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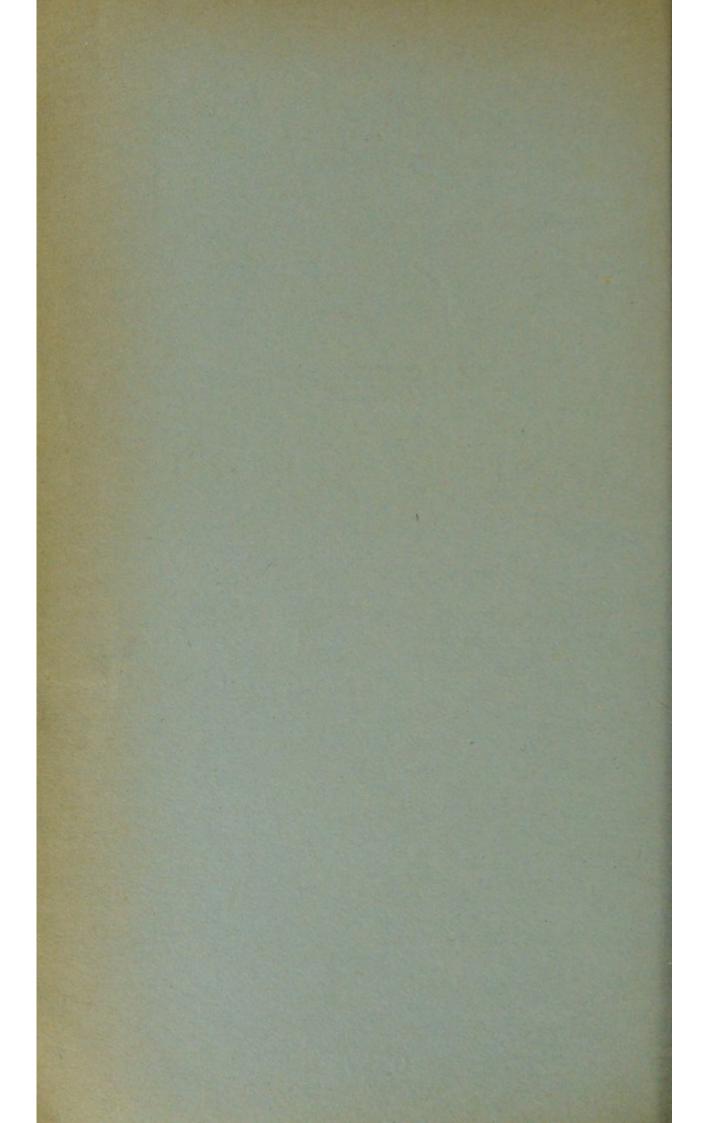
County Council of the County of Lanark
EDUCATION COMMITTEE

THIRTIETH ANNUAL REPORT

ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN





County Council of the County of Lanark EDUCATION COMMITTEE

THIRTIETH

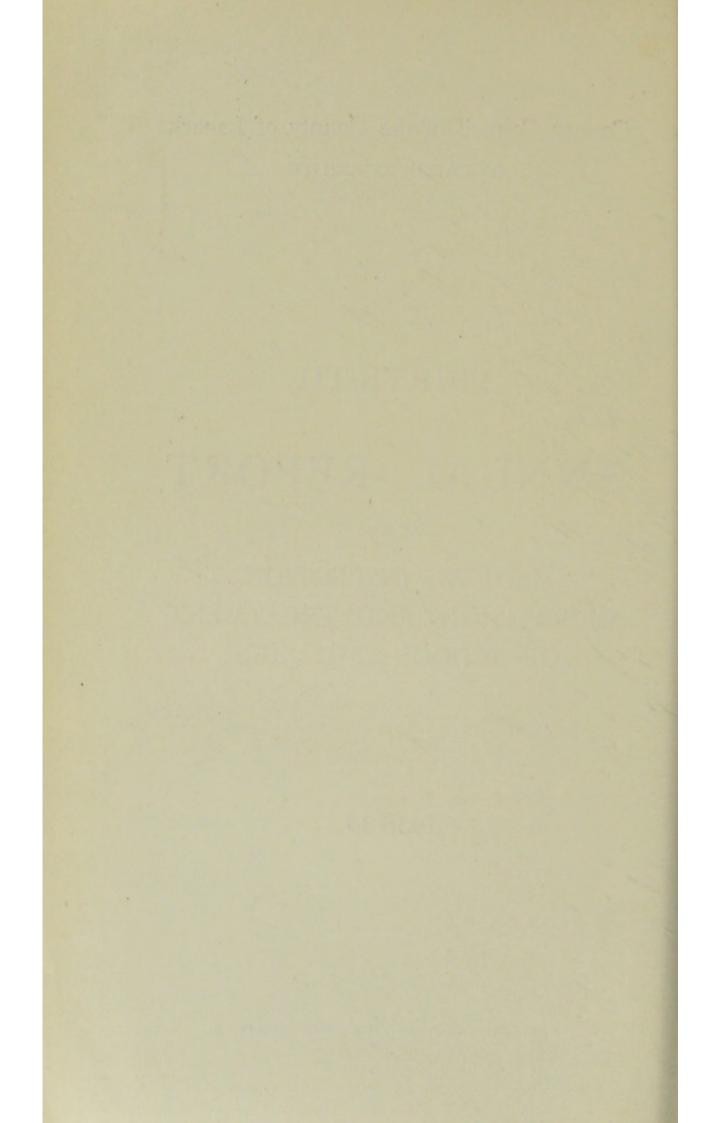
ANNUAL REPORT

ON THE

MEDICAL INSPECTION, SUPERVISION, AND TREATMENT OF SCHOOL CHILDREN.

1938-39







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

In submitting the Thirtieth Annual Report on the Medical Inspection, Supervision and Treatment of School Children in the County of Lanark for the year ended 31st July, 1939, attention is drawn to the somewhat altered form in which the Report is presented. This change of form is in compliance with the regulations issued by the Department of Health for Scotland in June, 1938, whereby it is hoped that a more accurate picture of the general physical condition of the school children in Scotland may be obtained, that greater uniformity in the manner of drawing up annual reports may be achieved, and that more accurate comparisons between Education areas be made possible.

The new method of recording the findings of medical inspection and the classification of the pupils commenced at the beginning of the session (August, 1938) and, apart from some little initial difficulty incidental to every change over from one system to another, the scheme worked smoothly.

It was hoped to give in this Report an extensive survey of the whole of the session's work, with particular attention to certain branches of the scheme, but, owing to the exigencies arising from the present crisis, this survey will have to be deferred till a more favourable opportunity arrives. All of the activities of each department of school medical inspection and treatment are, however, clearly indicated either in the body of the Report or in the accompanying statistical tables.

JOHN MACINTYRE,

Executive School Medical Officer.

School Medical Inspection Department, County Offices, Hamilton, December, 1939.

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

Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.
WILLIAM GIBSON, L.D.S.
(a) MARY H. HINSHELWOOD, L.D.S.
WILLIAM KERR, L.D.S.
ANDREW C. F. BANKIN I.D.S.

ANDREW C. F. RANKIN, L.D.S. ARCHIBALD W. M. WATSON, L.D.S. ELIZABETH WATSON, L.D.S.

(b) MARY N. YOUNG, L.D.S.

Part-Time Ophthalmic Surgeons.

JAMES HILL, M.B., Ch.B., D.O.M.S. 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.

Part-Time Ear, Nose, and Throat Specialist. JAMES ADAM, M.A., M.D., F.R.F.P.S.G.

Nurses.

MARY M. BENNETT. HELEN S. BERTRAM. JESSIE M'L. BLACK. MARTHA CHISLETT.

(c) ISOBEL T. COCHRAN.
RACHEL DOBIE.
ANNIE N. DOUGLAS.
FLORENCE D. FLEMING.

(d) ADA FOWLIE.
JEAN HANNAH.
AMY S. T. HISLOP.
AGNES L. D. MILLER.

ANNIE MACAULEY.
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ISABEL MACKINNON.
JEAN G. M'GHIE.
NEILINA M'INNES.
MARGARET NEILSON.
HELEN PARK.
MYRA E. SMITH.

(e) ANNE J. SORLEY.

MARGARET C. R. SUTTER.

ISABEL TAYLOR.

MARY A. YATES.

Clerical Staff.

Chief Clerk-ROBERT A. M'ROBBIE.

JOHN PORTER.
JAMES BISHOP.
(f) JANETTA L. DUNN.

SARAH M. B. CLARK. HELEN S. STEVEN. JEAN B. THOMSON. (g) MARY GORDON.

- (a) Appointed 15/5/39.
- (c) Resigned 30/11/38.
- (e) Appointed 1/12/38.

- (b) Resigned 15/1/39.
- (d) Appointed 1/12/38.
- (f) Appointed 27/3/39.
- (g) Appointed 1/12/38—Resigned 1/4/39.

REPORT on the MEDICAL INSPECTION, SUPERVISION, and TREATMENT of SCHOOL CHILDREN in the COUNTY of LANARK, for the year ended 31st July, 1939.

1. LIST OF STAFF.

The personnel of the medical, dental, nursing and clerical staffs—both whole-time and part-time—is as shown on page 6 of this Report. Where any changes in the composition of the staff have occurred since the previous report, these are also given.

2. GENERAL STATISTICS.

The population of the whole educational area, including the five large Burghs of Airdrie, Coatbridge, Hamilton, Motherwell and Wishaw, and Rutherglen, is estimated at 507,916. The number of schools in the area is as follows:—

(a)	Primary, under Education	n			221
(b)	Secondary, Authority,				21
(c)	i. Special Schools,				11
	ii. Special Classes in Ordinar	y School	ols,		-
(d)	In receipt of grant from Ed	ucation	Auth	ority	
	and under medical inspec	tion,			-
Number of	children on the registers,				87,610
Number of	children in average attendar	ice,			79,079

During the year under review, a new school (St. Columba's R.C.) was opened at Viewpark, in the Parish of Bothwell, to serve the new housing schemes in that area. This school has a recognised classroom accommodation for 600 pupils. A new school for Roman Catholic children in Lanark, with a recognised classroom accommodation for 460 pupils, was also opened towards the end of the session. This school replaces the former school (St. Mary's) in the district which had become unsuitable for educational purposes. Many additions to and improvements of present school buildings were carried out during the year by the Education Committee's Architectural and Works Departments.

3. SANITARY CONDITION OF THE SCHOOLS.

It was hoped to be able in this Report to give a systematic survey of this subject but, owing to the exigencies arising from the present emergency, this has not been found possible. In a future report the various branches of all that is embraced under the heading "Sanitation of the Schools" will be dealt with. It is sufficient, meantime, to state that the sanitary condition of the schools in the County (including the large Burghs) is satisfactory. Strict supervision continues to be maintained over all matters affecting the general sanitation, heating, lighting, cleaning, etc., of all school premises.

4. ORGANISATION AND ADMINISTRATION.

A. System and Extent of Medical Inspection and Treatment.

The staff engaged in the medical inspection and treatment of school children in the educational area is as shown on page 6 of this report.

All children in attendance at school who come within the agegroups laid down each year by the Department of Health are subjected to full medical examination, and the findings of the examination are recorded by the examining medical officer on the child's record card. These age-groups constitute the "routine" examinations. In addition to the examination of these "routine" cases, any pupil may be presented by the class teacher or by the parents for special examination for some suspected defect. Such cases are known as "non-routine," and they constitute a very considerable proportion of the total number of pupils examined.

Should the medical officer discover any routine or non-routine child to be suffering from a condition requiring treatment or special care, the parents or teachers are notified to this effect. Such a child is kept under regular supervision by the medical officer and is examined at each subsequent visit made to the school till a cure or, if this cannot be expected, improvement of the condition is effected. The supervision exercised by the medical officers does not apply only to cases of actual physical disability, but includes also the scholastic aspect where certain temporary or, it may be, permanent modifications may have to be made in the child's school curriculum.

This, very briefly, summarises the scheme of school medical inspection and supervision, but gives little idea of the many ramifications of the scheme. Fuller details of the scheme will have to be deferred till some future report.

In regard to the treatment of school children, the Committee's scheme provides for dental, visual, ear, nose and throat, minor ailments and orthopaedic treatment. Each of these departments of treatment will be briefly dealt with later in this Report.

- B. System and Extent of Dental Inspection and Treatment. (For detailed account see Section 7 (page 17) of this Report).
- C. School Nursing and Arrangements for "Following up."

The school nursing service consists of 23 fully-trained nurses who devote their whole time to the work of the service. For purposes of administration, 7 are allocated to medical inspection and supervision in schools and 16 to treatment. There is no hard and fast rule, however, in regard to the allocation of duties, and all members of the nursing staff are engaged, for part of their time at least, at the treatment clinics.

The systematic re-visiting of schools by members of the nursing staff ensures a regular supervision in all cases where such supervision is necessary, e.g., cases of neglect or uncleanliness. It has been found that since minor ailments clinics have been established throughout the County the necessity for school visits by the nurses has diminished somewhat, but, on the other hand, home visiting has correspondingly increased. This has been found necessary in order to follow up cases whose attendance at the treatment clinics has been irregular or where attendance has ceased before a cure has been effected. All schools served by a minor ailments clinic, and this now means practically every populous district, are regularly visited by one of the clinic nurses. Thus, early cases of skin, eye or ear trouble are detected and brought under treatment without delay.

D. Co-ordination with Public Health Services.

Close co-operation is maintained between the school medical service and the various public health services in the educational area, that is, the County public health service and the public health services of the five large Burghs. The joint use of clinics operates at Motherwell, Hamilton, Coatbridge, Blantyre, Larkhall, Shotts, Bellshill, and, it is hoped, will also operate at an early date at Baillieston.

The medical officers of health, both of County and Burghs, place their ultra-violet ray clinics at the disposal of the school medical service and undertake the treatment, free of cost, to all school children referred to them in their respective areas. This also applies to all cases of suspected tubercular disease submitted for fuller investigation. On their part, the school medical officers keep the medical officers of health informed of all cases of infectious or contagious disease discovered at school. They also keep a strict supervision over those school children who are "sputum positive" contacts.

Where it has been found advisable to have disinfection of school premises carried out the various sanitary authorities willingly undertake the work.

It is not possible to give in detail all the numerous and varied instances in which co-operation between the two services are being effected. Many of the co-operative acts would appear to be trivial if committed to print, but it is these hundred-and-one minor details which all contribute to the harmonious working of the two services. Where goodwill exists amongst the various officers and a too rigid interpretation of the limiting boundaries of the services is not insisted upon, smooth working of the various schemes can always be effected.

E. Co-operation with Voluntary Bodies.

Co-operation with voluntary bodies and outside agencies is maintained wherever possible. In particular, it should be mentioned that the Society for the Prevention of Cruelty to Children has always freely offered the services of its officers in the investigation of cases of persistent neglect, and the school medical service makes full use of this generous offer. Again, in regard to the after care of physically and mentally invalid children who have been pupils at the Committee's special schools, the various After Care Committees—one for each of the special schools—have worked in close cooperation with the school medical officers and the teachers of the special schools. These After Care Committees are entirely voluntary

and deserve a generous meed of praise for the excellent work which they perform. In connection with school holiday camps the services of senior members of Girl Guides' organisations have been much appreciated.

F. Co-operation with Teachers and Parents.

It has always been recognised that without the fullest cooperation with the head teachers and class teachers of the schools, the scheme of school medical inspection, supervision and treatment would fail to a large extent in its purpose. Hence, it has ever been the policy of the school medical officers to enlist the active sympathy of the members of the teaching staffs in the health and well-being of their pupils and in few instances, indeed, has this co-operation not been generously given.

All parents are afforded an opportunity of being present at the routine examination of their children, but for some years this has not been taken advantage of as fully as might be desired. When, however, a parent is notified to attend at a special examination of her child, it is a rare occurrence for the parent to be absent.

In recent years many of the schools have formed Parent-Teacher Associations, and members of the school medical and dental staffs have frequently given suitable addresses on health matters and dental hygiene to the members of the Associations. It is somewhat difficult to estimate the result of these propaganda addresses, but it is hoped that a generous proportion of the good seed fell on fertile soil.

5. THE FINDINGS OF MEDICAL INSPECTION.

A detailed review of each condition discovered during routine medical inspection will have to be postponed till the present emergency is over, when the pressure on the time of the medical officers may be somewhat relaxed. It is sufficient to say, meantime, that the findings at the medical examination of the children during the past year were much as in recent years, and these have been fully commented upon in former reports.

Table II gives a full statistical record of the findings of the routine age-groups examined during the past year.

Amongst the "non-routine" cases examined at school the following were the numbers found to be more or less in need of

attention:—Clothing unsatisfactory, 99; unsatisfactory footgear, 8; unclean head, 177; unclean body, 57; impetigo (head), 52; other diseases of head, 16; ringworm of body, 1; impetigo (body), 102; scabies, 95; other skin diseases, 189; slight malnutrition, 66; bad malnutrition, 10; oral sepsis, 17; nasal conditions, 299; throat conditions, 256; glands, 56; external eye diseases, 421; visual acuity, 831; ear discharge, 154; defective hearing (slight), 61; speech defect, 40; mental and nervous conditions, 114; heart conditions, 103; lung conditions, 56; deformities, 42; infectious diseases, 24; other diseases or defects, 196.

The work of the school medical officers is not merely confined to the examination of pupils at school and to attendance at the treatment clinics. Examination and report of large numbers of absentee children are undertaken, as well as special examination of cases of malnutrition, applicants for clothing, pupils applying for permission to engage in part-time employment, examinations under the Children and Young Persons (Scotland) Act, pupils desiring admission to residential domestic training centres, examination of Students in Preliminary Training, examination of all pupils in attendance at the special schools, examination of all cases of physical or mental defect prior to admission to a special school or institution, examinations under the Adult Blind Persons Act, etc. The following is a summary of the numbers examined in the above categories:—

(a)	Absentee Children or Irregular Attenders,	238
(b)	Physically and Mentally Invalid Children at Special Schools,	. 1,290
(c)	Physically and Mentally Invalid Children not at Special Schools,	672
(d)	Employment of Children Act,	907
(e)	Children and Young Persons (Scotland) Act,	144
(<i>f</i>)	Necessitous Children (Malnutrition, Boots, Clothing, etc.),	502
(g)	Adult Blind Persons Act,	2
(h)	Members of Education Committee's Staff,	29
(i)	Pupils for Residential Domestic Training,	245
(j)	Students in Preliminary Training,	11

Consultations with parents, running into many hundreds during the year, are a regular practice at the minor ailments clinics where advice is given regarding the present health of the children, diet, future care of the children, scholastic prospects, type of employment suitable after leaving school, and so on.

In connection with the Committee's Holiday Camp Scheme, each participant in the scheme is medically examined on at least two occasions prior to his or her departure to camp. During the past year, when 500 children attended the holiday camps, over 1,000 examinations were conducted by the medical officers. In addition, each of the camps was visited at least once weekly by a medical officer.

6. MEDICAL TREATMENT.

A. MINOR AILMENTS.

As was foreshadowed in last year's Report, the Committee established two new clinics for the treatment of minor ailments during the past year. These clinics are situated at Coatbridge and Bellshill, both densely populated areas. The clinic at Coatbridge is held in the recently built Health Institute, and the rental to be paid for the use of the premises has been satisfactorily adjusted with the Burgh Authority. It may be said in passing that a school dental clinic and a visual clinic are also conducted in the same building. This centralisation of the treatment of the Coatbridge school children for all three conditions has proved very satisfactory.

The clinic at Bellshill is conducted at the Health Institute recently opened there. As in the case of Coatbridge, visual, dental and minor ailments treatment for school children in Bellshill area is centralised at the Institute. At both places there is provision for the administration of artificial light treatment. Bathing facilities are also available, a very great boon in the treatment of diseases of the skin, especially scabies.

There are now 11 clinics for the treatment of minor ailments of school children, 10 of which are staffed entirely by the Education Committee's medical and nursing staffs. One clinic (Shotts) is conducted by the Child Welfare staff of the County, and the local school children attend for treatment by arrangement with the Public Health Department. A new Health Institute is in course of erection

at Baillieston, and it is hoped to establish a minor ailments clinic there during the course of next session (1939-40).

Table VII gives in detail the numbers of children treated at the minor ailments clinics during the year, the total attendances made by the patients, and the nature of the ailments from which they suffered. The following is a summary of the total number of children treated and the attendances made at each clinic:—

Clinic. Airdrie.	Medical Officer. Dr. Darling.	No. of Children Treated. 2,145	Total Attendances. 8,211
Bellshill.	Dr. Cunningha	m. 344	1,389
Blantyre.	Dr. Cormack.	1,701	8,570
Cambuslang.	Dr. Cormack.	2,106	10,529
Coatbridge.	Dr. Darling.	1,190	5,491
Hamilton.	Dr. Mackenzie.	2,034	13,616
Larkhall.	Dr. Mackenzie.	1,169	7,692
Motherwell.	Dr. Young.	1,254	7,943
Rutherglen.	Dr. Cunninghar	n. 2,024	10,976
Wishaw.	Dr. Young.	804	6,986
		14,771	81,403
*Shotts.	Dr. Wilson.	306	2,576
		15,077	83,979

^{*} Conducted by staff of Public Health Department.

In addition to the above, the following attendances were made by pupils at the minor ailments clinics attached to the Committee's Special Schools:—

Drumpark Special School,	 		12,356
Knowetop Special School,	 		9,683
Dalton Special School,	 	***	8,680
Total,	 		30,719

B. DEFECTIVE VISION AND SQUINT.

The routine testing of the visual acuity of all age-group children, with the exception of the entrants group, is undertaken at the time of the school medical examination, and, in addition, any child not included in the routine age-groups, suspected of having impaired vision, may also be presented to the medical officer for vision testing. In the case of the youngest children (entrants), all cases of squint, "peering," or other obvious eye defects are referred for fuller investigation.

Every case requiring expert advice is referred to the Committee's part-time eye specialists, of whom there are four, for full ophthal-moscopic examination, and, where necessary, prescriptions for correcting glasses are issued or advice given regarding other forms of treatment. If spectacles are prescribed, these may be obtained at a special contract price under the Committee's scheme of treatment. In cases of financial hardship, the spectacles may be provided free of cost to the parent.

All children who have had glasses prescribed by the school ophthalmic surgeons are recalled at an early date to have their glasses checked by the eye specialists. This is to ensure that the glasses are exactly in accordance with the prescription issued, that they are of good quality and are properly fitting. No child who comes under the care of the Committee's ophthalmic surgeons and who remains in the education area is lost sight of during the whole of his school life, and he is recalled at regular intervals for observation, and, if necessary, for full ophthalmoscopic re-examination. For the convenience of the pupils, ophthalmic clinics have been established at twenty-three centres throughout the County, as well as at the Committee's special schools.

During the year under review, the ophthalmic surgeons carried out full examination of 2,391 children, and re-examined 5,955. Spectacles were prescribed in 2,083 instances.

Unfortunately, it is not possible in this report to give in detail the very informative statistics submitted by the eye specialists, respecially those dealing with the treatment of squint by partial occlusion and the diminution of permanent corneal opacities due to early and thorough treatment of inflammatory conditions of the eyes

at the Child Welfare Centres and the Committee's minor ailments clinics.

Table VI gives a summary of the work undertaken by each eye specialist during the year.

C. Nose and Throat Operative Treatment.

As was indicated in last year's Report, there are now four centres in the County at which operative treatment for diseases of the ear, nose and throat can be afforded to school children, namely, Calderbank House, Baillieston; the Carnegie Health Institute, Motherwell; the Lady Home Hospital, Douglas; and the Lockhart Hospital, Lanark.

The operative treatment at Calderbank House is undertaken by the Committee's part-time specialist, Dr. Adam, whilst the treatment at Douglas and Lanark is by arrangement with the Directors of the local hospitals who have appointed a visiting surgeon for ear, nose and throat work. At Motherwell, the treatment of school children is by arrangement with the Burgh of Motherwell and Wishaw. The following is a summary of the operative treatment conducted during the year:—

Calderbank House, Baillieston. (Dr. James Adam).

(21. Jimis Intim).		
Number of cases examined,		375
Number of T. & A. cases operated upon,	207	
Number of T. & A. and Ear cases operated upon,	59	
Number of Ear cases only treated,	5	
Number of cases of nasal resection,	2	
Number of cases not requiring operation or where		
operation was deferred,	84	
Number of cases treated for asthma;	18	
	-	375
		-
Carnegie Health Institute, Motherwell.		
(Dr. R. A. Gray).		
Number of operations for Tonsils and Adenoids,		290
Number of attendances made by school children,		866
Time (in hours) occupied by specialist,	***	80
Time (in hours) occupied by anaesthetist,		53

Lady Home Hospital, Douglas.

(Dr. R. A. GRAY).

Number of school children treated for Tonsils and Adenoids,

28

The Lockhart Hospital, Lanark.

(Dr. C. E. Scott).

Number of school children treated for Tonsils and Adenoids, 57

D. ORTHOPAEDIC TREATMENT.

Orthopaedic treatment was given to 70 children at one or other of the following hospitals and special boots or appliances were granted by the Committee at a cost of £174 11s. 6d.:—

Orthopaedic Hospital, Stonehouse.

Royal Hospital for Sick Children, Glasgow.

Victoria Infirmary, Glasgow.

Royal Infirmary, Glasgow.

Royal Hospital for Sick Children, Edinburgh.

Royal Infirmary, Edinburgh.

7. DENTAL INSPECTION AND TREATMENT.

Every pupil in attendance at school, irrespective of age or school attended (primary, secondary, or special school), comes under the care of the Committee's dental staff, and a dental inspection is conducted at least once yearly. Where treatment is considered necessary, this is offered, but no compulsion is brought to bear to have the treatment carried out. Persuasion, of course, may frequently be necessary both in the case of child and parent. Only when the child's health is seriously menaced or where there is evidence of deliberate parental neglect may recourse have to be had to the statutory powers governing such cases.

Treatment is undertaken either at fixed clinics (as in the case of densely populated areas) or by portable dental outfit (as in the case of country schools). In the latter case the head teacher's room or staff room is usually available, or it may be an empty class room, the housewifery room or laundry.

The following is a summary of the operative treatment undertaken by the dental officers:—

Dental Surgeon.		No. of Children Treated.	Extractions (temp. teeth).	Extractions (perm. teeth).	Fillings (Amal. or Cement).	Other treatment. (Cleaning, scaling, etc.).
Mr. Beattie,		3,966	6,168	1,135	1,486	207
Mr. Rankin,		4,005	5,015	1,697	1,490	2,474
Mr. Watson,		4,016	4,484	682	1,233	215
Mr. Kerr,		3,258	3,944	605	573	287
Mr. Gibson,		3,923	5,553	832	1,338	221
Miss Watson,		3,136	3,826	838	747	131
Miss Young, Mr. Reid, Miss Hinshelwood	}*	4,017	4,995	1,173	542	130
	1100	26,321	33,985	6,962	7,409	3,665

^{*} Miss Young resigned her appointment as school dentist on 16th January, 1939, and the work in her area was temporarily undertaken by Mr. Reid, L.D.S., until the appointment of Miss Hinshelwood, L.D.S., to the permanent dental staff on 15th May, 1939.

In addition to the dental treatment of school children undertaken by Mr. Rankin, he treated 15 pre-school children in Hamilton Burgh by arrangement with the Medical Officer of Health of the Burgh.

Table V shows in detail the work carried out by the dental officers during the past year.

8. SPECIAL SCHOOLS AND CLASSES.

The Committee has four schools specially devoted to the education of physically and mentally invalid children, and has also made provision for the education, at various institutions, of other exceptional children whose disability demands specialised educational methods, e.g., blind, deaf-mutes, epileptics, etc. The Committee's four special schools are as follows:—Drumpark (Coatbridge); Dalton (Cambuslang); Knowetop (Motherwell); and Woodburn (Hamilton).

- (a) The number of *physically* invalid children on the registers as at 31st July, 1939, at each of these schools was as follows:—Drumpark, 189; Dalton, 163; Knowetop, 198; Woodburn, 130; a total of 680. In addition, there are 16 children receiving education at Eastpark Home for Infirm Children, Glasgow, and 4 at the Colony for Epileptics, Bridge-of-Weir.
- (b) At the above special schools there are classes for high myope children, the number on the registers being 47. Blind children, or children who are educationally blind, are educated at the Edinburgh Royal Blind School or at St. Vincent's School for the Blind, Tollcross, Glasgow. The number of children at each of these Institutions is 13 and 3 respectively.
- (c) At Woodburn Special School, Hamilton, there are classes for the education of deaf, deaf-mute, or educationally deaf children, the number on the roll being 32. In addition, certain children receive Institutional education, thus:—

St. Vincent's School for the Deaf, Tollcross, Glasgow, ... 20

Langside Deaf-Mute School, Glasgow, 3

Donaldson's School for the Deaf, Edinburgh, ... 21

(d) At each of the Committee's four special schools provision is made for the education of mentally invalid children, the numbers on the registers being as follows:—Drumpark, 110; Dalton, 56; Knowetop, 95; Woodburn, 84; a total of 345. In addition, certain children receive Institutional education, thus:—At Birkwood Certified Institution, Lesmahagow, 6; at St. Charles' Certified Institution, Carstairs, 2; at Larbert Certified Institution, 2.

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

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

- B. Swimming Baths.—Where public baths are conveniently situated practically every school in the neighbourhood takes advantage of the facilities of the swimming ponds, and school swimming clubs are now a recognised feature of organised physical instruction.
- C. Playing Fields.—There has been a steady increase in the number of playing fields attached to schools and inter-school sports are regularly held. Practically all Secondary schools and Advanced Division schools have their own recreation fields, whilst a large number of Primary schools have made arrangements whereby the use of local recreation grounds may be obtained.
- D. School Camps.—During the summer vacation, holiday camps were organised for the pupils. The children were selected from the more densely populated urban areas, and the camps were intended principally for those children who were not likely to obtain a holiday apart from that organised by the Committee. When the scheme was first introduced in the summer of 1938, provision was made for only 200 children, but this summer 500 children were given a week's holiday under the scheme. The Committee's intention is that these numbers shall progressively increase and the period of holiday be extended.

The holiday centres this year were situated at Lanark, Biggar, Douglas, Carnwath and Leadhills, and accommodation was afforded at the Committee's schools where there are good cooking facilities and ample accommodation for sleeping and recreation.

E. Instruction in Personal Hygiene.—Instruction in hygiene forms part of the regular school curriculum, but, in addition, valuable advice is given to the more senior children and to the mothers attending the minor ailments clinics. No opportunity is lost in giving simple instructions in dental hygiene to the patients and parents by the dental staff. Perhaps practical instruction in personal hygiene reaches its highest point of efficiency at the Committee's special schools, where a weekly spray bath is part of the regular school routine, and where the use of the tooth-brush, tidiness of dress, brushing of the hair, and washing of the hands before meals are part of the daily round.

10. OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

Under this heading might be classed the Committee's Scheme of feeding of necessitous children, the milk in schools scheme, supply of clothing, boots, tonic food, etc., all of which are important factors in maintaining the fitness of school children.

At the Committee's special schools all pupils are provided with a forenoon snack, consisting of a biscuit and milk, given at 10 a.m., and a two-course, hot, mid-day meal. Tonic food is also given as a daily routine to all physically invalid children in attendance. During the past year, 93,423 hot mid-day meals were given free at the special schools.

The scheme forecast in last year's report for the providing of hot mid-day meals to children attending ordinary schools came into operation on 15th February, 1939. The trial area selected by the Committee for the scheme was No. 6 School Management Area (Bothwell Parish), and the central cooking depot was located at Bellshill, as this was considered to be the most convenient centre for distribution purposes. The scheme, admittedly a trial venture, has afforded valuable data for any future extension of the scheme to other areas. From the time the scheme actually came into being in February till the 30th June, a period of four and a half months, 56,771 meals were provided free to necessitous school children, as well as a considerable number on a payment basis.

In regard to free milk at school, this was given throughout the year to 1,179 children, and tonic food to 79 children in attendance at ordinary schools.

Free clothing was provided in 54 cases to children who were certified by the school medical officers as being necessitous from the point of view of health.

The distribution of free boots is usually governed by a financial scale of necessity, and during the year under review 11,750 pairs of free boots were granted by the Committee.

As it has been the custom to include in the Report statistics regarding the "Milk in Schools" scheme, it is again given here for the year 1938-39. The table shows the average number of children who partook of milk daily in school during each month of the year. Comparative figures for the year 1937-38 are also given:—

Month.			1938-39.	1937-38.
September	,	 	37,120	35,525
October,		 	36,694	35,093
November	,	 	35,178	34,151
December,		 	34,032	33,404
January,		 	33,600	32,977
February,		 	34,054	35,907
March,		 	35,363	36,324
April,		 	35,760	36,200
May,		 	36,988	37,358
June,		 	34,229	36,873

Propaganda on health subjects, to be really effective, must be continuous and not too obtrusive. The quiet, steady pressure maintained at the clinics (minor ailments, dental and visual) and at the medical examination of the pupils, when both scholars and parents are in a specially receptive mood, undoubtedly yields good results.

A good avenue of approach, however, is through the medium of sport, and especially is this so in the case of boys of, say, eleven years and upwards, when the desire to gain athletic distinction begins to manifest itself. The physical instructors and the teachers in charge of the sports side of school life should emphasize the complete relationship between good physical health and athletic prowess, and the reward of a place in the school team—whether football, swimming, hockey, tennis or gymnastic—should be the goal to be attained. Later, with pupils in their teens, legitimate pride in personal appearance—good carriage, sound dental condition, healthy skin, and good physical development—might well be fostered.

Very little can be said in favour of spasmodic "crusades" in regard to health propaganda, as these generally have little, if any, lasting effect. A lecture, unless the lecturer is exceedingly careful to restrict himself to the more elementary canons of health, is apt to become much too technical. The mysteries of physiology may cause the pupils to "look at each other with a wild surmise," but the matter is soon forgotten by the great majority of the listeners amidst the many distractions of school life. And, in any case, few boys and girls like to be "lectured at."

At prize-giving day, the really whole-hearted and tumultuous applause of the pupils—and especially of the feminine portion of the audience—is almost invariably reserved for the all-conquering sports champion, and only in slightly lesser degree for the other young gladiators who excel in their own particular branch of sport. The dux in classics or mathematics is a star of only the third or fourth magnitude by comparison. This is illuminative and is a clear pointer as to how youthful enthusiasm may be captured.

TABLE I. (1938-39).

Total number of children examined at

			(A) Systematic Examinations.	Other Systematic Examinations.
	Entrants,		8,196	_
Ordinary	Second Age Group,		8,685	_
Schools.	Third Age Group,		8,786	_
	Fourth Age Group,		7	_
Secondary Schools.	Age Group,		488	_
	Total,		26,162	_
(B) Other I	Examinations :—			
Speci	ial (Non-routine) Case	es,	11,641	
	officer, Medic		5,451	
	Total,		17,092	

Number of individual children inspected at systematic (routine) examinations who were notified to parents as requiring treatment (exclusive of uncleanliness and dental caries):—

Entrants,			 	1,493
Second Age Group,			 	1,647
Third Age Group,			 	1,311
Fourth Age Group,			 	1
Secondary Age Group,			 	43
Other systematic exami	inatio	ns,	 	_
	Т	otal,	 	4,495

17.4

TABLE	TABLE II. SYSTEMATIC EXAMINATIONS (1938-39).																																																
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	9						IURO.			Mon		-1				Spor.		Tues		GLANT	23	Ex	TERRES	Distance		100	SERE.	Ditte	*181	Des	receive H	MARKS.			ш	3	1	1 4	Boat				4			- 6	Angersto.		1 8
	No. Econol	100		line.	200	Rigeren	- Bertale	Other Disease	Magnette	Ingetige.	Scalen	Distant	SUCH	Sed Ond Styne	Sar chanzen	Por Trestant (Admids)	Other	Per store store Crossic	Doubless (Tensis)	Operation.	Doctroot	Shiplants. Course.	Cornell	Squite.	College Distance.	Deletter	Pow Softwillow.	Company	Other	Grade E.	Cough Elik	Condo His Condo Hi	Detect. Anna.	Bearing	Declarate	Bat.	ND (Indee	Server D	Pitherine Di	month	Tambo	Tanctonal I	bress Base	Shot Duneaus.	Internation	t Peek	100	ther Count	the Dones
ALL AGES,	26,3	42					Ш																										- 10											11	-	-	-	4	0
d Boys.	4,3	165 1	23	20 30	- 44	1	21	- 4		42	15	124	81	7 2	184	277	137	682	345	336	17	19 1	4	1 100	12	100		26	18	4,156	20		28	7	4	26	7 -	6	2		15	0	24	- 140	100			26 1	
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Perentuge,			10	- 120	06		40	0.5	9.05	0.6	0.3	21	20	03 0	25	31	23	17:3	50	46	04	1-7 0	3 40	15 28	04			0.5	0.0	99-7	63 9	102 6-10	0.5	002		0-1 0-0	0 005	62		93	0.8	47	07	24	9.5	1		63 6	00
Best	4.7	184	115	49 1	92		12	6	3	33	12	112	73	1 0	123	33	14	613	100	275	6	21 1	4	8 146	23	224	375	35	29	4,324	34		15	14	1	53 1	-	1		6	19	16	12	1 87	35	34	-		14 41
Promtage,			40	14 04	21		40	0.0	0.02	0.6	0.3	24	10 0	02 0	26	1-2	22	161	37	60	01	16 0	3 5	2 34	0.5	120	8-6	0-8	0.7	90-4	9.5		0.4	+1	1-05	12 0	- 1	040		01	04	10	05 00	2 10	0.3	0.2	04	04 0	3
23 Ciric	- 4,1	197	94	11 09	50		7	6	2	11	33	10	10	7	61	63	10	660	233	222		66 1	20	H 196	6 35	264	388	30	36	4,300	26	1 -	- 22	- 4		31 3	-	4	-1	4	35	56	,	20	14	5	20	0.000	2 71
Persentage.	100		22	13 15-	2.0		42	0.5		03	0.5	20	20	02 0	10	10	14	25-6	50	51	0.2	15 0	5 0	2 34	0.3	150	8-9	0.7	0.4	10-1	08 0	-02 -	0.5	0.00		99 03	-	-01	0.02	:01	05 1	12 1	0.2	0.9	0.3	01	16.5	06 00	
Boyn	- 6,1	03 3	131	64 10	29	1	3	20	1	7	8	76	62	2 1	11	24	45	538	99	193	7	67	17	6 93	34	234	325	61	13	4,357	16		- 24	10	2 10	10 11		1		2	22	42	5 1	1 44	24	14	24	22	78
25 Perentage.		o 18	29	10 0:	10	0.2	48	6-2	0-02	0.0	9-2	17	10	103 9	20	9-5	10	12.0	22	44	02	15 0	04 0	1 24	0.3	191	7-4	14	0.3	36.7	10		- 03	14	1-14 2	12 0		940	-	0-04	+5 1	100	01 000	1 10	65	4-3	95 4	61	- 12
F Guta	70	123	8E	4 36	102		8	2	1	- 9	3	130	34	4 1	3 53	27	31	578	349	104	8	61 :	22	5 90	23	545	344	46	11	4,360	32	1 -	- 6	4	1 1	35 11			-	2	50	0	4 -	- 23		11	13	B 1	1 11
Perontage,	8		10	01 8	24	-	62	62	0.02	0-2	0-07	30	0.9	01 0	1 17	0-6	97	13-1	34	24	02	14 0	5 0	1 24	0-5	123	2.9	1-0	0.3	19-2	02 0	02 -	0.1	0.2	0 00 4	8 01				0:04	11 1	14 1	- 10	9-3	0.2	0.3	0-3	10 000	19
Bays,		116	000					1				21			-		2	16	2	3		2	2 1	- 3	- 1	44	18.	1	2	315			1	-					-		7	2	2 -	1	3		1	1 -	1 2
Fig. Promage.					01		B	0.3	-			6-0	-		-		96	54	04	16	-	06 0	16 .	- 0.0	0-3	150	57	03	0-6	99-7	0.3		0.5	-					-		22 4	16 0	4 -	0.9	0.9	0.5	03 1	a -	94
Si City		179	- 1	-	-	-	H					8	2	- 3	-		18	0	-	3	-	-	1 -	- 1	2	35	9	-		179			-					1	-	1	2 .	- 5							-
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Hoys.		142:	627	117 0	1 222	2	8	23	2	92	33	333	200	10 6	306	254	292	1,500	600	N13	30	25 6	47 1	5 349	80	1310	116	133	260	13,351	10		52	4	+ 2	4 40			2	17	63 16	M 3	3 2	27.5	33	31	92 7	19 24	239
3 Percentage		200		08 0	1 1000		100	0.2	0-00	0.2	0.3	25	16 1	107 0	2 2 8	10	21	14-0	44	6-1	0-2	17 0	6 0	1 24	0.4	121	7-9	0-0	0.4	10-3	0.5		0.6		1 1	6 02		0.06	1-02	01 7	05 1	2 0	4 0-01	2-0	5-4	0-2	07 6	6 92	15
3 Grav		200		13 1,53			100	22		45		300			220			1,944	736	590	33	192 5	57 F	15 339	- 66	1,144	241	96	37	12,106	80	3 1	80	1	1 16	00 27	2	12	1	23	00 13	4 4	4	110	16	22	58 8	0 13	293
Promotoge			19	01 12	12		63	0.0	044	03	0.2	24	10	02 0	10	10	10	150	5-9	40	0-3	16 0	4 0	1 24	19.5	129	5-3	0.7	0.3	29-4	D6 00	02 046	0.4	1	11 0	E 02	0.60	0-1	040	02 0	PT I	0 0	1 -	2.4	0.3	02 1	0.0	7 01	24
																								*1	intent d	distins :	net incl	uded.																					

TABLE III. (1938-39).

SYSTEMATIC MEDICAL EXAMINATIONS.

CLASSIFICATION.	Enti	RANTS.	SECOND A	GE GROUP.	THIRD A	GE GROUP.	Fourth A	GE GROUP.	Total.			
CLASSIFICATION.	No. of Children.	Per- centage.										
I. Children free from defects,	4,451	54.31	4,416	50.85	4,926	56.07	313	63.23	14,106	53.92		
II. Children (otherwise free from defects) who suffer from:— (a) Defective Vision not worse than 6/12 in the better eye, with or without glasses; or (b) Conditions of mouth or teeth requiring	48	•59	1,071	12:33	1,111	12-65	79	15.96	2,309	8.83		
treatment, (c) Both (a) and (b),	29	·35 —	9	·10 ·01	16 1	·18 ·01	2	·40 —	56 2	·21 ·01		
Total,	77	.94	1,081	12.44	1,128	12.84	81	16.36	2,367	9.05		
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks,	2,328	28.40	2,080	23.95	1,742	19-83	70	14-14	6,220	23.77		
IV. Children suffering from defects where (a) Complete cure may ultimately be expected, (b) Improvement only may be expected,	1,224 116	14·93 1·42	875 233	10·08 2·68	630 360	7·17 4·09	9 22	1·82 4·45	2,738 731	10·46 2·80		
Total,	1,340	16.35	1,108	12.76	990	11.26	31	6.27	3,469	13.26		
Total No. of children Examined,	8,196	100%	8,685	100%	8,786	100%	495	100%	26,162	100%		

TABLE III.

SYSTEMATIC MEDICA

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				The second second				

TABLE IV. (1938-39).

RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

	Disability.	At Ordinary Schools.	At Special Schools or Classes.	Total.
11.	Blind,	-	16	16
£2.	Partially sighted— (a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition, (b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to see	_	51	51
Н	well enough to be taught in an ordinary school,	-	31	31
€3.	Deaf— Grade IIA, Grade III,	171 3 1	- 8 76	171 11 77
社 .	Defective Speech— (a) Defects of articulation requiring special educational measures, (b) Stammering requiring special educational measures,	— 53	- 6	— 59
õ,	Mentally Defective (Children between 5 and 16 years)— (a) Educable (I.Q. approximately 50-70), (b) Ineducable (I.Q. generally less than 50),	67	355	422
В.	Epilepsy— (a) Mild and occasional, (b) Severe (suitable for care in a residential school),	8	30	38
7.	Physically Defective (Children between 5 and 16 years)— (a) Non-pulmonary tuberculosis (exclud-cluding cervical glands), (b) General orthopaedic conditions, (c) Organic heart disease, (d) Other causes of ill-health,	28 245 202 121	41 107 78 440	69 352 280 561
8.	Multiple Defects— (a),	=	*180 †135	180 135

^{*} Mental Defect plus one or more physical defects. † More than one physical defect.

TABLE V.

TABLE VI. (1938-39).

VISUAL TREATMENT.

wing number of children who received full ophthalmic examination, number re-examined, and the number for whom spectacles were prescribed or who were otherwise treated.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Re-examined.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
JOHN A. MORTIMER. Blantyre	83 55 48 13 103 133 87 27 68 192 45	194 132 125 12 246 200 138 83 259 456 88	277 187 173 25 349 333 225 110 327 648 133	80 48 42 11 96 120 75 20 61 165 39	3 7 6 1 7 13 12 7 7 27 6	- - - - - - - - -
Abington Airdrie Baillieston Bellshill Biggar Cambuslang Carnwath Cesmahagow Rutherglen Dalton Special School Drumpark Special School	7 213 89 163 24 88 29 44 80 14 24	70 411 258 524 37 321 41 109 365 35 59	77 624 347 687 61 409 70 153 445 49 83	4 179 77 143 20 73 15 34 70 10	3 29 7 17 3 12 10 8 6 4 8	- 5 5 3 1 3 4 2 4 -
fotherwell	273	541	814	237	36	_
oatbridge	257 232	536 715	739 947	236 212	21 20	=
TOTAL	2,391	5,955	8,346	2,083	280	28



TABLE V. DENTAL INSPECTION AND TREATMENT (1938-39). Number of Attends Attends of Atte | Normal | Park | Normal | Nor 12 prs.
100
225
301
836
241
880
609
612
719
1,066
1,831
1,626
865
10,065 11 yes
110
212
502
744
329
994
783
716
809
846
814
1,839
1,409
507 302 633 1,302 1,803 806 2,969 2,048 1,049 2,106 1,929 3,001 3,060 3,907 1,341 26,880 200 270 570 761 217 968 434 302 411 328 538 1,113 696 96 Ferm 163 353 514 578 135 341 298 296 537 496 507 50 5,040 839. 204. 414. 716. 334. 886. 827. 589. 809. 794. 780. 1,609. 4,53. 9,502. 7 yrs.

116
228
478
722
338
1,044
796
716
792
818
777
1,008
1,421
300
9,004 8 yrs 115 241 653 771 364 966 609 600 907 849 770 1,180 1,256 662 9,713 9 yrs.
107
208
505
681
330
1,207
780
607
863
841
1,114
1,135
489
9,277 116 220 204 743 260 960 608 727 963 863 866 1,148 1,419 446 9,959 13 yes.

114
222
496
783
837
554
631
730
478
1,124
1,438
1,433
685 34 yrs.

51

52

189

194

43

193

45

135

117

296

501

504

606

351

3,347 7,004 1,004 2,007 4,006 6,008 2,000 8,791 6,502 6,127 7,603 7,806 8,682 11,880 13,486 4,275 92,392 70m.
10
40
101
266
32
32
147
74
185
72
463
273
368
43
1,770 283 609 1,275 1,900 834 2,908 2,006 1,680 2,186 1,943 2,863 2,863 2,107 3,635 1,095 400 1,000 1,985 1,963 973 3,365 1,506 1,506 2,600 2,607 2,607 2,502 725 26,321 165 394 249 741 641 601 847 808 701 1,011 1,210 280 8,339 1,262 2,627 1,627 2,958 2,460 1,489 4,162 2,508 2,654 2,653 2,319 3,613 3,329 670 33,965 10 42 27 1 18 — 23 14 77 123 156 251 20 800 62-8 58-3 54-5 57-2 67-9 62-8 58-5 52-9 67-8 52-2 57-9 59-7 58-2 10 138 137 18 79 90 130 118 119 115 1,277 100 43 3,765 5,967 4,084 3,360 6,292 3,892 5,962 7,792 2,167 53,366 - 2 13 4 19 1 47 2,414

