.C., Bellshill, Bothwell, Bothwell R.C., Uddingston Grammar, Uddingston R.C., New Stevenston R.C.,

Calderhead, Harthill, Newmains, Overtown, Stane, Dalton Special, Eastfield, Gateside, Hallside, Annathill, Baillieston, Bishopbriggs H.G., Chryston H.G., Glengowan (Caldercruix), New Monkland, Swinton, Tollcross R.C., Albert, Alexandra, Rochsolloch, St. Margaret's R.C., Blairhill, Coatdyke, Gartsherrie Academy, Old Monkland, Whifflet, Beckford St., Low Waters, Townhead, Cambusnethan, Dalziel, Glencairn, Park St. R.C., Wishaw.

There were 42 schools which gave a lower percentage of treatment than 40 and this cannot be considered satisfactory. In fact, one school (a secondary school) gave the lowest figure recorded in any school since the commencement of the scheme. There may have been some local reason for this but, if so, it was not apparent to the dental staff. What can be achieved by enthusiasm and propaganda is well exemplified in an urban area which has always been rather notorious for the consistently low percentage of pupils accepting treatment. A certain school has a headmaster who is an ardent enthusiast in the matter of school dentistry and where an acceptance of treatment is not forthcoming the parent is interviewed and the benefits of the dental scheme clearly put to the parent. This leads, very frequently, to consent for treatment being given. The result is shown in this year's returns for whereas the school in question gave 63 per cent. of treatment the highest percentage reached by any of the other schools in the immediate vicinity only amounted to 37.

In last year's report it was stated that for the first time since school dentistry was inaugurated in this County the percentage of children requiring dental treatment fell below 60, the actual figure being 59.8. It is gratifying to record a still further fall in the percentage, the figure for the year 1934-35 being 58.9. It is to be hoped that this fall will be a steady and progressive one. The percentage of notified children treated by the school dentists throughout the whole educational area amounted this year to 48.3. This compares with 48.12 for the previous year. The ideal would be for every school child's teeth to be dentally examined twice yearly but this is quite impossible, meantime, with the present staff; indeed, it is frequently with difficulty that the districts can be overtaken once a year. Everything is done to make the conditions for the patients as comfortable as possible and for this the janitors at the clinics and schools deserve special thanks. In most of the rural schools where the treatment is carried out on the premises the teachers have been exceedingly good in granting the use of their private room during the dentist's visit.

The following extracts are taken from the reports of the school dental surgeons for the year under review (1934-35) :—

Mr. Beattie (1, 2, 3, 5 School Management Areas) states that the general dental condition of the pupils in his areas has been well maintained and, in fact, is steadily improving. A noteworthy feature is the increasing number of applications for treatment of the youngest children. The private medical practitioners are also more actively co-operating with the school dentist and this is very helpful in persuading parents to accept school treatment for their

children. The children in the rural areas, where for years treatment has been much more eagerly sought than in the towns, are now showing the results and their dental condition far surpasses that of their town fellows.

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

Total number of children treated, **3,659** ; extractions (temporary teeth), 5,863 ; extractions (permanent teeth), 280 ; fillings, 675 ; scalings, dressing, cleaning, etc. where necessary.

Mr. Rankin (4, 5, 8, 12 School Management Areas) in surveying the thousands of cases treated by him during the past 16 years compares the dental condition of the present day school child with that of the child in pre-treatment years and comments on the extraordinary change for the better that now exists. He is of opinion that much more could be done by active propaganda amongst parents and pupils but any considerable influx of applications for treatment would necessitate a substantial increasing of the dental personnel. At present the work of the school dentists is necessarily confined to the securing of healthy mouths in the pupils and there is little or no time available for orthodontic treatment. He also strongly advocates a much greater extension of the dental treatment of pre-school children.

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

Total number of children treated, **3,263** ; extractions (temporary teeth), 4,460 ; extractions (permanent teeth), 1,613 ; fillings, 1,092 ; dressings, scaling, cleaning, 1,117.

In addition to the foregoing Mr. Rankin treated 23 children of pre-school age at Hamilton Child Welfare Clinic by arrangement with the Medical Officer of Health of the Burgh.

Mr. Kerr (8, 11, 14 School Management Areas) in his report pays tribute to those head teachers who are enthusiastic in the matter of school dentistry, not only in encouraging their pupils to come forward for treatment but also in seeing that the children attend the clinic punctually at the hour stated on their appointment cards. A careless observance of punctuality may result in a serious waste of the dentist's time and, in some cases, in treatment being deferred either to a later hour or, it may be, to a later date. Mr. Kerr again comments on the reluctance shown by many parents to have conservative treatment of their children's teeth, much preferring that a tooth should be extracted rather than saved by filling.

The following is a summary of Mr. Kerr's work during the past year :—

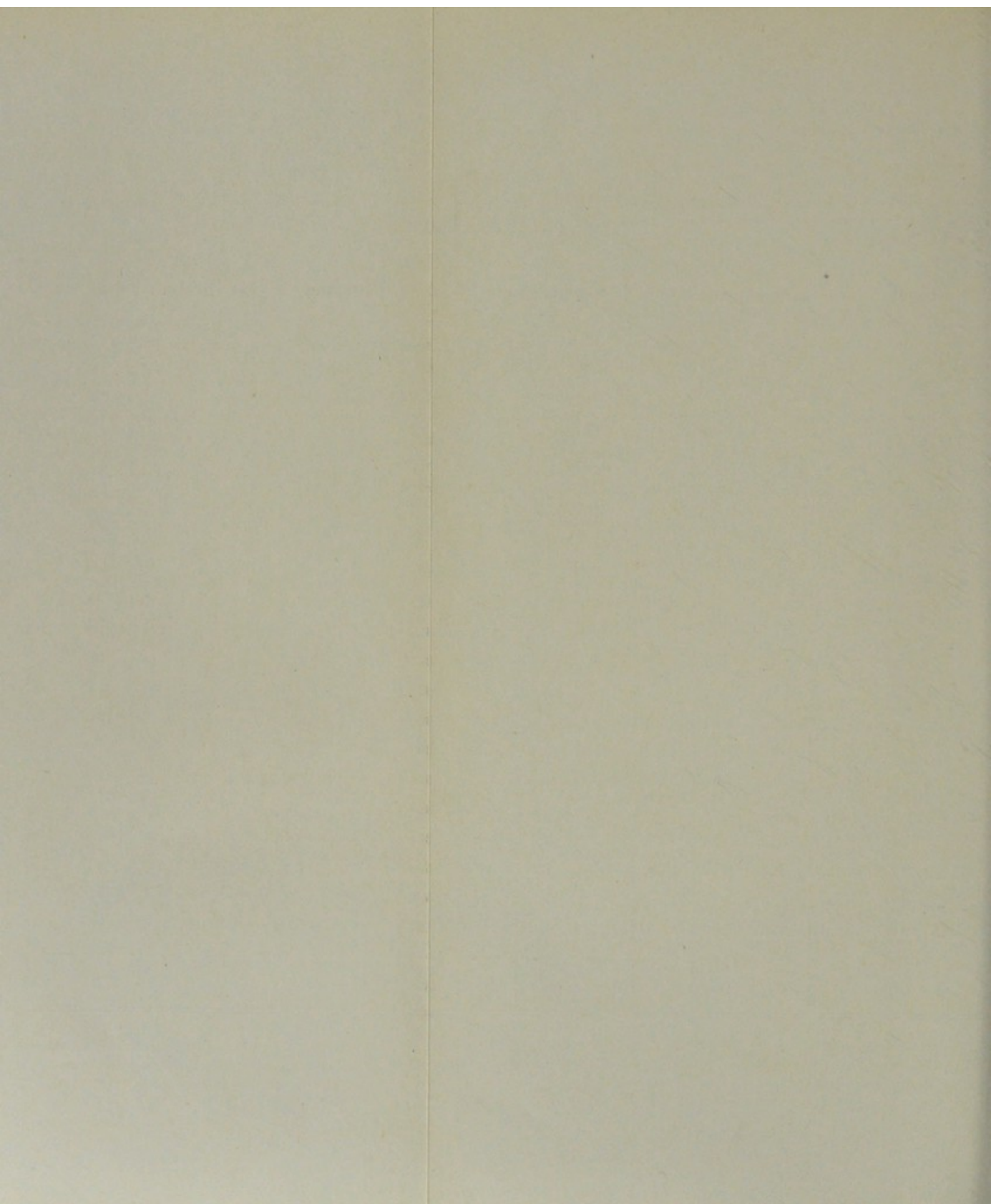
Total number of children treated, **3,281** ; extractions (temporary teeth), 3,462 ; extractions (permanent teeth), 581 ; fillings, 640 ; scalings, dressings, etc. where necessary.

TABLE F.

DENTAL TREATMENT

Summary of Work done in the following School Management Areas during the year ended 31st July, 1935.

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	...	...	736	233	218	191	174	626	22	—	80	—	—	—	328	37
"	2	...	...	2055	642	689	557	596	1756	101	—	180	—	—	—	999	154
"	3	...	...	3951	1197	1106	911	902	3001	123	16	323	1	4	7	1520	293
"	4	...	...	4806	1479	1469	437	446	1251	375	65	233	12	82	218	770	113
"	5	...	...	3069	904	925	368	416	989	387	26	195	14	79	108	707	77
"	6	...	...	10402	3027	3034	1379	1641	3219	629	122	705	18	66	84	2563	457
"	7	...	...	4963	1736	1657	799	772	2432	320	24	361	3	5	16	1348	223
"	8	...	...	3891	1277	1146	594	613	1305	395	27	268	8	79	104	1045	162
"	9	...	...	8303	1915	2100	1084	1190	3452	511	39	580	90	45	89	1780	494
"	10	...	...	5177	1376	1448	686	725	2265	310	23	346	82	29	84	1120	291
"	11	...	...	6070	1859	1839	1017	1049	2319	371	24	396	3	86	36	1880	186
"	12	...	...	7034	2107	2103	563	621	1687	592	92	347	2	134	334	994	190
"	13	...	...	9075	2931	2959	1174	1321	3950	598	26	453	3	10	—	2147	348
"	14	...	...	3970	959	971	328	361	736	122	7	117	—	19	7	545	144
TOTAL			...	73502	21642	21664	10088	10827	28988	4856	491	4584	236	638	1087	17746	3169



Miss Watson (7, 13 School Management Areas) remarks on the excellent behaviour of the children while undergoing dental treatment. Year after year children submit themselves for treatment and come prepared to do their best even if the treatment is something they dislike. As the years go by, dental treatment is becoming more and more prophylactic in character and although the numbers of children coming forward for treatment show no signs of lessening the amount of dental treatment for a child is not nearly so extensive as formerly.

The summary of the work undertaken by *Miss Watson* during the past year is as follows :—

Total number of children treated, **3,452** ; extractions (temporary teeth), 5,656 ; extractions (permanent teeth), 817 ; fillings, 701 ; scalings, dressings, etc. wherever necessary.

Mr. Watson (6, 7, 9, 10 School Management Areas) comments on the increasing number of applications for treatment in his districts and also the excellent attendance at the clinics. Parents are now realising that if real benefit is to be derived from school dentistry the yearly visit to the dentist must be maintained and that the best results cannot be had by spasmodic attendance at two or three years' intervals. *Mr. Watson* comments very adversely on the poor returns obtained from the majority of secondary schools, a complaint of long standing. He wishes to put on record his appreciation of the services of the janitors at the schools and clinics and also of the courtesy he and the dental nurse receive from all members of the teaching staffs at the various schools in his districts.

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

Total number of children treated, **3,685** ; extractions (temporary teeth), 5,727 ; extractions (permanent teeth), 819 ; fillings, 978 ; scalings, dressings, etc. 419.

Miss Young (6, 7, 11 School Management Areas) reports favourably on the attendance of the pupils at the clinics. Absences were few and when they did occur it was generally on account of illness. It was unfortunate that in one area (Harthill district) there was an epidemic of scarlet fever during her visit and this adversely affected the numbers treated during the year. *Miss Young* remarks on the greatly improved facilities for treatment in the Carfin and Newarthill districts at the clinic at Carfin R.C. School and this should result in many more parents accepting dental treatment on behalf of their children. She also makes a special plea for dental treatment at the earliest possible stage of a child's school life.

The following is a summary of the work overtaken by *Miss Young* during the past session :—

Total number of children treated, **3,575** ; extractions (temporary teeth), 3,820 ; extractions (permanent teeth), 746 ; fillings, 989 ; dressings, scalings, etc., 187.

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

AT HAMILTON CLINIC :

(DR. JAMES ADAM).

During the year ended 31st July, 1935, 274 children were seen and had 576 consultations at my house. In addition, at Beckford Street Hospital, 198 operations for tonsils and adenoids were done under general anaesthetics and 1 operation for choanal polyp (rather rare). 32 cases, referred for tonsils and adenoids operation, were found not to require it. There were 15 aural cases, 9 of whom had running ears—all now healed. 7 cases of asthma were seen—now well or nearly so. 1 case, thought to be asthma, proved to be phthisis. Of 7 nasal cases, 3 were treated by cautery (local anaesthesia), 1 was a case of atrophic rhinitis, now nearly well, and 3 were cases of rhinorrhoea due to milk, cured by stopping it.

Comments.—It will be seen that the tonsils and adenoids operation was done on 70 per cent. of the children. This figure is not likely to be reduced until mothers learn some simple facts about diet and cookery, about the comparative unwholesomeness of the common milk pudding, the need for sufficient vitamins and the evil effects of sweets. Between 1819 and 1932 the annual consumpt of sugar per head in this country increased from 17 lbs. to nearly 100 lbs. Much of the money so wasted would be better spent on fruit; this would secure vitamins as well as more assimilable sugar. Milk rhinorrhoea and asthma will increase under the new milk regime.

It is satisfactory that all the suppurating ears have dried up and that there was only one case of atrophic rhinitis. There is no doubt that the tonsils and adenoids operation tends to reduce the number of running ears, the frequency of deafness and of nasal sinusitis and atrophic rhinitis, formerly rather common.

There is room for immediate attention to two things—the deaf child and speech defects.

1. Provision ought to be made for reducing the handicap placed on the deaf child through postponing his training as at present till school age. During the two highly plastic years before the age of five there should be systematic training of the deaf child and especially with a view to get it to speak. This would probably save two out of four years at the other end of the curriculum. At latest the training should begin at four.

2. There ought to be special instruction for speech defects, such as stuttering and rhinolalia. Both in Edinburgh and Paisley excellent centres have been formed to deal with these defects which elsewhere are generally neglected.

AT MOTHERWELL CLINIC :

(DR. R. A. GRAY).

	Under General Anaesthetic
No. of necessitous cases treated for Tonsils and Adenoids,	219
No. of necessitous cases treated for Diseases of the Ear,	1
No. of necessitous cases treated for Diseases of the Nose,	—
	<hr/> 220 <hr/>
Total number of attendances of school children at the Clinic,	650
Total time occupied by Rhinologist (approximate number of hours),	87
Total time occupied by Anaesthetist (approximate number of hours),	87

MINOR AILMENTS CLINICS.

The number of clinics for the treatment of minor ailments affecting the eye, skin, ear, nose, throat, etc., remains, meantime, at seven. These are situated in Airdrie, Blantyre, Cambuslang, Hamilton, Larkhall, Motherwell, and Rutherglen. It is hoped that, before long, a clinic will be established at Coatbridge where the need is certainly pressing. The premises of the present clinics are situated as follows :—

Airdrie—at Airdrie Academy ; *Blantyre*—at Child Welfare Centre, by arrangement with the public health authority of the County ; *Cambuslang*—at Gateside School ; *Hamilton*—at the Committee's clinic in Beckford Street ; *Larkhall*—at Machanhill School ; *Motherwell*—at Carnegie Welfare Clinic, by arrangement with the public health authority of the Burgh ; *Rutherglen*—at Gallowflat School.

The extent to which the parents take advantage of the minor ailments clinics for the treatment of their children is shown by a perusal of the statistical table (Table G) and from it will be seen the nature and variety of the conditions dealt with. Skin diseases constitute the majority of the cases treated, next in order of frequency being diseases of the eye. Cases of ear and nose diseases, although relatively few in number, necessitate, as a rule, prolonged treatment as is evidenced from the number of attendances made at the clinics. Ringworm cases are now comparatively uncommon.

Not only do the minor ailments clinics serve as a treatment centre but great use is made of them as examining centres for cases of absenteeism where sickness is the alleged excuse, and during the past year no fewer than 1,677 special examinations were made. The majority of these examinations are at the instigation of the various attendance departments but, on the other hand, a large number of parents voluntarily attend to have the medical officer's advice as to whether their children are now fit to resume school. Of the examinations made, 147 were at Gateside clinic, 132 at Blantyre clinic, 397 at Hamilton clinic, 47 at Airdrie clinic, 125 at Larkhall clinic, 493 at Motherwell clinic, and 336 at Rutherglen clinic.

Reference to Table G will show that the number of *children* who attended for treatment at the several clinics during the past session amounted to 9,932, and that the total *attendances* made by the patients were 68,731. Compared with the previous year these figures show a decline both in the number of patients and also in the total attendances. The fall was most evident in the number of skin diseases treated and although a welcome index of the improved health of the children it is quite probable that the mild, " open " winter of 1934-35 may have had some definite effect in reducing the incidence of skin trouble. It is a well known fact that severe frost and cold winds usually result in excoriation and chapping of the face and hands which might easily become septic. However, the improvement also related to ear and eye conditions although not to such a marked extent as in the case of skin disease.

It will be seen from the accompanying statistical table that although in cases of eye, ear and nose conditions the sex incidence is fairly evenly balanced, it is far otherwise in regard to skin affections where the number of boys affected is, practically, double that of girls. The more adventurous habits of boys, their rougher games, and their frequent handling of sharp tools and mechanical appliances render them more liable to abrasions of the hands and limbs which frequently become septic. Perhaps, also, their lessened regard for personal cleanliness, especially of the hands and face, accounts for their greater liability to septic sores and contagious skin disease.

In addition to the foregoing numbers of children treated at the seven minor ailments clinics, there was again a large number of children treated at the clinics conducted at the Special Schools. These clinics are in operation each school day and are under the charge of one of the Committee's nurses assisted by the nurse attendants attached to these schools. During the past year a total of **26,046** attendances was made. These figures show an increase on the previous year's numbers.

Thus, the grand total of attendances made at the Committee's minor ailments clinics for the year 1934-35 amounted to **94,777**. It may be stated that the entire work at these clinics is conducted by the Committee's medical and nursing staffs.

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

Airdrie Clinic (Dr. DARLING).—For eye diseases, 310 with 2,753 attendances; skin diseases, 740 with 3,700 attendances; ear diseases, 90 with 1,208 attendances; nose diseases, 6 with 24 attendances; ringworm, 12 with 60 attendances.

Total :—**1,158** children who made **7,745** attendances.

Blantyre Clinic (Dr. CORMACK).—For eye diseases, 209 with 2,059 attendances; skin diseases, 1,003 with 3,563 attendances; ear diseases, 75 with 1,075 attendances; nose diseases, 26 with 557 attendances; ringworm, 7 with 38 attendances.

Total :—**1,320** children who made **7,292** attendances.

Cambuslang Clinic (Dr. CUNNINGHAM).—For eye diseases, 406 with 3,180 attendances; skin diseases, 928 with 5,038 attendances; ear diseases, 106 with 943 attendances; nose diseases, 78 with 820 attendances; ringworm, 1 with 1 attendance.

Total :—**1,519** children who made **9,982** attendances.

Hamilton Clinic (Dr. MACKENZIE).—For eye diseases, 390 with 4,555 attendances; skin diseases, 1,266 with 7,032 attendances; ear diseases, 166 with 1,781 attendances; nose diseases, 61 with 1,102 attendances; ringworm, 14 with 101 attendances.

Total :—**1,897** children who made **14,571** attendances.

Larkhall Clinic (Dr. MACKENZIE).—For eye diseases, 215 with 3,159 attendances; skin diseases, 677 with 5,062 attendances;

ear diseases, 56 with 797 attendances ; nose diseases, 47 with 1,374 attendances ; ringworm, 2 with 6 attendances.

Total :—**997** children who made **10,398** attendances.

Motherwell Clinic (Dr. YOUNG).—For eye diseases, 235 with 2,659 attendances ; skin diseases, 731 with 4,182 attendances ; ear diseases, 119 with 1,376 attendances ; nose diseases, 49 with 285 attendances ; ringworm, 6 with 45 attendances.

Total :—**1,140** children who made **8,547** attendances.

Rutherglen Clinic (Dr. CUNNINGHAM).—For eye diseases, 405 with 2,459 attendances ; skin diseases, 1,258 with 5,980 attendances ; ear diseases, 153 with 1,146 attendances ; nose diseases, 85 with 611 attendances ; ringworm, nil.

Total :—**1,901** children who made **10,196** attendances.

At Special School Clinics :—

Drumpark (Nurse DOUGLAS),	...	10,815	attendances.
Dalton (Nurse PARK),	...	8,195	"
Knowetop (Nurse CHISLETT),	...	7,036	"

JOHN MACINTYRE,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION OFFICES,
3 CLYDESDALE STREET,
HAMILTON.

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,	64	69	1605	43	47	1137	58	71	1087	101	78	2406	50	48	1655	77	47	1408	57	57	730
Conjunctivitis,	35	48	450	18	25	172	85	101	1504	80	66	1439	41	38	1186	31	24	640	102	92	1254
Corneal Ulcer,	7	9	147	1	3	20	4	—	33	2	2	8	—	—	—	2	4	95	5	2	48
Corneal Opacities,	11	9	339	10	3	396	14	6	345	9	8	536	2	2	212	5	2	214	4	8	167
Ophthalmia and Phlyctenular Conj.,	3	4	36	—	3	55	5	1	28	1	—	4	—	1	1	7	8	123	3	1	20
Keratitis-Interstitial,	—	1	7	1	—	4	2	—	20	—	—	—	1	—	3	—	1	1	—	—	—
Hordeolum (Stye),	25	16	132	23	20	112	23	23	124	22	13	76	14	14	86	12	10	93	21	33	152
Stilicidium,	1	2	28	—	1	1	1	1	14	1	—	5	—	—	—	3	3	54	—	2	21
Other Diseases,	3	3	9	5	6	162	5	6	25	4	3	81	3	1	16	1	1	31	10	8	67
TOTAL,	149	161	2753	101	108	2059	197	209	3180	220	170	4555	111	104	3159	135	100	2659	202	203	2459
DISEASES OF THE SKIN—																					
Impetigo Contagiosa,	155	126	1534	150	107	1248	83	67	781	196	119	1836	114	48	799	125	72	1075	152	85	1046
Eczema,	3	8	89	15	16	252	28	17	369	37	18	658	16	8	334	60	32	617	51	28	517
Alopecia Areata,	2	—	22	2	—	35	1	3	48	3	2	121	6	1	259	2	3	183	3	2	34
Scabies,	12	22	144	30	32	195	15	20	144	46	32	346	6	4	29	24	22	197	18	22	167
Pediculosis Capitis, with Impet. Contag.,	1	2	9	2	8	45	1	7	20	2	8	34	—	4	13	31	33	267	3	7	44
Pediculosis Capitis,	—	1	1	—	—	—	1	4	9	—	2	4	—	—	—	1	4	14	—	2	3
Dermatitis Seborrhoeica,	1	3	19	17	12	172	37	37	477	39	25	382	16	26	503	20	9	250	47	31	548
Wounds and Septic Sores,	240	104	1520	230	119	1217	264	149	1643	398	215	2753	230	106	1539	170	67	1226	423	169	2348
Psoriasis,	2	2	12	3	3	39	1	6	73	1	3	57	—	1	5	3	3	125	1	—	4
Other Skin Diseases,	36	20	350	26	31	360	104	83	1474	69	51	841	53	41	1581	31	19	228	121	93	1269
TOTAL,	452	288	3700	675	328	3563	535	393	5038	791	475	7032	438	239	5062	467	264	4182	819	439	5980
DISEASES OF THE EAR—																					
Chronic Suppurative Inflammation,	42	25	1160	32	27	1045	38	25	806	66	61	1663	32	11	756	65	29	1171	49	45	922
Ceruminous Collection,	16	6	47	2	—	4	4	14	55	4	5	20	1	3	13	4	3	17	15	9	78
Chronic Catarrh,	—	—	—	3	3	9	1	1	9	9	9	67	2	4	24	3	4	50	1	1	3
Other Diseases,	1	—	1	2	6	17	10	13	73	8	4	31	2	1	4	6	5	138	21	12	143
TOTAL,	59	31	1208	39	36	1075	53	53	943	87	79	1781	37	19	797	78	41	1376	86	67	1146
DISEASES OF THE NOSE—																					
Nasal Catarrh,	3	3	24	4	11	310	21	18	392	18	14	599	20	5	765	26	9	250	21	22	266
Nasal Obstruction,	—	—	—	4	7	247	21	18	428	18	11	503	16	6	609	9	5	35	26	16	345
TOTAL,	3	3	24	8	18	557	42	36	820	36	25	1102	36	11	1374	35	14	285	47	38	611
Ringworm of Head,	2	1	11	—	—	—	—	—	—	1	1	19	—	—	—	1	—	3	—	—	—
Ringworm of Body,	4	5	49	3	4	38	—	1	1	2	10	82	2	—	6	4	1	42	—	—	—
TOTAL,	6	6	60	3	4	38	—	1	1	3	11	101	2	—	6	5	1	45	—	—	—

