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County Council of the County of Lanark

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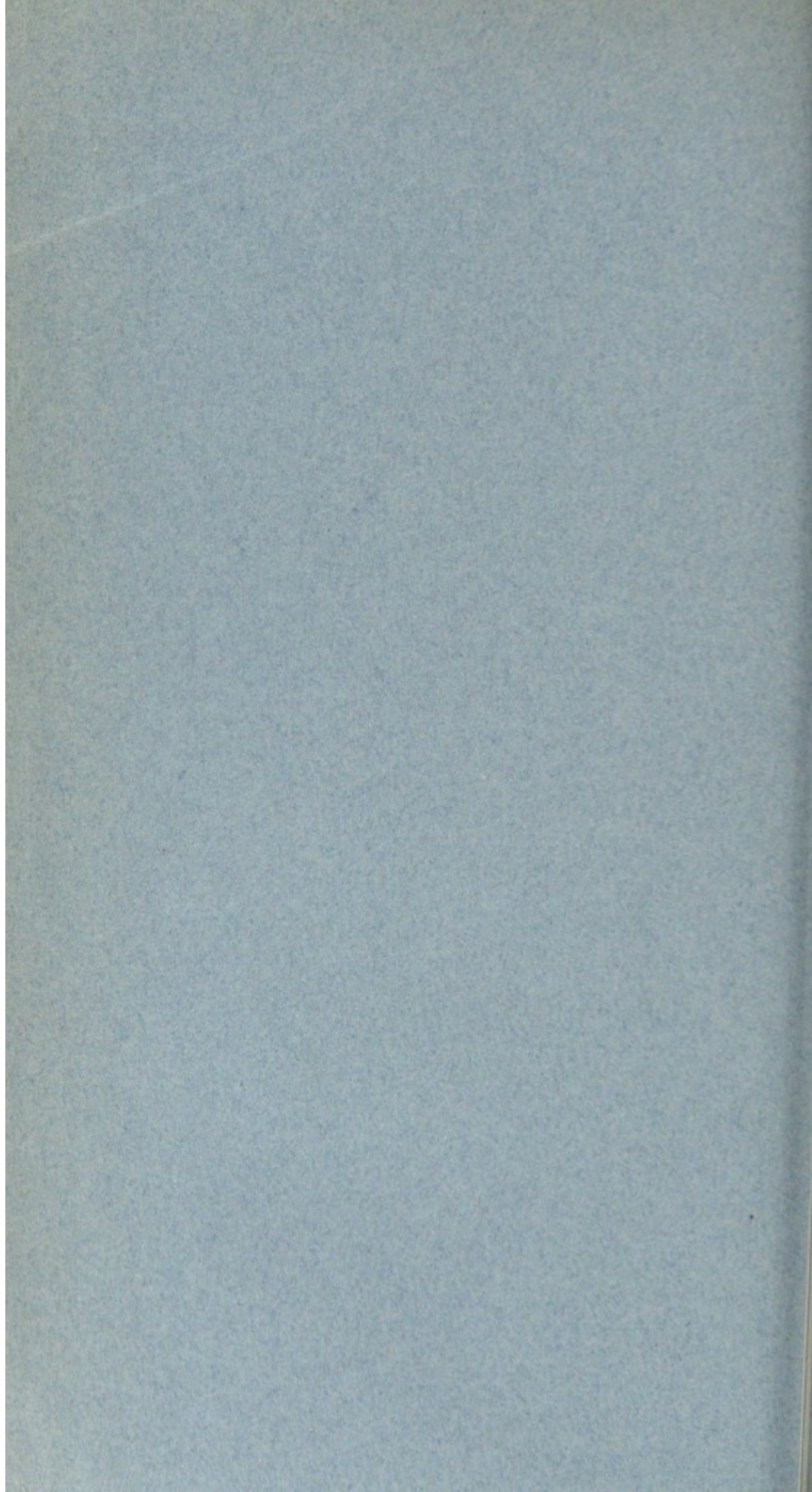
TWENTY-SEVENTH
ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN

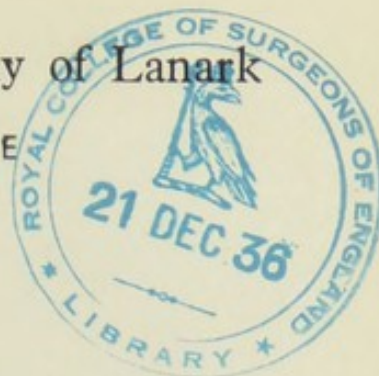


1935-36



County Council of the County of Lanark

EDUCATION COMMITTEE




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ON THE

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OF SCHOOL CHILDREN

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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-Seventh Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ended 31st July, 1936. 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, 1936.*

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.
(a) JAMES A. WILSON, M.D., D.P.H.
(b) JAMES HILL, M.B., Ch.B., D.O.M.S.

Part-Time Ear, Nose, and Throat Specialist.

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

Nurses.

HELEN S. BERTRAM.	MARJORY K. M'DOUGALL.
MARY M. BENNETT.	ISABEL MACKINNON.
MARTHA M. CHISLETT.	FRANCES M'KEE.
ISOBEL T. COCHRAN.	(c) MARJORY MACGILLIVRAY.
RACHEL DOBIE.	(d) JEAN G. M'GHIE.
ANNIE N. DOUGLAS.	MARGARET NEILSON.
FLORENCE D. FLEMING.	HELEN PARK.
JEAN HANNAH.	MYRA E. SMITH.
AMY S. T. HISLOP.	MARGARET C. R. SUTTER.
AGNES L. D. MILLER.	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.

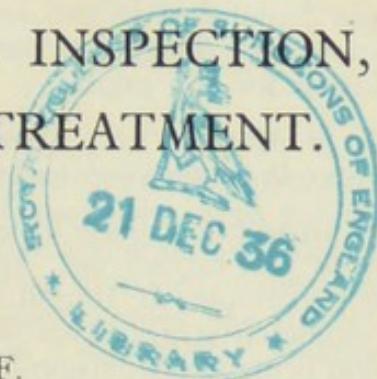
(a) Resigned 15th July, 1935.

(b) Appointed 26th August, 1935.

(c) Resigned 15th January, 1936.

(d) Appointed 9th March, 1936.

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. Following the retiral of Dr. James A. Wilson from the post of part-time ophthalmic surgeon, as was intimated in last year's report, Dr. James Hill, ophthalmic surgeon, was appointed by the Committee to take up Dr. Wilson's duties. Nurse Macgillivray resigned from the nursing staff in January, 1936, and Nurse Jean M'Ghie was appointed to fill the vacancy. There was 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,	92,688
„ „ in Average Attendance,	83,342

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

St. Bride's R.C. School, Cambuslang.—New school with accommodation for 1,000 pupils. The existing school building is at present under reconstruction as an Advanced Division Centre.

Rutherglen Academy.—Reconstruction and additions. The accommodation now available in this school provides for 1,044 pupils. There are also two art rooms, three laboratories, one optics laboratory, music room and double gymnasium.

Motherwell H.G. R.C. School.—This building was originally Motherwell Higher Grade School, but owing to subsidence due to mineral workings was replaced a number of years ago by the Higher Grade School in Hamilton Road, Motherwell.

The building has now been reconstructed and added to, giving accommodation for 720 pupils. There are also two art rooms, four laboratories, one cookery and laundry, one handicraft room, one sewing room, two gymnasia and luncheon room.

Victoria Primary School, Airdrie.—The old school building here was demolished in two sections and a new building erected on the same site. There are sixteen classrooms giving a total accommodation for 800 pupils.

St. Margaret's R.C. School, Airdrie.—Reconstruction and addition. There is now accommodation for 900 pupils.

In addition to the foregoing, a considerable amount of renovation work was carried out, some of which was of an extensive nature. For example, at Hamilton Academy the old heating system was completely scrapped and a new heating installation made, an innovation being the provision of automatic stokers for feeding the heating boilers.

Many alterations of a minor character were effected, including improvements in lighting, heating, renewal of flooring, removal of galleries, replacement of old furniture and the provision of outside sanitary drinking facilities.

A number of the larger schools have been wired and fitted with plugs for wireless reception, and in many cases halls and classrooms have been provided with dark blinds for cinema purposes.

III.

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

During the year ended 31st July, 1936, the number of visits paid to schools in the area for purposes of routine examination of the pupils amounted to 1,142. 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 work overtaken by the staff during the year (pages 18-19) shows that **29,762** pupils in the four routine age groups were subjected to full medical examination, this total being made up of 15,032 boys and 14,730 girls. The total number examined (29,762) is **99·7** per cent. of the possible. The small percentage of unexamined children is accounted for by those pupils who, although still remaining on the school register, were resident in sanatoria or other institutions, or were being treated at home for prolonged illness, and so were not available for examination by the school medical staff.

The number of special cases examined by the medical officers during their routine visits to the schools amounted to **5,224**. Such cases were presented for examination at the request of parents or of the class teachers.

Table A. shows in detail the numbers of children examined in each age group, boys and girls separately, in each School Management Area as well as the numbers of selected cases in each Area.

IV.

NUMBER OF SPECIAL VISITS BY SCHOOL MEDICAL OFFICERS.

A systematic revisiting of all schools was, as formerly, undertaken by the medical staff during the year. These visits were for the purpose of maintaining supervision of those children who, during routine examination, were found to be suffering from some remediable defect or from neglect. These revisits also enabled the medical officers to conduct a full examination of those "age-group" children who happened to be absent from school at the time when the routine examination was conducted.

Special visits were also paid to schools in connection with some threatened outbreak of infectious or contagious disease, for the examination of applicants for certificates to engage in part-time employment, and in connection with applications for food, boots, clothing, tonic food, etc.

During the past year, the Assistant School Medical Officers paid **473** revisits to the schools, and during the same period the Executive School Medical Officer made **158** visits, making a total of **631** special visits by the members of the staff. (This is exclusive of the regular visits paid by members of the school nursing staff to those schools served by minor ailments clinics.) At the regular systematic revisits, the numbers of children re-examined were as follows:—At 1st revisit, 7,373; at 2nd revisit, 6,642; at 3rd revisit, 2,882; at 4th revisit, 768; making a total of **17,665** re-examinations. (See pages 18 and 19.)

For the number of children specially examined for boots, clothing, malnutrition, absenteeism, employment, 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 area continues to be generally satisfactory. Improvements in heating and lighting of schools have been undertaken where necessary, certain playgrounds have been reconditioned, and the cleanliness of school buildings and classrooms has been efficiently maintained. Whilst the elementary principles of ventilation are quite well understood and usually well carried out in school, there are still too many class teachers who do not take full advantage of the means provided for keeping their classrooms well aired. Such teachers do not seem to appreciate the fact that windows were meant to *open* as well as to *shut*. The stuffiness of a classroom is, perhaps, not readily felt by those who have been occupying it for a long time, but it is very evident to anyone entering from the fresh air.

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 school nursing staff consists of 20 fully trained certificated nurses. Although for purposes of administration, 7 of these are shown as being allocated for school medical inspection and supervision and 13 for treatment, there is, in actual practice, no such rigid classification as all members of the nursing staff are, as occasion arises, wholly or partly engaged in treatment work at the dental, ophthalmic, ear, nose and throat, or minor ailments clinics.

2. DUTIES IN SCHOOL.

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

3. DUTIES IN VISITING.

Full details regarding these duties were given in the Annual Report for year 1929-30. The number of special visits to homes paid during the year, chiefly on account of children's non-attendance or irregular attendance at the clinics, amounted to 651.

(C) ARRANGEMENTS FOR "FOLLOWING UP."

For details in connection with the following up of cases, see Annual Report for year 1929-30.

(D) SUPERVISION OF INFECTIOUS DISEASES
INCLUDING SCHOOL CLOSURE.

A very close supervision of all conditions of an infectious or contagious nature is regularly maintained. All pupils found to be suffering from such diseases are promptly excluded from school and even in the case of "suspects" the teachers follow the policy of "safety first" and exclude such cases pending an examination by members of the school medical service or by the family doctor. Tribute must be paid to the promptness with which class teachers send any actual or suspected case of contagious skin disease to the minor ailments clinics for treatment. By such immediate action valuable time is saved and cases which might have necessitated lengthy exclusion from school, had the disease been allowed fully to develop, are either permitted to continue at school during the process of treatment or excluded for only brief periods. It is not

possible to compute with accuracy the saving in actual absenteeism as a result of the setting up of minor ailments clinics but the unanimous opinion of all teachers is that it must be very considerable indeed.

The past year was one of relatively low incidence as regards the more serious infectious diseases and it is worthy of note, as illustrating the care taken in the supervision of such conditions, that only two cases of scarlet fever and two cases of diphtheria were found attending school.

Table X. shows the number of cases of infectious or contagious conditions detected by the school medical staff during the year. The majority of the contagious skin diseases, *e.g.*, scabies, impetigo and ringworm, were found amongst the cases sent for treatment to the minor ailments clinics by the visiting nurses or by the teachers. In several instances the children were not in attendance at school and were brought to the clinic by their parents. Five cases of pulmonary tuberculosis were found during special examination of absentee children.

Scabies is still rather prevalent although the numbers show a definite fall compared with the previous year. The condition is one which is very amenable to treatment if got in its early stages, but where the condition is extensive prolonged exclusion from school may be necessary. There is also a gratifying fall (50 per cent.) in the number of cases of ringworm compared with last year.

It was not found necessary to recommend the closure of any school or department of a school during the year with a view to preventing the spread of infectious diseases.

The County bacteriologist (Dr. Gow Brown) examined and reported upon the following specimens submitted to him by the school medical officers:—Tinea, 7 specimens, 4 of which were found to be positive, and 3 swabs from suspected cases of diphtheria, two of which were found to be positive.

(E) CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The school medical service and the various public health services continue to maintain the closest co-operation in all matters affecting the health of the school children and the sanitary supervision of the school buildings. The procedure adopted has been fully explained in previous reports and the personal relationship between the staffs of the various services is excellent.

The joint use of clinics by the public health authorities and the school medical service continues in operation at Motherwell, Hamilton and Blantyre, and the Education Committee have agreed, in principle, with the Burgh of Coatbridge to the joint use of the new clinic which is at present under construction in the town.

There has never been any difficulty with the medical officers of health of the burghs in affording children of school age the fullest facilities for ultra-violet ray treatment free of cost.

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

The numbers of parents who attend at the routine inspection of their children are still relatively small and are, in large measure, confined to the first examinations. This is understandable in rural districts where the children have, frequently, to come a considerable distance to school but it should not apply to urban areas where the homes are in close proximity to the school. One reason—and in the writer's opinion the principal reason—for the small attendance of parents at systematic inspection is that medical inspection has now become so much a routine part of the child's school life that parents take it as a matter of course, knowing that, should any disability or defect be discovered in their children, they will be duly notified about it, or, it may be, summoned for a special interview with the medical officer. In all, 1,026 parents attended at the routine examination, the district furnishing the largest quota of parents being number 14 area. Of the parents who attended, 79 per cent. were those of children being examined for the first time.

The number of parents who attend at the clinics, however, is most encouraging and where a *special* examination of a child is to be conducted, either for physical or mental disability, the parent or other responsible person invariably attends.

(G) SPECIAL EXAMINATIONS.

The demand on the medical officers' time in connection with special examinations is still very great and shows no signs of diminishing. The requests come from every corner of the county and it becomes more and more difficult to carry out these requests quickly and still to keep the routine work of medical inspection, supervision and treatment going. Some areas are much more importunate than others, especially in the matter of absentee children, so that one suspects that the school medical service is getting to be regarded in certain quarters as ancillary to the attendance department. Whilst every endeavour is made to have cases examined and reported upon at the earliest possible moment, it must be understood that the examination and supervision of children in attendance at school is the principal though not, by any means, the sole object for which the service was brought into being, and the special examinations, though doubtless of great importance, are really adjuncts. As has been pointed out on more than one occasion, the concise, succinct reports submitted regarding special cases furnish little criterion of the time spent by the medical officers in dealing with such cases and a few lines of type may be the summarised results of a long, difficult and, frequently, trying examination.

Requests for special examinations although usually executed in the order in which they are received must also be dealt with in accordance with their relative importance, and in this the medical officer must exercise his discretion. When mental testing of children is requested, such cases should invariably be notified to the Medical Inspection Offices and an appointment will be made for the testing to be carried out; teachers are not to expect the testing to be conducted at a routine inspection or even at a revisit without due notice having been given.

Another point must again be emphasised and that is the very inadequate information frequently supplied when a special examination of a child is wanted. Over and over again intimation is sent (principally from schools) that there is a child who requires medical attention for some disability (teeth, vision, skin trouble, etc.), but no name, age, or home address, is furnished to guide the medical officer. These omissions all make for delay in dealing with the case, and it is particularly urged that when requests on behalf of any pupil are submitted the full name, date of birth, and *correct* home address, as well as the school attended, should invariably be included in the letter.

(a) *For Infectious or Contagious Diseases.*—Fortunately the occasions which call for special visits to schools in connection with infectious or contagious disease are relatively few, but whenever the necessity does arise special visits are made by members of the school medical staff, and the circumstances investigated. On such occasions an examination of all the pupils in certain class-rooms is usually conducted to find any possible source of infection or contagion and instructions given as to the protective measures to be adopted. The regular school visiting by the nurses attached to the minor ailments clinics are specially helpful in controlling any threatened outbreak of contagious disease.

Throughout the year, seven special visits were made in connection with the reported prevalence of infectious or contagious diseases, but although such conditions were present in the district and had affected certain of the pupils it is very gratifying to state that no active case was found amongst the children in actual attendance at the schools.

(b) *Absentee Pupils.*—In this category are included children who have been absent from school for more or less lengthy periods, children who have failed to enrol at school at the proper date, and children who are markedly irregular in their attendance at school. In the great majority of instances the requests for examination of such pupils come from the Clerks to the School Management Areas, and, as has been previously emphasised, this is the correct procedure. It is presumed that the cases submitted to the school medical officer have been carefully scrutinised before being forwarded to him. After the examinations have been conducted reports are sent to the Clerks of the Areas concerned giving a summary of the medical officers' findings with such recommendations as may be necessary for the guidance of their Committees and attendance officers,

During the year under review, 975 cases of absenteeism were examined and reports furnished. The following table shows the School Management Areas from which the applications were received :—

School Management Area.					Number of Children.
1,	...	...	...	...	4
2,	...	...	...	...	9
3,	...	...	...	...	13
4,	...	...	...	...	47
5,	...	...	...	...	82
6,	...	...	...	...	102
7,	...	...	...	...	55
8,	...	...	...	...	21
9,	...	...	...	...	121
10,	...	...	...	...	60
11,	...	...	...	...	224
12,	...	...	...	...	143
13,	...	...	...	...	71
14,	...	...	...	...	23
					<hr/> 975 <hr/>

The foregoing number of children (975) merely represents the cases officially sent from the various School Management Areas, but, in addition, a very large number of special examinations were conducted at the minor ailments clinics. These applied to children brought voluntarily to the clinics by parents to ascertain whether the children were now fit to resume school attendance. In all, no fewer than 1,641 such cases were dealt with, as follows :—Airdrie Clinic, 72 ; Blantyre, 149 ; Larkhall, 105 ; Hamilton, 292 ; Gate-side, 181 ; Rutherglen, 302 ; Motherwell, 540.

(c) *Physically Invalid Children.*—During the past year, 893 children were presented for special medical examination on the ground that physical disability was present and sufficiently severe either to keep the child from attending school or to warrant attendance at a special school or institution. In no fewer than 144 cases (16 per cent.) no physical disability could be found after careful examination.

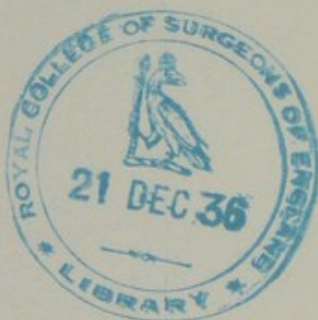
In 749 cases some degree of physical defect was discovered, frequently of a minor nature, and appropriate steps taken. Included in this number were 14 cases of deafness or deaf-mutism, 6 cases of blindness, 4 cases of high myopia, and certain cases of actual or suspected epilepsy.

The majority of these examinations were conducted either at a school or clinic, but in many instances home visits had to be made

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	...	...	...	4	4	—	—	4	—	—	—
"	2	...	...	...	1	1	—	—	1	—	—	—
"	3	...	...	...	31	31	—	6	18	4	—	3
"	4	...	...	...	26	26	—	12	13	1	—	—
"	5	...	...	...	23	22	1	6	12	4	—	—
"	6	...	...	...	83	82	1	24	42	16	—	—
"	7	...	...	...	28	26	2	4	22	—	—	—
"	8	...	...	...	84	84	—	51	27	4	2	—
"	9	...	...	...	80	79	1	42	31	6	—	—
"	10	...	...	...	35	35	—	21	13	1	—	—
"	11	...	...	...	66	66	—	49	11	2	4	—
"	12	...	...	...	59	59	—	35	21	1	2	—
"	13	...	...	...	72	71	1	31	23	17	—	—
"	14	...	...	...	91	89	2	48	37	4	—	—
TOTAL					683	675	8	329	275	60	8	3



by the medical officer either on account of the child being physically unfit to attend the examining centre or by reason of the difficulty in bringing the child to a convenient centre for examination. Including examinations for mental defect, the number of home visits paid by the school medical officers amounted to **266** during the past year. The Medical Inspection Offices at Hamilton were also made use of for examining purposes, 48 special cases being dealt with there. The offices are also used to a considerable extent in connection with the examination and certification of cases under the Children and Young Persons (Scotland) Act, as well as for examining members of the Committee's staff.

(d) *Mentally Invalid Children.*—For the year ended 31st July, 1936, **82** cases of suspected or actual mental defect were specially examined and reported upon. These were cases submitted by the Clerks of School Management Committees or by members of the teaching staff and do not include the re-examinations of mentally invalid children in attendance at the Committee's special schools. In several instances the children were referred by the family doctors for special mental testing and this co-operation between the school medical service and the members of the medical profession in private practice is steadily increasing.

Of the cases examined, many were found to be merely backward but in the majority actual mental defect was present, ranging in degree from feeble-mindedness to complete idiocy. It cannot be too strongly emphasised that the Committee's special schools do not admit cases of imbecility or idiocy and deal only with moderately high grade cases of feeble-mindedness where there is reasonable prospect of the child making definite progress as a result of the instruction given. Where a child in attendance at a special school has, after generous trial, failed to profit from the instruction given, or who cannot be taught without detriment to the other pupils in the class, he ceases to attend the school and the case is notified to the General Board of Control for Scotland and the Public Assistance Officer of the district in which the child resides in order that he may be suitably dealt with. During the past year 16 children were reported as "uneducable" to the Board of Control.

(e) *Visits to Special Schools.*—The regular visiting of the Committee's four special schools was, as formerly, duly carried out and all of the pupils there carefully examined and their progress noted. This regular supervision applies not only to the physically invalid children but also to the mentally retarded pupils. As has been frequently emphasised, no physically invalid child is retained at a special school longer than is absolutely necessary, and when his physical condition permits of it he is returned to his ordinary school. It is satisfactory to note that during the past year 67 children were recommended, frequently much against their will, for ordinary school attendance.

(f) *Employment of Children Act.*—All school children desirous of engaging in part-time employment in accordance with the Committee's By-laws are required to undergo medical examination by

the school medical officers and a certificate of fitness to engage in employment will be granted or refused as the case may be. During the past year 683 applications were dealt with. The physical condition of the great majority of the applicants was quite satisfactory and only in a very few instances—8 in all—was the applicant rejected on medical grounds. The accompanying table shows the number of applicants examined, the number of permits granted or refused, the nature of the employment, and the 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 14 members of the Committee's staff were medically examined and a report submitted. These comprised 4 teachers, 4 janitors, 2 school nurses, 2 school cleaners, 1 clerk, and 1 nurse attendant.

(i) *Examination of Necessitous Children.*—A considerable number of applications in connection with the provision of clothing, boots, extra diet, tonic food, milk, etc., were submitted during the past year for medical examination and report. These requests came principally from the Education Committee but a certain number were also received from the Unemployment Assistance Board. In each case the child concerned was specially examined and a report submitted. The following were the numbers examined under each category :—Boots or clothing, 146 ; free milk at school, 238 ; tonic food and extra diet, 41.

(j) *Examination of Students in Preliminary Training.*—In accordance with the regulations governing the Preliminary Education, Training, and Certification of Teachers, 16 candidates were medically examined by the writer during the year.

(k) *Children and Young Persons (Scotland) Act, 1932.*—During the year under review, 83 children and young persons were examined by the writer in accordance with the provisions of the above named Act. Of these, 68 were juvenile offenders, 52 of whom were boys and 16 were girls. The examination covers not only the physical fitness of the individual to proceed to an approved school or other institution, but also embraces the boy's (or girl's) mental condition. It may be said in passing that, physically, all of the examined were of sound constitution and in no instance were there any signs of mental infirmity in the ordinary sense of the term. Amongst the delinquents no case was found of any boy or girl ever having been a pupil in any of the Committee's classes for mentally retarded children.

In the vast majority of the cases examined the charge was one of theft, frequently involving housebreaking, and in one or two instances considerable sums of money were involved. The rifling of "penny-in-the-slot" gas meters is coming to be recognised as an easy means

of obtaining money, whilst automatic machines continue to offer a temptation and a challenge to the adventurous and acquisitive youngster. In practically every case examined, the boy or girl was accompanied by a parent at the medical examination and as a result of conversation with the latter it was evident that there was definite laxness of parental control. The great majority of the children were between 12 and 14 years old, cases of 16 years old delinquents being exceptional. The parents were generally inclined to throw the whole blame for the child's wrong-doing on bad companions and other outside influences ; never was there any suggestion of self-negligence.

The delinquents rarely commit their thefts single-handed, two at least being generally involved in the act, whilst small bands of from four to six in number are by no means infrequent. It is this gregarious habit that usually leads to their undoing for though there may be "safety in the multitude of counsellors," there is generally a corresponding lack of reticence.

There were 15 cases for guardianship examined, 11 being boys and 4 girls. These were children in whose case the parental care was insufficient or the home influence definitely harmful and where the children had to be removed for their own protection.

(l) *Pupils at Junior Instruction Centres.*—A beginning was made during the year in bringing the pupils at Junior Instruction Centres under the supervision of the school medical service. The pupils examined were those for whom treatment (visual and dental) had been requested, but it is proposed that, in future, all pupils at these instruction centres will be examined as routine by the members of the school medical service in the same way as pupils in attendance at ordinary schools.

(m) *Pupils for Residential Domestic Training Course.*—There are two centres—Coatbridge and Motherwell—where girls in attendance at Central Schools are admitted for residential training in domestic science. All of these pupils are medically examined by the school medical officers before admission to the centres to insure that there is no infectious or contagious disease present and that the pupils are clean and free from any verminous condition. Altogether, 109 such pupils were examined, 36 for Coatbridge Centre and 73 for Motherwell.

VII.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(A) TOTAL NUMBER OF CHILDREN EXAMINED.

(a) At Systematic Examinations :—

	1935-36.		1934-35.	
	Boys.	Girls.	Boys.	Girls.
Entrants (6 years' old), ...	4,448	4,512	4,635	4,674
Intermediates (9 years' old),	4,910	4,811	4,997	4,976
Seniors (12 years' old), ...	4,997	4,947	4,946	4,914
Secondary Pupils (16 years and over), ...	677	460	650	428
	15,032	14,730	15,228	14,992
Total, ...	29,762		30,220	
(b) Special Cases (non-routine),	5,224		5,338	
Grand Total,	<u>34,986</u>		<u>35,558</u>	

(c) Pupils examined at Re-visits :—

Number examined at 1st Re-visit,	7,373	7,873
„ „ 2nd „	6,642	6,895
„ „ 3rd „	2,882	4,718
„ „ 4th „	768	1,350
	<u>17,665</u>	<u>20,836</u>

(d) Examination of Students in Preliminary Training :—

	1935-36.	1934-35.
Entrants, ...	16	18
During Training (1st, 2nd, and 3rd years),	12	24

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

1. Physically Invalid, ...	643	682
2. Mentally Invalid, ...	297	272

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

1. Physically Invalid, ...	893	883
2. Mentally Invalid, ...	82	76

(g) Special Examination of Irregular Attenders :—

Number Examined, ...	144	182
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	1935-36.	1934-35.
(h) Examination of Children under Employment of Children Act (1903) :—		
Number Examined,	683	639
(i) Examination of Adult Blind Persons (Blind Persons Act, 1920),	—	—
(j) Examination of members of the Education Committee's Staff,	14	11
(k) Examination of Necessitous Children (Malnutrition, Boots, etc.),	425	2,237
(l) Children and Young Persons (Scotland) Act, 1932,	83	106
(m) Pupils for Residential Domestic Training,	109	—

SUMMARY OF CHILDREN DEALT WITH UNDER THE SCHEME OF TREATMENT.

	1935-36.	1934-35.
11. Dental Treatment :—		
Number of Children Dentally Examined,	76,549	73,502
Number of Children Notified,	43,908	43,306
Number of Children Dentally Treated, ...	21,395	20,915
12. Visual Treatment :—		
Number of Children Treated by the Ophthalmic Surgeons,	3,034	3,206
Number of Children Re-examined by the Ophthalmic Surgeons,	5,298	4,657
Number of Attendances at the Ophthalmic Clinics,	8,332	7,863
13. Ear, Nose and Throat Treatment :—		
Number of Children Treated by Nose and Throat Specialists,	497	494
Number of Attendances at Treatment Centres,	1,359	1,226
Treatment of Minor Ailments :—		
Number of Children Treated,	10,766	9,932
Number of Attendances made,	68,374	68,731
Clinics attached to Special Schools :—		
Number of Attendances made,	25,168	26,046

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

For the year ended 31st July, 1936, the total number of children notified to their parents on account of some disability of a remediable nature discovered during the course of school medical inspection amounted to **9,902**, and the total number of such disabilities, exclusive of defective teeth, was **13,346**. These figures again show a definite fall in number when compared with those of the previous year. Although the numbers still appear large, it has to be remembered that the majority of the conditions notified were of a minor nature and that *every* case of uncleanness, whether of head, body or clothing, was notified to the parents. These latter account for 2,522 or 18·9 per cent. of the total conditions notified.

A survey of the statistical table (Table B.) will show the nature of the ailments or disabilities found as well as other, non-medical, conditions present which called for remedy, *e.g.*, footgear, clothing, cleanliness, etc. It is very gratifying to report that the standard of clothing continues to be high; only in 28 instances, or 0·094 per cent., was it considered to be insufficient in quantity. Cases of excessive clothing were not so frequent this year, although 176 children were found to be grossly over-clad. The percentage of children whose footgear was unsatisfactory amounted to 2·019, a definite improvement on last year's figures.

In the matter of cleanliness, there is a marked improvement this year. This applies to every aspect of bodily cleanliness—clothing, skin, head, etc. Although a considerable number of pupils—chiefly girls—showed evidence of nits in the hair, it must not be assumed that these children have been neglected at home. It is repeatedly found that girls who bear evidence of receiving careful attention at home show nits in the hair, and although these may be few in number the fact is noted by the medical officer and intimation sent to the parents. This accounts for the relatively high percentage of such cases and should be read in conjunction with the remarkably few cases where actual lice were present—less than 1 per cent. The campaign against dirt has been strenuously waged in school for many years and the efforts are now bearing fruit. There are, unfortunately, still certain parents who are persistently neglectful and have to be dealt with firmly. During the past year, five families, involving 11 children, were reported to the Inspectors of the Royal Society for the Prevention of Cruelty to Children with good result.

The nutrition of the children is always a matter of importance and concern and in recent times has been given special prominence in the press and from the platform. It may be stated at once that the nutritional condition of the school children in this County has never been such as to cause alarm and despondency and this is substantiated by a close scrutiny of the statistical returns over a long period of years. It is not claimed that malnutrition does not exist amongst the school children—far from it—but if one were to take at face value the statements of certain people, one who is unacquainted with the actual facts would conclude that the children

were in a positive state of cachexia. No good purpose can be achieved by any extravagant overstating of a case and this is what, in the writer's opinion, is being done at present. The whole County has come through a very trying and lengthy period of industrial distress and, so far as the school children are concerned, has come through it very successfully. For this the greatest praise must be given to the parents and the maintaining of their children at such a generally high standard of bodily nutrition is to their everlasting credit. In few instances indeed has the nutritional state of the school children in this County been classified as "very bad," a scrutiny over a period of ten years revealing an average percentage of such cases to be .096. The highest percentage of "very bad" cases during the ten years' period was last year's when the figure was .228.

Similarly, the average percentage for ten years of children found to be "below average" was 2.98, whilst the corresponding percentage of "average and above average" was 96.94. It surely cannot be claimed that such a percentage (96.94) of school children whose nutritional condition was "average or above average" reveals such a desperate state of affairs as many people would have us believe. (The figures quoted for this County are, for all practical purposes, similar to those of the neighbouring city of Glasgow.) It may be noted as of interest that the most unsatisfactory percentages during the period (10 years) belonged to the year 1934-35, when the percentage of "average and above average" fell to 95.063; "below average" to 4.709; and "very bad" to 0.228.

The foregoing is not written in any spirit of complacency for one cannot be satisfied until the categories "below average" and "very bad" are completely eliminated. Indeed, one would wish to see only one category—"above average"—appearing in the statistical returns.

During the past year (1935-36) there has been a distinct rise in the standard of nutrition over the preceding year. How much of the credit for this is attributable to the provision of milk at school it is difficult to say and it would not be altogether safe to assume the *post hoc ergo propter hoc* attitude. But, on the other hand, the opinion of the school medical officers, who have had long experience in the estimating of the physical condition of children, is all in favour of the milk ration, the only real criticism being that it could be increased with advantage. The amount consumed at school—one-third of a pint—is relatively small but the cumulative effect of this ration over a long period is now, in the medical officers' opinion, making itself evident. Although the nutritional statistics for the year show an improvement on last year's, it might be well to suspend judgment till next year's returns are available when it could be seen whether the improved conditions shown are likely to be permanent and progressive.

It might be well to give some statistical details as to the progress of the milk scheme at school which has now been in operation since the beginning of 1935. On page 16 of last year's report, it will be noted that between January, 1935, and June of the same year, the

number of children participating in the scheme showed a marked reduction, in round numbers, from 65,000 to 54,000. These figures showed a much more definite fall in the later months of the year until in January, 1936, the lowest figures were reached. Thereafter, there was a slight, but progressive rise till June. Thus :—

Month.					Average number of children partaking of milk at school.
1935, September, ...	...	...	...	...	46,122
„ October, ...	...	...	...	...	44,294
„ November, ...	...	...	...	...	43,214
„ December, ...	...	...	...	...	40,010
1936, January, ...	...	...	...	...	37,729
„ February, ...	...	...	...	...	38,385
„ March, ...	...	...	...	...	38,621
„ April, ...	...	...	...	...	38,847
„ May, ...	...	...	...	...	38,910
„ June, ...	...	...	...	...	39,200

In order to obtain information as to the cause for the great falling off in the number of children participating in the scheme, the Director of Education circularised all Head Teachers to obtain their opinion. The replies received were remarkably consistent from each area and are summarised as follows in order of importance given to them by the Head Teachers :—

1. The novelty of taking milk at school has worn off.
2. The milk ration interferes with the children's normal appetite at the mid-day interval.
3. Sickness alleged to be due to the taking of cold milk.
4. The introduction of a scheme of free milk supplies ; cases having arisen of parents refusing to pay for milk at school for their children when others can get it free.
5. In cases of large families parents finding difficulty in meeting the cost of daily supplies.
6. Instances of sour milk or milk alleged to be contaminated.

From enquiry made by the writer in the course of school visiting, reasons 1, 2, 4 and 5 would appear to be the principal causes for the falling off in the number of participants, and, especially, number 1. The novelty has definitely worn off and the participants did not continue long enough with the scheme for the daily taking of milk to become a fixed habit. Numbers 3 and 6 may be almost entirely disregarded as being unconvincing. As a result of propaganda in the schools on the benefits of the daily milk ration, the returns began to show a slight rise in February, and this increase, although not marked, was progressive till the end of June.

Tonsillar enlargement does not show any tendency to decrease but rather the reverse, the increase being most marked in the category of "slightly enlarged." How much of this is attributable to the very severe winter cannot definitely be stated, but in the medical officers' opinion the severe climatic conditions were the principal factor. The cause of tonsillar enlargement is difficult to elucidate but in many cases it is physiological and temporary in character. The writer has nothing, meantime, to add to what was written on the subject in last year's report.

External eye diseases (blepharitis, conjunctivitis, etc.) all showed a fall in number compared with last year but there was a slight increase in the number of squints. Visual acuity showed a slight improvement but, as has been said elsewhere in this report, the statistics in regard to vision show little variation from year to year.

In regard to heart conditions there is little evidence of any definite improvement either in congenital, acquired, or functional disabilities. There was, however, an appreciable fall in the number of cases of anaemia for which, perhaps, the milk scheme at school may claim some credit.

Of the various disabilities notified to parents for attention, the following are some of the more important:—skin diseases (impetigo, scabies, eczema, etc.), 940; external eye diseases (blepharitis, conjunctivitis, styes, etc.), 938; defective vision, 3,225; squint, 867; ear disease (including excessive wax), 429; respiratory diseases (bronchitis, bronchial catarrh, etc.), 152; diseases of nervous system (chorea, paresis, etc.), 47; tuberculosis (non-pulmonary), 31; defective hearing, 40; enlarged lymphatic glands, 126.

Reference to tables D-X show the commoner conditions met with at school with the percentage of children affected.

In regard to dental defects, 43,908 pupils were found on examination by the dental surgeons to require treatment and in each case notice was sent to the parent and treatment offered. For full account of the dental condition of the pupils, see pages 43-47 of this report.

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

Of the 9,902 children notified as requiring attention (including all cases of uncleanness, dirty clothing, and unsuitable footwear or clothing), 6,581, or 66.5 per cent., were found, on subsequent examination, to be cured, improved, or under treatment. This percentage is somewhat smaller than last year when the corresponding figures were 69.6. It has to be noted, however, that no case of improvement or cure is recorded unless the case has been personally re-examined by the school medical officer. The percentage of treatment above mentioned would have been appreciably increased had hearsay evidence been accepted. Table B. shows in detail the various conditions remedied.

(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.	
29,762	28	·094	536	1·801	1,015	3·410	172

Also recorded "Overclad" 176; percentage ·591.

(E) FOOTGEAR.

Systematic Cases.			Special Cases.
Number Examined.	Unsatisfactory.	Percentage.	Number found Unsatisfactory.
29,762	601	2·019	11

(F) AVERAGE HEIGHTS AND WEIGHTS.

BOYS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	45·3	51·8	56·2
Anthropometric Standard, ...	44·1	50·7	56·0
Difference,	+1·2	+1·1	+0·2

GIRLS—AVERAGE HEIGHT IN INCHES.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	44·8	50·8	57·2
Anthropometric Standard, ...	43·6	50·0	56·8
Difference,	+1·2	+0·8	+0·4

BOYS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	46·8	65·7	81·0
Anthropometric Standard, ...	47·0	64·9	79·4
Difference,	-0·2	+0·8	+1·6

GIRLS—AVERAGE WEIGHT IN LBS.

Average age in years, ...	6½	9½	12½
County of Lanark Average,...	46·7	60·4	81·7
Anthropometric Standard, ...	44·8	59·3	80·2
Difference,	+1·9	+1·1	+1·5

(G) (1) CLEANLINESS OF HEAD.

Systematic Cases.					Special Cases.
No. Examined.	Nits (including Dirty).	Per cent.	Verminous.	Per cent.	No. found Defective.
29,762	2,730	9.172	284	.954	439

(G) (2) CLEANLINESS OF BODY.

Systematic Cases.					Special Cases.
No. Examined.	Dirty.	Per cent.	Verminous.	Per cent.	No. found Defective.
29,762	1,203	4.042	58	.195	155

(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.
29,762	1	.003	58	.195	—	—	114	.383	125

(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.
29,762	3	.010	140	.470	28	.094	947	3.182	488

(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.	
29,762	28,616	96.149	1,092	3.669	54	.181	101

(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 1,137 scholars examined, 431, or 37.82 per cent., stood in need of treatment, and the usual facilities were offered them.

(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.	
29,762	1,389	4.667	279	.937	42	.141	164

(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.				
29,762	6,018	23.580	1,818	6.109	1,088	3.655	564	1.895	122	.410	625	

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

Systematic Cases.										Special Cases.
Number Examined.	Palpably Enlarged.		Markedly Enlarged.		Suppurating.		Cicatrices.			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
29,762	3,446	11.578	88	.296	3	.010	324	1.089		67

(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.	
29,762	843	2.833	331	1.115	56	.188	916	3.077	230	.773	889

(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.		
*20,802	15,578	74.887	4,576	21.998	648	3.115	1,150	

* Infant Children not included.

(N) EARS.

Systematic Cases.								Special Cases.
Number Examined.	Otorrhœa.		Wax.		Other Diseases.		Number found Defective.	
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.		
29,762	271	.911	311	1.045	72	.242	197	

(O) HEARING.

Systematic Cases.		Special Cases.		
Number Examined.	Slightly Deaf.		Markedly Deaf.	Number found Defective.
	Number.	Per cent.		
29,762	248	.838	34	.114
				75

(P) SPEECH.

Systematic Cases.					Special Cases.
Number Examined.	Defective Articulation.		Stammering.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
29,762	214	.719	75	.252	105

(Q) MENTAL CONDITION.

Number Examined.	Systematic Cases.				Special Cases.	
	Dull or Backward.		Mentally Defective.		Dull or Backward.	Mentally Defective.
	Number.	Per cent.	Number.	Per cent.	Number.	Number.
29,762	317	1.065	81	.272	39	63

(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.					
	29,762	32	·108	202	·679	574	1·929	513		1·724	220

(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.		
29,762	912	3.064	—	—	2	.007	40	.134	88	

(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.			
29,762	15	.050	5	.017	61	.205	139	.467	70		

(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.	
29,762	13	.044	32	.108	11	.037	3	.010	4	.013	14

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(V) RICKETS.

Systematic Cases.					Special Cases.
Number Examined.	Slight.		Marked.		Number found Defective.
	Number.	Per cent.	Number.	Per cent.	
29,762	341	1.145	4	.013	14

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(W) DEFORMITIES.

Systematic Cases.					Special Cases.
Number Examined.	Congenital.		Acquired (Non-Rachitic).		
	Number.	Per cent.	Number.	Per cent.	Number found Defective.
29,762	84	.282	179	.601	33

(Y) OTHER DISEASES OR DEFECTS.

In addition to the foregoing tabulated defects discovered during the course of routine inspection, a considerable number of other conditions, some of a serious nature, were found. In many instances the condition was already known to the parents, but in others, hidden defects were brought to light and the parents notified of the fact and urged to seek medical advice. Of particular interest were two cases of haemophilia ("bleeders"), one case of diabetes, four cases of appendicitis, four cases of hernia, one case of osteomyelitis, one dislocation, two cases of loose cartilage (knee), four cases of fracture, and two cases of jaundice.

The following are some of the other more important conditions met with:—

Enlarged thyroid, 150; diuresis and enuresis, 104; rheumatism, 33; debility, 20; obesity, 17; thread worms, 16; tapeworm, 1; hypothyroidism, 7; cysts, 11; ganglion, 6; albinism, 4; cystitis, 3; lipoma, 2; nephritis, 1; cellulitis, 1; stomatitis, 1; pleurodynia, 1; muscular atrophy, 1; mastitis, 2; and synovitis (knee), 1.

VIII.

SPECIAL SCHOOLS AND CLASSES.

1. PHYSICALLY INVALID CHILDREN.

The number of schools for the education of physically invalid children in the County remains at 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 extension to Knowetop Special School which, as was indicated in last year's report, was in process of construction has now been completed and will be ready for occupancy at the commencement of next session (August, 1936). This extension provides a separate department consisting of five class-rooms for the education of mentally retarded children. The class-rooms, four in number, at present occupied by the mentally retarded pupils will be available for additional physically invalid children. With the increased accommodation that will result, it has now become possible to extend the area served by Knowetop Special School and it is proposed to offer "special school" facilities to the districts of Cleland, Shotts, Allanton, and Law. A medical survey of these districts has been taken and everything is in readiness for invalid pupils from these districts being conveyed to Knowetop Special School at the commencement of the 1936-37 school year.

In addition to extra class-room accommodation, the extension to Knowetop Special School provides facilities for the teaching of housewifery, cooking, woodwork, shoemaking, tailoring, basket making, etc., as well as a separate dining hall for the mentally retarded pupils.

The total number of physically invalid children on the roll of the four special schools as at 31st July, 1936, was **643**. Thus, Drumpark (196), Dalton (159), Woodburn (170, including 32 deaf-mutes), Knowetop (118).

In addition to the pupils at the Committee's special schools a considerable number of physically invalid children who, by reason of unsuitability of residence or of special disability, are being educated at certain residential institutions specially suited to their needs, *e.g.*, blind, deaf-mutes, heart affection cases, etc. The following are the institutions attended with the number of children from this County receiving education there:—

Edinburgh Royal Deaf and Dumb Institution,	15
Donaldson's Hospital for the Deaf and Dumb, Edinburgh, ...	4
Colony of Mercy for Epileptics, Bridge of Weir,	4
Eastpark Home for Infirm Children, Glasgow,	22
Royal Blind Asylum, Edinburgh,	25
St. Vincent's Institution for the Blind and Deaf and Dumb, Tollcross,	30
Total,	<u>100</u>

Of the physically invalid children on the roll of the Committee's four special schools who left during the year, either on attaining the age of 16 years or by special exemption, it is satisfactory to note that no fewer than 29 obtained suitable employment. In addition, several of the girl pupils are engaged in housekeeping duties at home or for relatives.

Reference has been made in previous reports to the need for a special school for the parish of Bothwell to serve Uddingston, Bothwell, Bellshill, Mossend, New Stevenston, and Chapelhall districts, and the Education Committee have now decided to proceed with the building of such a school for the education of physically and mentally invalid children in these districts. Sites are to be inspected and it is hoped to have the school in being within a reasonable time. If the site chosen is geographically suitable, the school could also be made to serve the Salsburgh, Benhar and Harthill districts of Shotts Parish. Special school education would thus be provided for practically every populous area in the County.

2. MENTALLY INVALID 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 roll of these schools as at 31st July, 1936, was **297**. Thus, Drumpark (110), Dalton (52), Woodburn (63), Knowetop (72).

In addition, there are certain mentally invalid children receiving education at Birkwood Institution, Lesmahagow (10), and at St. Charles' Institution, Carstairs (2).

Each of the Committee's special schools has an After-Care Centre. These Centres are being successfully maintained by local voluntary effort. Of the mentally invalid children who left the special schools during the year on attaining the age limit or by special exemption, it has to be noted that 18 obtained suitable and regular employment.

3. BLIND AND PARTIALLY BLIND CHILDREN.

The education of blind children in the County is entirely undertaken at residential institutions, viz., at St. Vincent's Institution, Tollcross, and at the Royal Blind Asylum, Edinburgh. The former institution, which is situated within the County area, serves the needs of the Roman Catholic children whilst the children of Protestant parents are educated at Edinburgh.

At three of the Committee's special schools—Drumpark, Knowetop and Dalton—there are special classes for the teaching of high-myope children. These are children who, not being blind, yet suffer from such a high degree of defective vision as to debar them from attendance at an ordinary school. Excellent results are obtained at these high-myope classes and the children there are under the regular supervision of the Committee's ophthalmic surgeons. The number of children on the roll of these classes is 50.

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 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 the County at present being educated at these schools is as follows:—

Woodburn (Hamilton),	...	...	...	...	...	32
Edinburgh Royal Deaf and Dumb Institution,	...	...	...	...	...	15
Donaldson's Hospital,	...	...	...	...	...	4
St. Vincent's, Tollcross,	...	...	...	...	...	27
						—
				Total,	...	46
						—

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.

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.
DUNTY	11	6	154	62	14	11	3	6	—	—	—	1	8	2	—
BURGHES—															
Airdrie	—	7	45	103	8	4	—	—	—	—	1	—	4	—	—
Biggar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Coatbridge	—	—	12	25	7	6	2	2	—	—	—	—	3	—	—
Hamilton	3	7	60	17	14	4	—	2	1	3	—	—	1	—	—
Motherwell, Wishaw	1	2	27	72	15	4	—	1	—	—	1	—	7	—	1
Lanark	—	—	—	1	—	—	—	—	—	—	—	2	—	—	—
Rutherglen	1	—	13	14	6	4	—	2	—	—	—	2	7	—	—
TOTAL	16	22	311	294	64	33	5	13	1	3	2	5	30	2	1

TABLE A.—ALL PUPILS EXAMINED AT THE SYSTEMATIC EXAMINATION FOR THE YEAR ENDED 31st JULY, 1936.

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	...	...	62	53	74	61	56	57	11	17	50	54	495	127	1237
„	2	...	...	119	127	149	143	144	141	8	1	98	94	1024	350	2494
„	3	...	...	243	257	270	266	272	295	26	15	149	100	1893	563	5139
„	4	...	...	256	255	300	305	311	306	46	27	164	171	2141	800	5486
„	5	...	...	192	213	194	222	196	153	3	4	130	97	1404	819	3649
„	6	...	...	588	580	625	611	591	663	71	96	422	520	4767	1966	11776
„	7	...	...	372	333	386	401	316	299	14	13	170	178	2482	1007	6692
„	8	...	...	281	263	284	269	281	272	7	1	185	201	2044	707	5383
„	9	...	...	472	462	532	488	416	457	18	5	232	212	3294	1250	9348
„	10	...	...	262	286	323	310	324	318	38	39	145	120	2165	861	5755
„	11	...	...	393	408	435	404	517	532	90	44	192	266	3281	1579	8677
„	12	...	...	404	391	462	429	520	484	103	74	190	213	3270	1218	8864
„	13	...	...	569	635	638	662	790	704	195	99	292	321	4905	1424	13291
„	14	...	...	235	249	238	240	263	266	47	25	148	110	1821	675	4897
TOTAL				4448	4512	4910	4811	4997	4947	677	460	2567	2657	34986	13346	92688

* Defective Teeth not included.

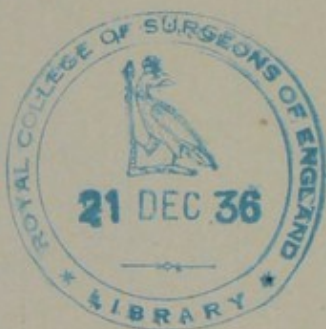


TABLE B.

SHOWING THE REMEDIAL MEASURES INSTITUTED.

SCHOOL MANAGEMENT CONTRIBUTES.	Clothing and Footgear.	CLEANLINESS.								CONDITION OF SKIN.								NUTRITION.	NOSE. Nasal Obstruction, etc.	THROAT.		Lymphatic Glands.	External Eye Disease.	Spleen.	Vision.	Ear Disease, Wax, etc.	Hearing.	Heart and Circulation.	Lungs.	Nervous System.	Tuber- culosa (Div-Pul- monary).	Other Conditions.	Total Number of Children Notified.	Number of Children Receiving Attention.	Total Number of Conditions Notified.	Total Conditions Remedied.																				
		Head.				Body.				Impetigo.	Ringworm.	Scabies.	Other Diseases.	Totals.	Adenoids.																																									
		Nits & Dirt.		Lice.		Nits & Dirt.	Lice.																																																	
		Notified.	Remedied.	Notified.	Remedied.			Notified.	Remedied.																																															
Number	1	4	4	16	14	8	6	2	1	—	—	—	1	—	—	3	3	—	—	2	2	19	13	5	5	2	2	4	3	3	2	38	33	4	1	1	—	5	1	1	—	2	27	14	4	4	—	—	4	1	10	0	273	179	530	214
2	6	3	27	21	4	4	2	1	—	—	13	8	—	—	7	6	11	8	—	—	4	2	75	27	22	8	10	5	31	23	11	9	65	52	17	11	2	2	27	14	4	4	—	—	4	1	10	0	273	179	530	214				
3	26	16	88	76	29	24	16	14	11	6	2	1	—	—	1	—	14	10	2	2	2	60	46	25	18	2	2	11	8	34	24	172	149	22	19	3	—	10	2	7	0	5	4	3	2	18	12	421	339	563	442					
4	10	10	62	47	26	16	5	4	—	—	35	30	—	—	4	—	17	12	—	—	13	7	134	40	64	15	23	16	57	51	46	35	231	160	20	17	1	—	24	11	10	8	3	—	5	4	27	11	394	391	809	494				
5	46	41	35	32	11	8	21	19	1	2	37	50	1	—	16	14	34	35	8	5	9	4	146	44	92	30	2	2	30	41	56	35	118	74	16	14	4	1	22	13	5	5	3	—	2	2	31	18	536	340	819	489				
6	43	40	190	146	55	37	48	33	8	7	38	43	—	—	16	15	37	30	4	4	26	18	303	211	65	39	15	12	245	218	156	86	440	294	58	54	4	3	89	96	25	21	4	1	1	—	75	38	1692	1048	1960	1420				
7	38	27	86	58	29	20	17	13	2	1	20	13	—	—	8	6	25	15	13	9	14	7	207	107	91	52	4	4	01	33	75	55	157	100	27	14	7	—	32	17	28	13	7	1	1	1	48	21	635	433	1007	590				
8	15	9	30	41	21	13	18	13	4	4	25	17	1	1	1	—	39	32	2	—	7	5	112	61	31	17	7	6	95	73	97	21	127	74	28	23	1	—	30	17	21	18	—	—	1	1	24	18	538	347	707	604				
9	48	43	97	54	32	12	38	25	11	8	67	55	2	2	8	8	37	27	13	10	17	9	229	108	82	41	8	6	70	50	79	48	231	184	51	38	3	2	49	19	5	4	8	4	3	—	49	16	916	597	1250	773				
10	36	28	67	43	22	11	30	19	14	9	38	28	1	—	1	1	32	28	14	11	11	7	107	94	30	26	4	3	42	32	57	29	201	129	33	23	1	—	23	13	7	6	3	1	—	21	7	630	406	961	520					
11	80	63	117	76	48	22	64	31	16	11	66	44	—	—	4	3	28	19	17	15	20	12	203	61	91	31	18	6	89	52	129	93	403	259	51	37	2	1	56	24	11	11	6	—	5	2	63	26	1002	677	1579	894				
12	19	6	119	86	53	35	19	12	12	8	03	99	—	—	5	5	32	28	2	1	8	4	161	79	71	37	12	9	72	60	80	52	381	262	34	31	2	—	31	20	14	10	5	4	3	2	26	16	918	429	1218	820				
13	31	19	203	155	120	83	29	17	4	4	19	13	—	—	5	5	50	37	9	6	15	7	114	70	43	23	6	4	35	49	81	71	693	400	51	38	6	—	11	12	7	0	2	1	1	1	25	6	1176	768	1424	1027				
14	17	14	61	44	20	14	10	8	2	1	15	14	—	—	2	2	22	21	4	2	15	8	93	53	35	18	10	8	66	52	63	42	156	100	13	6	1	—	29	23	7	5	—	—	2	2	32	18	892	540	1075	601				
TOTAL	419	323	1227	881	478	303	319	211	88	63	458	306	6	3	75	65	405	305	88	65	163	94	2061	984	767	340	126	85	938	745	867	692	3225	2275	429	332	49	9	415	236	152	117	47	16	31	19	437	242	9902	6381	13346	8705				

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 meals provided during the year under review was **149,708**.

3. Most 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.

The Committee's present scheme of treatment embraces visual, dental, ear, nose and throat, and minor ailments treatment. These are conducted at the Committee's own clinics or, by arrangement, at certain County and Burgh clinics. Each of these branches of treatment is dealt with fully in subsequent sections of this report.

In addition to the foregoing, a considerable amount of orthopaedic treatment was undertaken at certain public Institutions in Glasgow, especially at the Royal Hospital for Sick Children. Certain ear, nose and throat cases, not suitable for treatment at a clinic, are dealt with at the Ear, Nose and Throat Hospital, Glasgow, and at Glasgow Royal Infirmary. A few orthopaedic cases received treatment at Stonehouse Orthopaedic Hospital. During the course of the year, the Committee sanctioned the provision of special boots, splints, artificial legs, artificial eyes, etc., in 98 cases, at a cost of £244.

REPORT ON VISUAL TREATMENT.

The work at the visual clinics continues to proceed with smoothness and regularity. The systematic supervision of children who have already come under the ophthalmic surgeons' care and the examination and treatment of new cases are now such a recognised routine that it is almost needless to reiterate the procedure. This latter is, or should be, now well understood by all teachers and parents and it is only rarely that any difficulty arises.

There is only one point which might be emphasised and that is that in practically every case where spectacles have been prescribed these are for *constant* wear. Parents are specially warned about this when they attend the clinics and are urged to see that the children carry out the order. The medical staff cannot supervise the child at home and are dependent on the co-operation of the parents; it should not be too much to ask for the co-operation of the teachers when the child is at school. If a spectacle-wearing child appears at school without his glasses the reason should be demanded. If it is due to carelessness on the child's part, the remedy is obvious; if due to damaged spectacles a communication to that effect to the school medical officer should be sent. Normal scholastic progress cannot be expected from a child who is struggling against the handicap of defective eyesight. This is not written as a complaint against the class teachers for it is the experience of all the medical staff that the vast majority of teachers are anxious to be helpful in this matter, but there do arise cases from time to time when a more vigorous co-operation would seem to be necessary.

A scrutiny of the statistics of short-sight amongst school children over a large number of years shows that the rate of incidence is practically steady. Hence, the number of "new cases" coming before the ophthalmic surgeons each year varies only within narrow limits. The fact that so many children require to have correction for visual defect is disturbing, but until the cause of the disability is thoroughly known and dealt with it is a matter for congratulation that so many of the sufferers take full advantage of the means placed at their disposal to counteract the disability from which they suffer. Certainly, there is no evidence of any falling off in the numbers that attend the ophthalmic clinics, nor is there any sign of parental interest diminishing.

There is one rather remarkable tendency observable in recent years, and that is for parents to equip their children with expensive glasses. The Committee make arrangements with opticians for the

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, 1936.

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	107	129	236	92	15	—
Cadder (Bishopbriggs and Chryston)	20	63	83	19	1	—
Carlisle	78	74	152	64	14	—
East Kilbride	9	21	30	9	—	—
Lanark	88	153	241	76	12	—
Larkhall	155	258	413	141	14	—
Shotts	65	67	132	60	5	—
Strathaven	30	30	60	24	6	—
Uddingston	125	140	265	117	8	—
Wishaw	256	404	660	238	18	—
Knowetop Special School ...	15	61	76	15	—	—
Dr. H. SOMERVILLE MARTYN.						
Airdrie	263	355	618	224	26	13
Abington	6	15	21	6	—	—
Baillieston	134	386	520	109	23	2
Bellshill	209	500	709	168	30	11
Biggar	21	33	54	16	3	2
Cambuslang	113	369	482	101	6	6
Carnwath	31	54	85	26	5	—
Lesmahagow	59	186	245	45	7	7
Rutherglen	143	374	517	128	11	4
Dalton Special School ...	5	41	46	5	—	—
Drumpark Special School ...	31	111	142	24	7	—
Dr. JAMES HILL.						
Motherwell	392	476	868	352	40	—
Dr. JAMES R. WATSON.						
Coatbridge	353	432	785	333	20	—
Hamilton	326	566	892	310	16	—
TOTAL	3034	5298	8332	2702	287	45



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.		Nystagmus.		Choroido-Retinal Changes (Myopic).		De- other than Myopic.		Optic Neuritis.		Keratitis.		Congenital Dislocation of Lenses.		Hordolium.		Optic Atrophy.		Ptosis.		Pseudo Neuritis.		Trachoma.		Sequelae of Iritis.		Vitrous Opacities.		Coloboma of Iris and Choroal.		Leucoma Adherens.		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, ...	18	8	—	—	3	3	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cadder, ...	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(Bishopbriggs and Chryston)	12	6	—	1	—	1	—	1	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carlisle, ...	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
East Kilbride, ...	7	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lanark, ...	16	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Larkhall, ...	10	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Shotts, ...	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Strathaven, ...	14	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Uddingston, ...	26	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wishaw, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Knowetop Special School, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. H. SOMERVILLE MARTYN.																																																		
Airdrie, ...	28	31	1	—	5	11	4	6	—	2	3	1	1	—	1	—	1	1	1	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Aberdeen, ...	21	13	—	—	5	4	2	5	—	—	—	3	—	—	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bailieston, ...	20	28	2	1	15	16	—	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bellshill, ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Biggar, ...	14	13	—	—	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cambuslang, ...	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carwarth, ...	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lesmahagow, ...	21	16	—	—	2	5	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rutherglen, ...	1	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dalton Special School, ...	5	2	—	—	2	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Drumpark Special School, ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. JAMES HILL.																																																		
Motherwell, ...	34	45	1	—	6	8	1	—	—	—	—	4	2	3	4	1	—	1	1	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr. JAMES R. WATSON.																																																		
Coatbridge, ...	42	55	1	—	2	—	8	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hamilton, ...	33	22	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTAL, ...	338	321	6	7	56	64	34	36	1	4	12	14	19	16	3	3	4	11	2	1	2	2	1	—	2	3	4	2	3	5	5	1	—	—	3	3	3	1	2	4	—	—	1	—	21	18	5	6	—	—



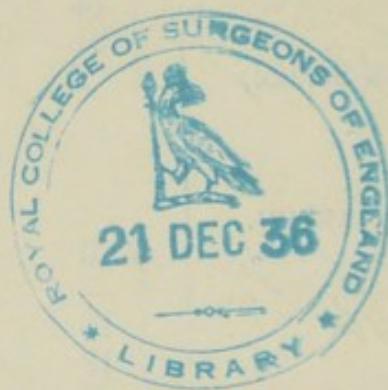
TABLE E.

VISUAL TREATMENT.

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

CLINIC.	1 Hypermetropia.				2 Hypermetropic Astigmatism (Simple and Compound).				3 Myopia.				4 Myopic Astigmatism (Simple and Compound).				5 Mixed Astigmatism.				6 Eyes not Requiring Correction or Too Defective for Correction.				7 Cases not Completed.				TOTAL.	
	Boys. R. L.	Boys. R. L.	Girls. R. L.	Girls. R. L.	Boys. R. L.	Boys. R. L.	Girls. R. L.	Girls. R. L.	Boys. R. L.	Boys. R. L.	Girls. R. L.	Girls. R. L.	Boys. R. L.	Boys. R. L.	Girls. R. L.	Girls. R. L.	Boys. R. L.	Boys. R. L.	Girls. R. L.	Girls. R. L.	Boys. R. L.	Boys. R. L.	Girls. R. L.	Girls. R. L.	Boys. R. L.	Boys. R. L.	Girls. R. L.	Girls. R. L.	Boys.	Girls.
Dr. JOHN A. MORTIMER.																														
Blairstown, ...	12	16	6	9	24	20	22	22	3	3	3	2	5	4	8	8	6	7	3	3	8	8	7	5	—	—	—	—	58	49
Caddis, ...	4	3	2	1	7	7	1	2	2	2	1	1	1	1	—	—	1	1	—	—	1	—	—	—	—	—	—	—	16	4
(Bishopbriggs and Chryston)																														
Carlisle, ...	16	15	15	15	15	14	10	11	3	2	2	1	3	3	2	1	—	—	—	—	7	10	3	4	—	—	—	—	44	34
East Kilbride, ...	3	4	—	1	3	2	1	—	6	6	3	2	4	—	2	7	—	—	—	—	—	—	—	—	—	—	—	—	7	2
Lanark, ...	11	16	10	14	16	12	17	15	3	3	4	5	5	5	7	7	2	1	3	2	3	4	6	8	—	—	—	—	42	46
Larkhall, ...	20	21	19	20	42	42	38	36	3	3	4	4	3	3	—	—	1	1	4	2	7	5	7	7	—	—	—	—	78	77
Shotts, ...	11	10	12	11	10	11	17	14	3	2	4	4	1	1	2	—	—	—	—	1	3	2	3	1	2	—	—	—	29	36
Strathaven, ...	3	7	3	3	3	1	6	6	1	1	3	3	2	—	—	—	—	—	—	—	2	2	4	4	—	—	—	—	13	17
Uddington, ...	14	14	16	13	21	42	59	62	10	10	14	13	11	1	13	12	2	2	5	2	2	5	5	5	—	—	—	—	44	81
Whitaw, ...	31	36	43	41	47	42	59	62	10	10	14	13	11	1	13	12	2	2	5	2	2	5	5	5	—	—	—	—	118	138
Knowstons Special School,	2	2	2	1	2	3	1	2	1	1	2	2	4	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	9	6
Dr. H. SOMERVILLE MARTIN.																														
Airdrie, ...	20	14	21	15	50	60	67	73	7	10	12	8	15	10	10	24	8	8	5	4	14	12	12	12	7	7	6	6	121	142
Aldington, ...	—	—	1	1	3	3	—	—	—	1	—	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	5	1
Balmain, ...	10	11	8	8	25	26	33	37	3	1	6	4	5	4	9	7	5	6	5	5	7	7	16	16	1	1	1	1	56	78
Bellshill, ...	13	16	15	20	37	36	44	38	11	11	8	6	13	13	12	12	8	6	7	10	12	12	18	18	8	8	3	3	102	107
Beggar, ...	3	3	2	2	2	4	1	1	1	2	1	1	1	—	—	—	3	1	1	1	1	1	2	2	—	—	2	2	11	10
Camisburgh, ...	16	15	14	11	26	26	24	30	3	3	2	2	2	3	6	2	5	5	3	4	2	2	4	4	4	4	2	2	58	55
Carnoustie, ...	2	4	3	2	8	7	5	4	2	2	—	—	4	3	1	3	1	1	—	—	2	2	3	3	—	—	—	—	19	12
Lesmahagow, ...	3	7	6	1	14	11	10	14	—	—	2	1	—	—	2	4	4	3	4	4	2	2	5	5	3	3	4	4	26	33
Rutherglen, ...	18	15	8	9	33	36	33	31	9	8	6	7	9	11	4	4	3	2	5	5	4	4	7	7	3	3	1	1	79	64
Dalton Special School, ...	—	1	1	1	2	1	1	1	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	2	3
Drumcraik Special School,	3	6	2	1	8	7	4	6	1	2	—	—	2	1	3	1	2	1	—	—	4	3	2	3	—	—	—	—	20	11
Dr. JAMES HILL.																														
Motherwell, ...	67	65	63	59	64	64	71	72	16	18	20	23	14	13	10	16	7	7	11	15	20	21	19	19	—	—	—	—	188	204
Dr. JAMES R. WATSON.																														
Coatbridge, ...	38	33	40	34	66	74	71	87	22	18	31	25	15	16	10	19	11	12	20	16	9	8	10	11	—	—	—	—	161	192
Hamilton, ...	38	30	42	29	67	72	73	87	20	26	32	17	17	17	12	12	10	7	9	13	8	8	8	8	—	—	—	—	160	166
Total, ...	358	366	354	322	595	601	642	688	128	133	155	137	142	130	103	167	89	80	94	97	128	130	142	148	26	26	19	19	1,466	1,568

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.



supply of spectacles, dispensed in strict accordance with the ophthalmic surgeons' prescriptions, with excellent steel or nickelled steel frames specially made to stand the rather abnormal tear and wear to which a child subjects them, at a very reasonable cost, and this fact is invariably put to the parents. But whether on account of an inherent suspicion of anything savouring of a "contract price" article or whether there is a certain social competition with a neighbour's child, large numbers of parents are determined that "fancy" spectacle frames will be worn. It is a matter of little concern to the medical staff whether the child wears nickelled steel frames or shell frames with, or without, gold-filled sides, provided the lenses are accurately dispensed and the frames well fitting, but it does seem a needless expenditure of money to equip a young, rapidly growing child with elaborate and expensive spectacles which, owing to the normal growth of the face, will become unsuitable in a comparatively short time. Parents do not seem to realise that the spectacle frame does not expand *pari passu* with the child's face. But perhaps they do recognise this but are satisfied that the additional dignity conferred on their child by a pair of shell-rimmed glasses with gold-filled sides is well worth the extra cost.

For the year under review, **3,034** children were subjected to a full ophthalmic examination and **5,298** came under the care of the eye specialists for re-examination, the total attendances at the clinics amounting to **8,332**. Of the 3,034 cases examined, 2,702, or 89 per cent., were found to require correcting glasses. Those children for whom glasses were not prescribed either did not require them or their vision was such that glasses would not have been of any assistance to them. There is a close co-operation between the school medical officers and the ophthalmic surgeons in the matter of treatment of certain eye diseases at the minor ailments clinics.

Tables D. and E. show the various visual defects and refractive errors from which the children suffered. In addition to the more common defects shown in Table D, certain conditions of a rarer nature were found during the course of examination. A number of these conditions were not amenable to treatment and were noted only because of their interesting character. Among these defects were papilloedema, birth injury of cornea, congenital lenticular defect, anterior synechia, opaque nerve fibres, aphakia, microphthalmos, paresis of ocular muscles, etc.

Several cases which could not well be treated at the clinics were referred to one or other of the ophthalmic institutions in Glasgow, and especially to Glasgow Eye Infirmary, where the necessary treatment was carried out. This treatment included in several instances operative treatment for squint, removal of cysts, etc., as well as the investigation of certain more or less obscure cases of eye disease.

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

(DR. H. SOMERVILLE MARTYN).

CENTRES :

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

A preliminary word as to terms used in Annual Reports seems called for in view of the Report for 1934-5 (Dr. J. A. Wilson, p. 39). Cases are ordinarily divided into "New Cases" and "Revisits."

New cases fall into two groups:—

1. Cases examined for the first time by the Authority's surgeons.
2. Cases previously examined but requiring complete re-examination.

The point is of importance in the estimation of percentage. It will be at once evident that in the case of squints the percentage will be greater in groups 1 and 2 taken together than in group 1 alone. In my previous reports the percentage of squints has been based on an examination of groups 1 and 2 taken together. "Revisit" squint cases (as contrasted with "re-examination" squint cases) have not been included in the statistics. If they were the percentage would be still higher.

The number of squints for the past year taking groups 1 and 2 together is 25 per cent., which tallies closely with last year's report on this subject.

One word regarding the treatment of squint by occlusion of the good eye and compulsory education of the squinting eye. This advice looks like applied commonsense and is theoretically sound. Practically, the evidence of improvement, if one looks for immediate results, is hard to find, and most ophthalmic surgeons have at some time in their career, in deference to the teaching on this subject, rendered it lip service devoid of conviction or exuberant hope. As a result of perusal of records of visual acuity in revisits of strabismus cases, I incline strongly to the view that failure to improve is due almost entirely to inattention to the surgeon's advice on the part of child or parent, and that assiduous daily practice of blanking of the sound eye for a period of from 3 months to two years can vastly improve the visual acuity in the squinting eye, and in many cases achieve standard vision. Conviction and exuberant hope will render no mere lip service to, but will hammer home the advice, and in turn convince the parent or child anxious for improvement that perseverance in blanking will in time bring its reward.

Revisit days afford opportunity for a very necessary supervision of the results from prescribing glasses and for checking the lenses. Twisted frames are straightened or sent for repair, cracked lenses renewed, visual acuity with glasses noted, and those "not wearing their glasses constantly" found out and cautioned. No mean service. But can any one or all of these together compare in satisfaction to surgeon and parent and child with that derived from the case of the squinting child whose recorded visual acuity ultimately proclaims, "Whereas I was blind, now I see?"

The prescriptions have been well executed throughout the year and the frames well fitted with very few exceptions.

I gladly acknowledge the splendid services of the nurses throughout the year and their assistance in the compilation of the statistics of this report.

(DR. JAMES R. WATSON).

**CENTRES :
Coatbridge and Hamilton.**

The work of these clinics during the past session has been carried on without any very remarkable case being seen. As usual, the great majority of the cases cited to attend are cases of error of refraction and the proportions of the various kind and degrees of defect vary very little from year to year, the large majority of them being hypermetropia with or without astigmatism. The myopic cases, which always appeal to me as the cases involving most responsibility, have done extremely well, only a very small proportion showing any sign of advancing when examined at revisits. One or two cases have this year, as generally occurs, shown some deviation from the normal in the fundus or media, but wonderfully few. I have again to stress the value of the "revisit" as one finds great improvement in the amblyopic eye in many of the squinters as well as increase in visual acuity in other cases resulting from the use of the correcting glasses. In fact, so frequently is this the case that when cases are disappointing at revisits one always suspects carelessness in the wearing of the glasses. Even yet it is difficult to impress on some parents the value of *two* useful eyes, as opposed to one.

(DR. JAMES HILL).

CENTRE : Motherwell.

In presenting this, my first, report to the Education Committee, I should like to express my thanks for the arrangements made for the carrying on of the work. I should like, particularly, to thank the Executive School Medical Officer for his ready helpfulness in solving some of the problems with which I was troubled at the beginning, and the ophthalmic nurse for the care she took in arranging the work and helping with the statistics. By these things the work has been made interesting and pleasant.

As is natural, I have been interested in comparing the attendance figures with those of the two previous years. The number attending this session, including old and new cases, was 868. This shows a decrease of 145 as compared with session 1934-35, but an increase of 228 as compared with session 1933-34. This variation is found to be due, mainly, to the fluctuations in the number of revisits.

The figures for the various refractive errors and diseases of the eyes, found on examination, are proportionately much the same as in previous years, with the exception of cases of amblyopia. This is probably due to my including in this category all cases which showed marked loss of visual acuity without any apparent ocular

defect, and from whom (or from whose parent, if present), no history of squint was obtained. It is probable, however, that some of these cases were really old cases of squint.

An interesting precedent was created towards the end of the session by the appearance at the clinic of a case from a Junior Instruction Centre. This is as it should be, and it is pleasant to record this instance of continuity of visual treatment beyond the ordinary school period.

Of the problems confronting the school oculist, one of the most important is that of concomitant strabismus—the ordinary squint, and it is, to my mind, the one least satisfactorily dealt with. The myopic child is carefully watched and receives, if necessary, special educational training, and rightly so. But the squinting child, a child in grave danger of losing the sight of one eye, receives a pair of spectacles, with instructions to occlude the good eye for a period each day, a method which is liable to be neglected and is almost certain to be carried out inefficiently. If the glasses cure the squint, which in a minority of cases they do, well and good. But what of the great majority? There is, I think, great need for some scheme of orthoptic treatment, to attempt to educate the failing eye to become a functionally good eye, while at the same time correcting any refractive error. Admittedly, such a scheme to be useful must include pre-school age squinters, and there should be correlated activity between the child welfare oculist and school oculist, and, where operation is necessary, between school oculist and ophthalmic surgeon. Much might be done also to educate parents to realise that a squinting eye is in danger of becoming a blind eye, and that any squinting child is in urgent need of expert treatment.

During the past session several cases seen at the clinic have been further investigated and operated on by me at the Glasgow Eye Infirmary, to the directors of which institution thanks are due.

(DR. JOHN A. MORTIMER).

CENTRES :

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

The appended summary of work completed during the current year shows that the excellent response shown in past years to the benefits made available by the Education Committee for the correction and alleviation of eye defects and diseases in school children has been maintained. In the above areas during the past session, 948 children were examined and treated and 1,400 were revisited.

As the years pass on, one is able to estimate the value of this treatment, and if comparison is made with preceding years it can be appreciated to what extent good organisation and efficient treatment have helped in checking and alleviating the more important ocular troubles of childhood. A perusal of the former reports of the writer and his colleagues will bear this out and will amply repay the reader for his trouble in carefully going over them.

Several interesting cases of intraocular disease and a considerable number of children requiring operation were encountered during the session. These further detailed investigations and operations were carried out by the writer at the Glasgow Eye Infirmary.

There is nothing special to report in connection with the work during the past year, but perhaps one may be allowed to say a few things on furthering the treatment of one of the admittedly larger sub-divisions of the school ophthalmic surgeon's work :—(a) In the areas in which the writer is working, liaison between the pre-school clinic and the school clinic has become established so that continuity of treatment from the earliest years of life can now be carried out. This is so important, as loss of continuity seriously affects the advantages which undoubtedly exist. The earlier a squint is treated optically the better the results, and imperfectly carried out treatment is about as useless as no treatment. As yet, not all squinters are caught in the pre-school net, but those that have been show the long way that liaison between the two services goes towards the efficiency of treatment by spectacles.

(b) Operation has been suggested and carried out with very good results, both cosmetically and visually, in several cases, but in many more of these cases would operative treatment be suggested if hospital accommodation were available for the numbers desiring and requiring this treatment.

(c) Treatment by orthoptic training would be of great value to squinters, both before and after operation, but one must keep in mind that patience, money and time are very necessary for this, and after all unless full co-operation from the parent and child is forthcoming the results may be disappointing.

During the past three or four years it has been noticeable to the writer that in certain schools in which there has been a change of headmaster, the attendances and keenness on the wearing of spectacles by the children has varied according to the interest taken by the head teacher in ophthalmic work. This emphasises the opinion of our former colleague, Dr. Ernest Thomson, who stated "that the head teacher who takes a real live interest in the eyesight of his scholars is doing something which gives results which are as real as the professional results of his teaching and which is well worth doing."

DENTAL TREATMENT.

The marked success which has for many years attended the scheme of school dentistry in this County still continues to be maintained and it is satisfactory to report that the number of children treated during the past year is even greater than for the year 1934-35. A still higher percentage of treatment would have been achieved for the past session had it not been for the unfortunate illness of one of the members of the dental staff whereby several weeks of dental treatment were lost. However, notwithstanding such unavoidable mischance, it is gratifying to record that **21,395** children obtained treatment from the Committee's dental surgeons, this total being made up of 10,495 boys and 10,900 girls.

The total number of children dentally inspected at school during the year was **76,549**, and of these **43,908** were found to require treatment of a more or less urgent nature, and notices to this effect were sent to the parents. The percentage of children requiring dental attention, namely, **57·35** per cent., shows a decrease on last year's corresponding figures (58·9) and bears out what has been the experience of the dental surgeons for several years past, namely, the steady, gradual improvement in the dental condition of the school children in this County. In comparison with many, indeed, one might say most, other similar education areas throughout the country, this County occupies a leading position in regard to the dental fitness of the school children. The percentage of dental unfitness is still admittedly high, but it has to be remembered that every dental defect discovered by the dental surgeons, no matter how small the defect may be, is recorded and treatment offered. Effort, however, cannot be relaxed if the definite improvement in the children's teeth is to be maintained.

The following table, giving the percentage of school children in the County suffering from dental unfitness over a period of years, is interesting showing, as it does, the steady improvement that has followed regular school dental inspection and treatment:—

Year.	Percentage of children requiring treatment.				
1935-36,	57·4
1934-35,	58·9
1933-34,	59·8
1932-33,	66·5
1931-32,	67·5
1930-31,	66·7
1929-30,	70·3

A reduction of nearly 13 per cent. in the incidence of dental disability in seven years is most encouraging, especially when one takes into account the very large number of children involved, and it is hoped that this improvement will be progressive. Whilst the rural districts have always responded exceedingly well to the offer of school dentistry, certain and, indeed, most of the urban areas still furnish returns that cannot be considered satisfactory.

Towards the close of the session an interesting experiment was carried out in many of the larger schools in the urban areas. The Dental Board of the United Kingdom had kindly offered to send trained demonstrators who would visit the more densely populated districts with a view to impressing on the senior pupils the importance of the care of the teeth and advantage was taken by the Committee of this offer. Consequently, in June last a series of lectures and demonstrations extending over a period of ten school days was arranged in those areas where propaganda work was considered to be most greatly needed. These districts were:—Bellshill, Blantyre, Cambuslang, Coatbridge, Hamilton, Holytown, Larkhall, Mossend, Motherwell, Rutherglen and Wishaw, and, altogether, approximately 8,000 of the senior pupils, *i.e.*, from 11 years old onward, attended the lectures and demonstrations.

The demonstrations were very efficiently conducted and the arrangements made were such as to cause the minimum of disturbance to the school routine. The several demonstrators, four in number, put their facts to the pupils in a most interesting, attractive and informative manner, and it was quite evident that the pupils' interest in the subject was thoroughly aroused. Whilst one cannot yet estimate what the effect of the demonstrations will be, it is hoped that good results will follow and that the percentage of senior pupils accepting dental treatment will be markedly increased. It will certainly be interesting to compare the future dental returns in the districts concerned with those of past years.

The thanks of the Committee are due to the Dental Board of the United Kingdom for their most helpful assistance in stimulating the interest of the children in the care of their teeth, and especially so since the whole cost of the demonstrations was borne by the Board.

Whilst in former years, the rural districts gave the highest percentage of treatment, it was rather unfortunate that during the time of the dentists' visit to certain of these districts there was an epidemic of measles. This markedly reduced the number of children treated during the past session, but, even so, the returns were very satisfactory. In other districts, where, formerly, a rather disappointing response was forthcoming in the matter of treatment, it is gratifying to note a substantial improvement during the past session. In particular, such districts as No. 6 School Management Area (Bothwell Parish), No. 7 School Management Area (Shotts, Newmains, etc.) and No. 9 School Management Area (Cadder, New Monkland, etc.) have each responded very satisfactorily. The percentages of treatment from the various School Management Areas are as follows:—

No. 1 Area (82.4), No. 2 Area (81.8), No. 3 Area (73), No. 4 Area (43), No. 5 Area (38.8), No. 6 Area (58.2), No. 7 Area (64.6), No. 8 Area (46.6), No. 9 Area (60.1), No. 10 Area (47.7), No. 11 Area (46), No. 12 Area (31.9), No. 13 Area (40), No. 14 Area (26.9). Number 10-14 Areas are all urban in character, and it is not easy to understand why there should be such a discrepancy in the numbers of school children coming forward for treatment in the different areas. A much more marked variation in the percentage of treatment is afforded by the returns from the Secondary Schools in the County where the percentages range from 85.2 to 7.

The following extracts are taken from the reports of the school dental surgeons for the year under review (1935-36):—

Mr. Kerr (Nos. 8, 11, 14 School Management Areas) again draws attention to the lessening amount of dental treatment required by the individual children. The regular treatment of the children over a period of years results in a marked fall in extensive treatment and when they reach the senior years of school life extractions of permanent teeth should become infrequent. Unhappily, this stage has not yet been reached, but the whole trend of school dentistry

is steadily in that direction. Pain, however, is still one of the principal compelling forces which influence senior children to seek the aid of the school dentist.

Mr. Kerr desires gratefully to acknowledge the ungrudging assistance he obtains from all teachers in the carrying out of his inspection of the pupils at the schools, and the willing help he obtains from the janitors at the school clinics.

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

Total number of children treated, 3,493 ; extractions (temporary teeth), 3,688 ; extractions (permanent teeth), 658 ; fillings, 632 ; scaling, dressing, cleaning, 126.

Miss Watson (Nos. 7, 13 School Management Areas) states that during the past session the work proceeded smoothly and without special incident. The average parent, when attending the clinic with her child, generally throws the whole blame for the unsatisfactory state of the teeth on the child whom she accuses of eating too many sweets or of neglecting the tooth-brush. Miss Watson points out to such parents that if a better regulated and more suitable diet were given to the children there would not be the same necessity for the tooth-brush as the teeth would keep clean and healthy without much extraneous help. Miss Watson comments on the general increase in the applications for treatment in each of her areas.

The following is a summary of the work overtaken during the session :—

Total number of children treated, 3,516 ; extractions (temporary), 5,159 ; extractions (permanent), 937 ; fillings, 829 ; scaling, dressing, cleaning, 39.

Mr. Watson (Nos. 6, 7, 9, 10 School Management Areas) comments on the good response he meets with in all of his districts and the increasing tendency of the parents to agree to conservative treatment. He states that a septic mouth is now a matter of the greatest rarity amongst the pupils in the areas in which he works. He comments on the necessity for orthodontic treatment, which, unfortunately, cannot well be carried out meantime at the clinics in his areas.

Mr. Watson emphasises the courtesy and help he receives from all head teachers, class teachers and janitors during his tour of the schools and the readiness of all to place their rooms at his disposal when treatment is being carried out at the schools.

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

Total number of children treated, 3,667 ; extractions (temporary teeth), 5,329 ; extractions (permanent teeth), 749 ; fillings, 729 ; scaling, dressing, cleaning, 329.

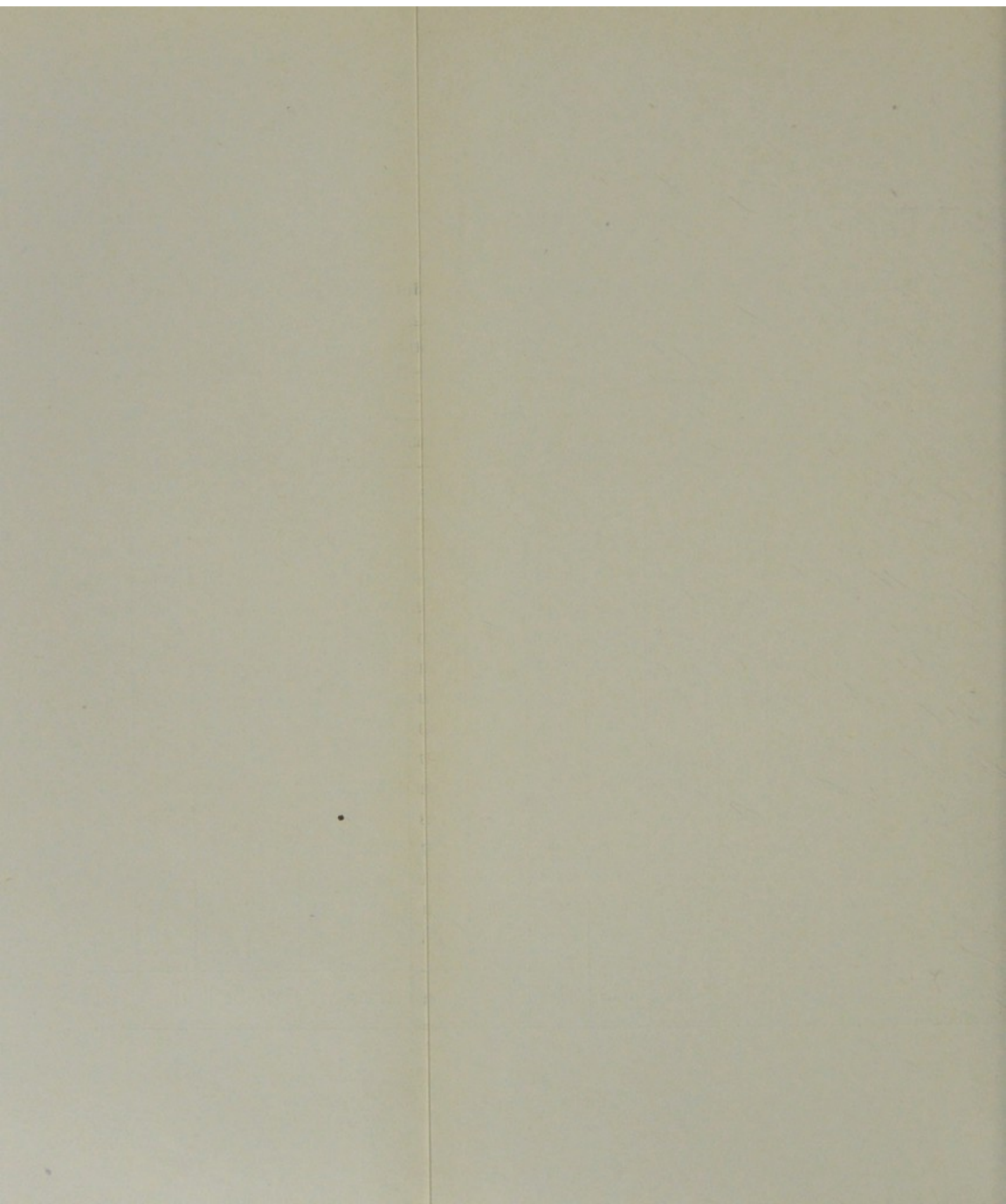
Miss Young (Nos. 6, 7, 11 School Management Areas) comments on the excellent results that systematic inspection and treatment are having on the dental condition of the pupils. Whilst extraction work still forms a large, if not the major, part of the school dentist's

TABLE F.

DENTAL TREATMENT

Summary of Work done in the following School Management Areas during the year ended 31st July, 1936.

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	...	...	1009	318	308	265	251	785	45	—	91	—	—	—	406	110
"	2	...	...	1432	436	384	356	315	994	61	—	115	—	3	1	584	87
"	3	...	...	3916	1163	1087	824	820	2765	131	2	296	7	13	11	1333	311
"	4	...	...	4707	1430	1523	614	656	1967	393	55	251	—	82	125	1046	224
"	5	...	...	3229	999	953	421	337	1048	232	21	146	—	30	157	676	82
"	6	...	...	9174	2693	2796	1511	1685	3178	782	153	611	25	60	143	2749	447
"	7	...	...	3585	1188	1181	761	769	2047	412	23	294	2	13	23	1299	231
"	8	...	...	4188	1180	1209	554	560	1275	333	17	248	3	75	116	969	145
"	9	...	...	7873	1988	2158	1202	1292	3706	543	21	477	102	27	101	1910	584
"	10	...	...	5292	1088	1204	519	575	1477	199	18	202	30	30	29	859	235
"	11	...	...	9027	2479	2456	1083	1209	2486	451	17	336	3	49	19	2040	252
"	12	...	...	8323	2599	2438	820	790	2534	776	141	362	2	113	470	1439	171
"	13	...	...	10962	3393	3341	1309	1381	3816	708	71	593	3	18	5	2168	522
"	14	...	...	3832	955	961	256	260	528	81	5	119	2	8	4	421	95
TOTAL			...	76549	21909	21999	10495	10900	28606	5147	544	4141	179	521	1204	17899	3496



work, it is gradually diminishing, and in time conservative treatment will predominate. The worst teeth are undoubtedly found amongst the infants, largely due, in Miss Young's opinion, to incorrect feeding in early life. The training of children in dental hygiene should begin in early childhood and so become a fixed habit.

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

Total number of children treated, 3,821 ; extractions (temporary teeth), 3,736 ; extractions (permanent teeth), 958 ; fillings, 905 ; dressing, cleaning, scaling, etc., 243.

Mr. Beattie (Nos. 1, 2, 3, 5 School Management Areas), in reviewing the work in his areas for the past year, comments on the gradually decreasing percentage of children requiring dental treatment. He finds that this improvement is most marked amongst the 12 years old pupils.

The children in the rural areas have much better teeth on the whole than urban children, and Mr. Beattie attributes this to the more suitable diet in the country districts. The teeth of the urban children are much softer and more liable to decay than those of their rural brothers.

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

Total number of children treated, 3,471 ; extractions (temporary teeth), 5,687 ; extractions (permanent teeth), 267 ; fillings, 606 ; scaling, cleaning, dressings, etc., as required.

Mr. Rankin (Nos. 4, 5, 8, 12 School Management Areas) reviewing the year's work, finds that there is little to report as the scheme proceeds uneventfully and smoothly from year to year. There is one point of importance, however, to which he draws attention, and that is that there have come under his notice several cases of damage to front teeth sustained whilst children were using the new type of " bubble " drinking fountain now in use at many schools. The metal nozzle of the fountain stands up from the centre of the basin, and when a boy is using the fountain a mischievous companion may push the head forcibly downwards, the front teeth coming into rather violent contact with the nozzle. It is certainly very difficult to provide an apparatus that will be positively fool-proof, as the ingenuity of a boy for mischief is almost unbounded, but were the nozzle of the fountain shorter and the jet of water more forcible it might prevent the injury above mentioned happening.

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

Total number of children treated, 3,427 ; extractions (temporary teeth), 5,007 ; extractions (permanent teeth), 1,578 ; fillings, 984 ; scaling, cleaning, dressing, etc., 1,124.

In addition to the foregoing, Mr. Rankin treated 16 children of pre-school age at Hamilton Child Welfare Clinic by arrangement with the Medical Officer of Health of the Burgh.

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

(DR. JAMES ADAM).

CENTRE : Hamilton.

During the year ended 31st July, 1936, the work done at Linnview and at Beckford Street Hospital in connection with affections of ear, nose and throat is summarised as follows :—

254 patients had 693 attendances. Of these patients 185 were operations for removal of adenoids or of tonsils and adenoids under general anaesthesia. 7 patients declined such operation and in 35 cases sent for operation such operation was not needed.

Of 7 nasal cases, 5 underwent operation ; 2 were cases of sinusitis (one with atrophy).

Of 11 aural cases, 4 were cases of pronounced deafness requiring medical treatment ; 7 were cases of " running ears," all cured save one which had had a mastoid operation at a Glasgow hospital and is requiring further operation.

5 were cases of asthma, all cured.

4 were cases of milk rhinorrhoea, all cured by stopping milk.

Comments.—As will be seen, the bulk of the cases were cases for the tonsil and adenoid operation. This number could be reduced by proper attention in the home to diet. It is difficult to get parents, and sometimes doctors, to pay heed to this. The cures of asthmatics are due to such attention. The cases of milk rhinorrhoea (watery nose) are probable candidates for asthma. *Raw* milk is unwholesome food for some folk and cases of rhinorrhoea will increase with the milk dole.

The small number of cases with " running ears " is gratifying and the tonsil and adenoid operation probably must get the credit for the prevention of this danger to life and hearing.

There is no doubt that, on the whole, this medical service is of inestimable value to the community.

AT MOTHERWELL CLINIC :

(DR. R. A. GRAY).

	Under General Anaesthetic.
No. of necessitous cases treated for Tonsils and Adenoids,	243
No. of necessitous cases treated for Diseases of the Ear,	—
No. of necessitous cases treated for Diseases of the Nose,	—
	<hr/> 243 <hr/>
Total number of attendances of school children at the Clinic,	666
Total time occupied by Rhinologist (approximate number of hours),	90
Total time occupied by Anaesthetist (approximate number of hours),	90

MINOR AILMENTS CLINICS.

There are seven clinics for the treatment of minor ailments affecting the eye, skin, ear, nose and throat, etc. These clinics are situated in Airdrie, Blantyre, Cambuslang, Hamilton, Larkhall, Motherwell and Rutherglen and serve the majority of the densely populated areas. In last year's report it was mentioned that a clinic was proposed at Coatbridge. It is gratifying to be able to state that the building of this clinic is now proceeding, and it is hoped that by next year it will be fully functioning. A similar clinic is much needed in Bellshill or Mossend district to serve the needs of that populous area.

The present clinics are conducted at the following centres:—

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

The statistical table (Table G.) shows in detail the number of children treated (boys and girls separately) for the various conditions and is an index of the urgent demand for the treatment of minor ailments. As formerly, skin conditions predominate (68·8 per cent. of all cases treated) and these show a marked increase in number over the previous year. This is accounted for by the exceptionally severe winter which resulted in large numbers of skin abrasions, chaps, etc., which tended to become septic. Inflamed and, occasionally, septic chilblains also, both on hands and feet, were more frequently met with. Whilst most of the conditions are rapidly cured, there are certain others which demand prolonged and regular treatment if a good result is to be obtained, and amongst the most tedious of these cases are corneal opacities. Such cases may require many months of regular treatment before the eyes again become normal. Another disease whose chronicity is very marked is suppurative inflammation of the ear, commonly known as a "running ear." It is satisfactory to record that only 23 cases of ringworm were met with at the clinics during the year, only 4 of these being ringworm of the head. Septic conditions of the head arising from vermin were also comparatively rare, only 63 cases being found amongst the 7,411 cases of skin disease treated.

The total number of *children* who attended the minor ailments clinics during the past year amounted to **10,766**, the total number of *attendances* made being **68,374**. These numbers would have been materially larger were it not for the fact that the clinic at Hamilton was closed for several weeks to permit of the transfer of the clinic to more suitable and permanent premises at Beckford Street School.

A considerable amount of advocacy has recently been given, both from the platform and in the public press, for *preventive* as opposed to *curative* measures in dealing with the health of the population and with this one must be in complete accord provided it is clearly understood what is implied. The popular idea seems to be that these measures are as distinct and as widely separated as the poles and that the preventive will speedily cause the other entirely to disappear. But the dividing line between "curative" and "preventive" is by no means so well defined, and in actual practice it is frequently very difficult to say when the one ceases and the other begins. The fact that thousands of children attend the minor ailments clinics with simple sores, abrasions, commencing eye trouble, early septic conditions, etc., and are promptly treated and cured within a very short time is most decidedly preventive medicine. These conditions are generally treated in their early stages, but had no treatment been given a much more serious state of affairs would, in all probability, have resulted. Is the curative treatment received at the clinics not, therefore, preventive in the fullest sense of the term? Surely no one is such a blind optimist as to imagine that accidental abrasions, skin troubles arising from climatic or other conditions, and all infective germs are for ever to be banished from this world.

Cleanliness, personal hygiene, better housing conditions, correct diet, improvement of nutrition, physical exercise, and so on, are all exceedingly important factors in promoting and maintaining a healthy body and are generally regarded as "preventive" measures against ill-health, but it would not be a difficult matter to argue that these preventive measures are a form of treatment, and, conversely, that the treatment received at the various clinics—eye, dental, ear, nose and throat, and minor ailments—are largely preventive in their scope and application. This is not written in any didactic or argumentative spirit but merely as a caution against the loose use of terms.

In addition to the foregoing numbers of children treated at the seven minor ailments clinics, a very large number of children in attendance at the Special Schools were treated at the clinics operating at these schools and during the past year **25,168** attendances were made.

Thus, the total attendances made at the Committee's minor ailments clinics (including those attached to the Special Schools) for the past year amounted to **93,542**. The entire work at the clinics is undertaken by the Committee's medical and nursing staffs.

The following is a summary of the numbers treated at each clinic:—

Airdrie Clinic (Dr. DARLING)—For eye diseases, 329 with 2,414 attendances; skin diseases, 1,214 with 5,566 attendances; ear diseases, 208 with 1,547 attendances; nose diseases, 4 with 10 attendances; ringworm, 6 with 27 attendances.

Total—**1,761** children who made **9,564** attendances.

Blantyre Clinic (Dr. CORMACK)—For eye diseases, 217 with 1,696 attendances ; skin diseases, 850 with 3,910 attendances ; ear diseases, 73 with 995 attendances ; nose diseases, 15 with 209 attendances ; ringworm, 1 with 21 attendances.

Total—**1,156** children who made **6,831** attendances.

Cambuslang Clinic (Dr. CUNNINGHAM)—For eye diseases, 437 with 3,187 attendances ; skin diseases, 1,107 with 5,065 attendances ; ear diseases, 105 with 872 attendances ; nose diseases, 79 with 791 attendances ; ringworm, 3 with 8 attendances.

Total—**1,731** children who made **9,923** attendances.

Hamilton Clinic (Dr. MACKENZIE)—For eye diseases, 334 with 3,556 attendances ; skin diseases, 1,157 with 6,119 attendances ; ear diseases, 134 with 1,645 attendances ; nose diseases, 62 with 1,030 attendances ; ringworm, 8 with 68 attendances.

Total—**1,695** children who made **12,418** attendances.

Larkhall Clinic (Dr. MACKENZIE)—For eye diseases, 188 with 2,871 attendances ; skin diseases, 769 with 5,459 attendances ; ear diseases, 60 with 804 attendances ; nose diseases, 48 with 1,287 attendances ; ringworm, 1 with 1 attendance.

Total—**1,066** children who made **10,422** attendances.

Motherwell Clinic (Dr. YOUNG)—For eye diseases, 246 with 2,349 attendances ; skin diseases, 852 with 4,699 attendances ; ear diseases, 146 with 1,518 attendances ; nose diseases, 68 with 416 attendances ; ringworm, 2 with 20 attendances.

Total—**1,314** children who made **9,002** attendances.

Rutherglen Clinic (Dr. CUNNINGHAM)—For eye diseases, 370 with 2,510 attendances ; skin diseases, 1,462 with 6,313 attendances ; ear diseases, 132 with 957 attendances ; nose diseases, 77 with 429 attendances ; ringworm, 2 with 5 attendances.

Total—**2,043** children who made **10,214** attendances.

At Special School Clinics :—

Drumpark (Nurse DOUGLAS),	...	11,008 attendances
Dalton (Nurse PARK),	... ..	7,337 „
Knowetop (Nurse CHISLETT),	... ..	6,823 „

Note :—Children attending Woodburn Special School receive any necessary treatment at Beckford Street Clinic, Hamilton.

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, ...	78	61	1304	45	51	1036	61	56	885	79	59	1874	41	28	1393	50	59	1133	47	54	659
Conjunctivitis, ...	35	30	256	20	26	225	97	112	1535	83	47	1137	50	39	1251	29	37	617	77	90	1228
Corneal Ulcer, ...	10	13	86	1	7	36	2	3	17	3	4	46	1	—	3	5	7	153	5	4	47
Corneal Opacities, ...	14	21	547	4	7	212	8	11	410	9	5	356	2	2	171	4	6	236	3	10	289
Ophthalmia and Phlyctenular Conj., ...	3	3	16	—	2	7	—	1	13	1	3	14	—	1	1	4	7	91	1	2	7
Keratitis-Interstitial, ...	—	—	—	—	—	—	—	1	1	1	—	6	1	—	8	9	21	95	23	23	131
Hordeolum (Stye), ...	18	26	145	26	25	161	26	28	164	18	18	191	12	9	40	1	—	7	—	—	—
Stillicidium, ...	—	—	—	1	1	13	—	1	5	1	—	2	—	—	—	1	—	—	—	—	—
Other Diseases, ...	11	6	60	1	—	6	10	20	157	2	1	20	2	—	4	3	3	11	15	14	116
TOTAL, ...	169	160	2414	98	119	1696	204	233	3187	197	137	3556	109	79	2871	106	140	2349	171	199	2510
DISEASES OF THE SKIN—																					
Impetigo Contagiosa, ...	291	198	2358	157	100	1279	89	73	718	181	123	1490	90	72	836	192	127	1599	126	89	969
Eczema, ...	8	10	108	22	22	423	53	34	562	27	19	515	10	9	218	54	33	672	60	42	650
Alopecia Areata, ...	1	2	13	2	1	29	—	2	20	1	1	5	4	3	154	2	3	182	1	1	11
Scabies, ...	17	18	180	27	25	196	11	15	93	22	16	166	8	17	86	21	21	279	8	15	86
Pediculosis Capitis, with Impet. Contag., ...	2	2	17	1	8	24	2	6	24	4	18	75	1	2	7	1	3	9	1	12	49
Pediculosis Capitis, ...	—	4	5	—	—	—	1	7	17	—	—	—	—	—	—	—	—	—	—	2	3
Dermatitis Seborrhoeica, ...	2	2	19	19	16	323	43	38	526	25	19	211	22	29	582	14	13	160	36	36	363
Wounds and Septic Sores, ...	330	233	2418	280	112	1295	334	198	1949	401	183	2813	241	152	2075	193	84	1226	543	256	2989
Psoriasis, ...	8	5	92	2	—	50	2	4	80	1	2	45	1	1	42	1	3	37	—	1	5
Other Skin Diseases, ...	44	37	356	30	26	291	112	83	1076	75	39	699	66	41	1459	52	35	535	134	99	1188
TOTAL, ...	703	511	5566	540	310	3910	647	460	5065	737	420	6119	443	326	5459	530	322	4699	909	553	6313
DISEASES OF THE EAR—																					
Chronic Suppurative Inflammation, ...	90	77	1480	27	29	945	35	26	718	65	32	1468	29	16	660	71	29	1316	32	36	740
Ceruminous Collection, ...	13	25	54	3	2	9	11	10	78	5	4	23	2	4	15	9	2	41	10	16	93
Chronic Catarrh, ...	—	1	7	2	4	24	2	5	31	16	10	207	5	3	127	3	5	15	5	4	52
Other Diseases, ...	2	—	6	6	—	17	8	8	45	1	1	7	—	1	2	17	10	146	13	16	72
TOTAL, ...	105	103	1547	38	35	995	56	49	872	87	47	1645	36	24	804	100	46	1518	60	72	957
DISEASES OF THE NOSE—																					
Nasal Catarrh, ...	2	1	9	3	8	172	28	21	488	31	7	562	17	11	669	35	18	317	23	20	226
Nasal Obstruction, ...	1	—	1	1	3	37	19	11	303	20	4	468	13	7	618	11	4	99	20	14	203
TOTAL, ...	3	1	10	4	11	209	47	32	791	51	11	1030	30	18	1287	46	22	416	43	34	429
Ringworm of Head, ...	—	—	—	1	—	21	—	—	—	2	1	47	—	—	—	—	—	—	—	—	—
Ringworm of Body, ...	4	2	27	—	—	—	1	2	8	1	4	21	1	—	1	1	1	20	1	1	5
TOTAL, ...	4	2	27	1	—	21	1	2	8	3	5	68	1	—	1	1	1	20	1	1	5

