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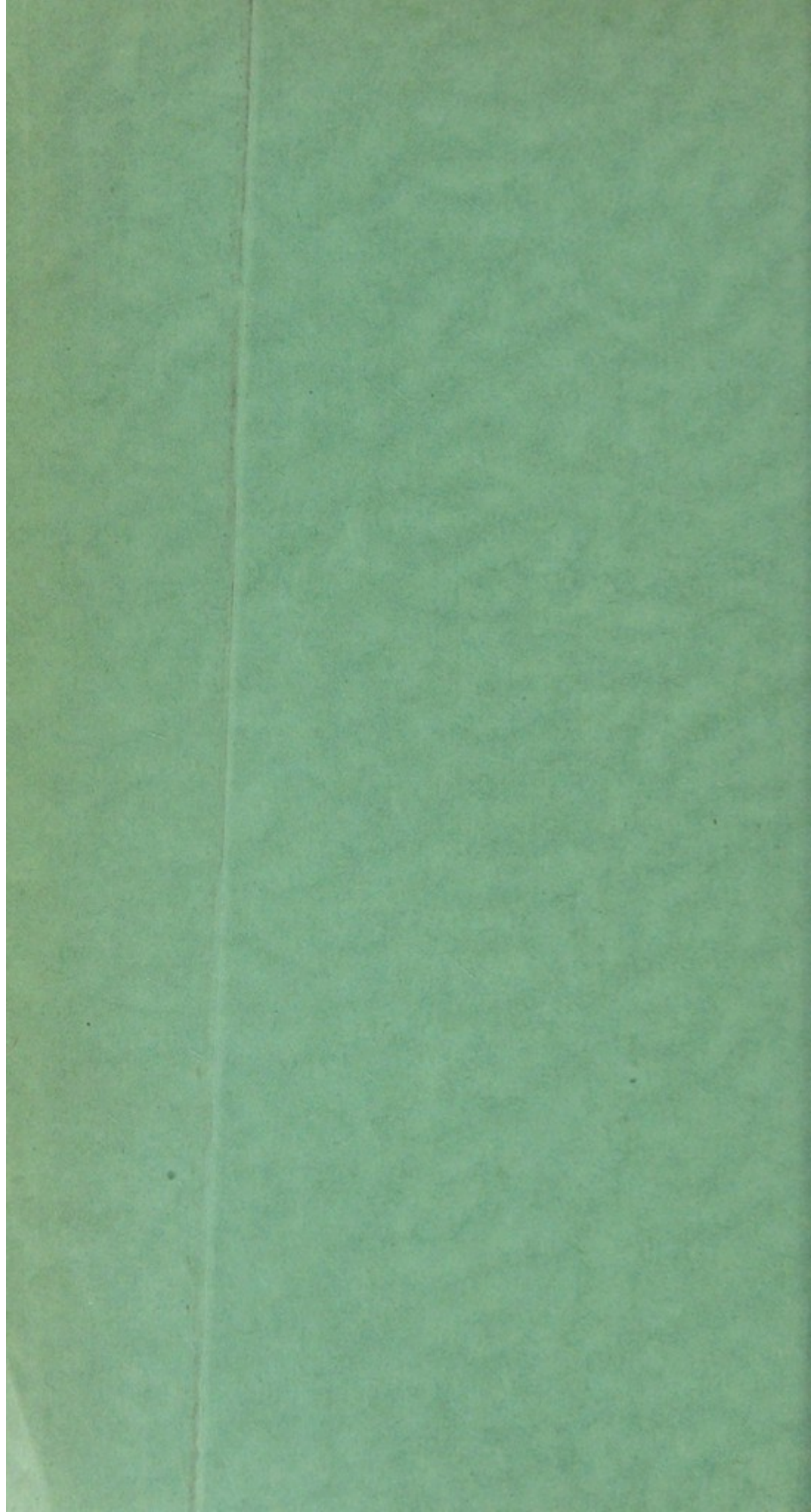
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County Council of the County of Lanark
EDUCATION COMMITTEE

THIRTY-SEVENTH
ANNUAL REPORT

ON THE
MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN



1945-46



County Council of the County of Lanark
EDUCATION COMMITTEE

THIRTY-SEVENTH ANNUAL REPORT

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OF SCHOOL CHILDREN.

1945-46



ROBERT ANDERSON & SONS, LTD., PRINTERS, GLASGOW.

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

I beg to submit the Thirty-seventh Annual Report on the Medical Inspection, Supervision and Treatment of School Children in the County of Lanark for the year ended 31st July, 1946.

This Report is similar to those which have been issued in previous years, but is in a more extended form. Certain sections, which in previous Reports were abbreviated, have been stated in fuller and more detailed terms. The Report contains all of the essential information regarding the working of the scheme during the past year and is in accordance with the recommendations contained in D.H.S. Circular No. 101/1946.

JOHN YOUNG,
Executive School Medical Officer.

SCHOOL MEDICAL INSPECTION DEPARTMENT,
COUNTY OFFICES,
HAMILTON, *December, 1946.*

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Executive School Medical Officer.

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Part-Time Ear, Nose and Throat Specialist.

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MARY M. BENNET.

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JESSIE M'K. BLACK.

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RACHEL DOBIE.

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FLORENCE D. FLEMING.

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JEAN HANNAH GRAY.

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MARGARET C. R. SUTTER.

MARY A. YATES.

Nurses (Temporary Appointment).

MARGARET RUSSELL.	MARY WALLACE
MARIA HUGHES.	EMILY M'GEE
ELIZABETH C. M. M'DONALD.	(j) JEAN L. GREEN.
(k) ISABEL GORDON.	

Dental Attendants.

MARY GOLD.	SARAH M'GHIE.
MARGARET JAMES.	ELIZABETH M'KENZIE.


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(m) JOHN PORTER.	(o) MARION SINCLAIR.
MARY W. BOYD.	JESSIE SPEIRS.
BARBARA MONAGHAN.	HELEN S. STEVEN.

Clerical Staff (Temporary Appointment).

MARK ALLAN.

-
- | | |
|---|---|
| (a) Returned from Active Service,
18/2/46. | (j) Appointed 5/6/44. |
| (b) Resigned 16/2/46. | (k) Appointed 11/3/46. |
| (c) Resigned 8/12/45. | (l) Returned from Active Service,
30/7/46. |
| (d) Appointed 23/4/46. | (m) Returned from Active Service,
24/6/46. |
| (e) Appointed 23/4/46. | (n) Resigned 13/4/46. |
| (f) Resigned 30/4/46. | (o) Appointed 15/4/46. |
| (g) Resigned 31/7/45. | |
| (h) Resigned 3/1/46. | |
| (i) Returned from Active Service,
7/1/46. | |



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**REPORT on the MEDICAL INSPECTION, SUPERVISION,
and TREATMENT of SCHOOL CHILDREN in the
COUNTY of LANARK, for the year ended 31st July,
1946.**

1. LIST OF STAFF.

The personnel of the medical, dental, nursing and clerical staff, both whole and part-time, is shown on page 4 of this Report. Changes in personnel which have occurred since the last report are also indicated.

2. GENERAL STATISTICS.

The number of schools in the educational area is as follows :—

(a) Primary	...	...	...	...	...	211
(b) Junior Secondary	...	...	...	...	...	14
(c) Secondary	...	...	...	...	...	13
(d) 1. Special Schools	...	...	...	...	...	11
2. Special Classes at Certified Institutions	...	...	...	...	...	2
*Number of children on the school registers	...	...	...	...	...	84,666
*Number of children in average attendance	...	...	...	...	...	77,140

*(The figures are taken from the official return for June, 1946.)

3. SANITARY CONDITION OF SCHOOLS.

There has not been any large scale building of schools during the past year. It was only possible to maintain existing fabrics in a satisfactory condition by attention to necessary repairs. These have been carried out as occasion demanded. The sanitary condition of the schools has, on the whole, been satisfactorily maintained but with the wear and tear of years and the difficulty during the war years of renewing structures, a considerable amount of reconstruction of buildings, especially lavatory buildings, will require to be done to satisfy modern requirements. The School Medical Officers, in their tours of duty round the schools, investigate the condition of the premises in regard to heating, lighting, ventilation, the cleanliness of the rooms and lavatories and the adequacy of drinking water and washing facilities. Any premises found to be defective and unsuitable for their purpose are duly reported to the appropriate authority for attention. Any matter which, in the opinion of the Medical Officers, is detrimental to the welfare of the children is noted and steps are taken to secure, if at all possible, a remedy. Heating of schools has been one of the

major difficulties during the past years due to the difficulty of fixing uniform dates of operation and suspension for the whole county. Schools differ widely in their situation, altitude, exposure, etc., and in a corresponding measure in their suitability for habitation by children during cold spells occurring when heating of the schools is normally suspended. Every endeavour was made, however, to adjust matters and no complaint was disregarded. On the whole, it can be said that sanitary conditions in the schools were as good as could be expected during abnormal times.

4. ORGANISATION AND ADMINISTRATION.

A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

As in previous years, inspection of children at schools was carried out in the usual way, four prescribed categories coming under examination. Each child is systematically examined and the findings duly recorded on the official card. The parents are notified of any sufficiently serious defect and advised to seek treatment. Parents are advised of the impending visit of the Medical Officer and have the opportunity of being present at the examination of their children. In addition to the examination of children coming under the specified age groups, special cases are also examined. These are children not due, according to age, for a routine examination but who have been observed by the Headmaster or class teacher to be apparently suffering from some defect, such as inability to see properly, lethargy in class, inability to work up to the usual standard of the class, etc., in fact anything which, in their opinion, appears to indicate the desirability of a medical examination. These examinations are a very important part of the Medical Officer's duties. Visits to each classroom, inspection of the sanitary arrangements, attention to heating, lighting and ventilation and the cleanliness of premises receive the Medical Officer's attention. The quality and cleanliness of milk and the general condition of school meals are observed and any complaints reported on. In short, any circumstance which may have a bearing on the health of the school population comes within the purview of the School Medical Officer.

The various forms of treatment functioned as usual during the past year. These include treatment of minor ailments at school clinics, examination and subsequent operation for diseased tonsils and adenoids, examination and treatment of defective vision,

squint and diseases of the eyes, provision of spectacles by arrangement with opticians at convenient centres, examination and treatment of orthopaedic conditions at clinics and in hospitals, provision of orthopaedic apparatus—special boots and shoes, artificial limbs, etc., provision of consultant advice by arrangement, the supply of tonic food to children in need of such provision, X-ray treatment of ringworm of the scalp, treatment of scabies at special clinics, ultra violet ray treatment by arrangement with the County and Burghal Health Departments and immunisation of school children against diphtheria.

B. SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

This service continued to function as formerly, no change in nature or extent falling to be recorded. Some slowing up and interference with the smooth working of the scheme was due to two resignations from the dental staff and unavoidable loss of time before successors could be appointed.

Fuller details of the working of the Dental Service will be found in Section 7 of this Report.

C. SCHOOL NURSING AND ARRANGEMENTS FOR " FOLLOWING UP."

The nursing staff consists of twenty-five nurses, of whom seven are devoted to medical inspection and eighteen to treatment, but these functions are not exclusive or fixed. Nurses can be, and are, switched from one to the other as the needs of the service demand.

Nurses engaged in medical inspection accompany the Medical Officers on their visits to schools, assisting them by undressing and dressing the children during examination, weighing and measuring, investigating for vermin and dirty conditions, assisting with the testing of visions and the clerical work of records keeping and notification of parents regarding defects found on examination. They also, when time permits, make " following up " home visits in cases of dirty conditions, etc., of contagious skin diseases, etc., and assist at the minor ailments clinics when the Medical Officer is in attendance there. Nurses engaged in the treatment side work at minor ailments clinics, scabies clinics, ultra violet ray clinics, visual clinics, ear, nose and throat clinics, tonsil and adenoid operations, treatment of minor ailments in the special schools, also do regular visitation of schools for the purpose of discovering verminous cases and other conditions which would benefit from

attendance at clinics. "Following up" of children who are not attending clinics regularly is another of their duties. Home visitation of special cases and special visits to schools at the request of Head Teachers are other duties.

"Following up" is the process of supervising and keeping under observation those children who are found on examination at schools, clinics or elsewhere to be in need of treatment and who have been notified to their parents as in need of such treatment. Frequent revisiting of schools by Medical Officers and nurses is an essential part of this procedure. These visits are made as often as it is possible to do so.

D. CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The close co-operation which has been maintained between the School Service and the Public Health Services throughout the educational area for many years continues to play an important part in the fight against disease. That this should be so is essential if the full weight of the forces making for a healthy community are to make themselves felt. The chief points of contact between the services throughout the educational area are as follows :—

- (1) *In the use of common premises as clinics.* This exists in the following instances :—

In the County area—at Larkhall, Lanark, Blantyre, Baillieston, Bellshill, Shotts and Cleland.

In the Burghal area—at Hamilton, Coatbridge and Motherwell.

It is not possible to run all services at these common clinics but as many as can be efficiently conducted are centred there.

- (2) *In the control of infectious diseases occurring in schools.*
- (3) *In the notification of cases of infectious and contagious diseases in schools.*
- (4) *In the treatment of scabies and verminous conditions.*
- (5) *In treatment by ultra violet rays.* The Medical Officer of Health of the County and Burghs afford this treatment free of cost to school children in their areas who are referred to them by the School Service.
- (6) *Use of the X-ray plant at Stonehouse Hospital for the treatment of ringworm of the scalp* is afforded by the County Public Health Department.

- (7) *X-ray examination of school children in chest and other conditions* is carried out on request to the County and Burghal Medical Officers of Health.
- (8) *Examination at schools of children who are "sputum positive" contacts.*
- (9) *Immunisation of school and pre-school children by co-operative arrangements.*
- (10) *Dental treatment of pre-school children in the Burgh of Hamilton* by arrangement with the Burgh Medical Officer of Health.
- (11) *Co-operative use of medical and nursing staffs to a limited extent.*
- (12) *Mass radiography of school children and teachers* carried out by arrangement with the County Public Health Department.

These and other arrangements of a minor nature show the good relations which exist between the various health services.

Harmonious and mutually advantageous relations exist also with the body of general practitioners in the educational area.

Reference to these will be made in other sections of this Report.

E. CO-OPERATION WITH VOLUNTARY BODIES.

One of the most useful forms of co-operative action is the relation between the school service and the Royal Society for the Prevention of Cruelty to Children. A very active liason exists between them and is mutually helpful. A word of thanks is due to this Society for their willing and helpful aid.

The After Care of mentally defective children who are, for any reason, unable to attend special schools is undertaken by After Care Committees which are voluntary bodies. These do excellent work. In pre-war years, an After Care Committee was associated with each of the four special schools, but these ceased to function after the outbreak of hostilities. Since the war ended, one has resumed its activities. It is in active co-operation with Woodburn Special School, Hamilton, and runs an After Care School during the forenoons daily where mentally defective children who have left school or are for some reason unfit for education in the special school are looked after and given very simple training suitable to their needs. This Committee does good work in all matters concerning the welfare of mentally defective children.

The Girl Guides' Association also does good work in getting into contact with physically defective children who are unable,

after leaving special schools to engage in any form of work, and showing them how work, etc., can be done at home. The Girl Guides also have a home and school at Polkemmet House, West Lothian, for the reception of physically invalid children who need residential care. Co-operation with the Red Cross Society and the St. Andrew's Ambulance Association is maintained in connection with classes in home nursing and first aid held in secondary schools. These classes are affiliated to these societies who appoint examiners and issue certificates of proficiency after examinations, according to their regulations.

Co-operation exists also with the voluntary hospitals which admit cases on the recommendation of the School Medical Officers. Supervision and enquiries regarding children who have been treated in hospital are undertaken by the School Medical Service on request from the Almoners of the various hospitals. The active co-operation of the general hospitals, ear, nose and throat hospitals and the eye hospitals is gratefully acknowledged. The Outdoor Mission to the Blind sometimes consults the school service with regard to matters affecting it.

In child guidance, valuable advice and help is freely given by such bodies as the Notre Dame Child Guidance Clinic and the clinic associated with Glasgow University and the voluntary hospitals.

The School Medical Service is frequently asked for information and reports about the conditions of children by associations interested in the welfare of ex-servicemen's children. This receives the attention of the school service.

F. CO-OPERATION WITH TEACHERS AND PARENTS.

The active co-operation of the teachers of schools is essential to the smooth and efficient working of a School Medical Service. The closest co-operation exists between them at the various visits to schools of the medical and nursing staffs. It is part of the usual routine for the Medical Officers and nurses to visit each classroom in the schools being visited. Consultation by the teachers and advice by the Medical Officers is a routine procedure. This applies to all teachers including teachers of physical instruction. In the running of Minor Ailments Clinics, the active co-operation of the teachers in sending children for treatment is of value. In short, the relations between the School Medical Service and the teachers is of the most cordial description, and

any matter of mutual interest is discussed. Grateful acknowledgment is made of the assistance of Head Teachers and class teachers.

The points of contact with the parents are, firstly, at the routine inspection of schools, when they are given the opportunity of being present at the examination of their children. Attendance of the parents is more frequent at the examination of the entrants. After that, they do not attend so frequently as they are aware that anything requiring their attention will be notified to them by the Medical Officers.

Secondly, parents attend frequently at the Minor Ailments Clinics in order to obtain advice and treatment for their children. Another point of contact is when children are examined as special cases either at home or at clinics.

Nurses visiting homes in "follow up" duties give advice to the parents. There is generally a good attendance of mothers at the dental clinics where advice regarding dental hygiene is given.

A combination of parents and teachers in the Parents-Teachers Association hold meetings which are frequently addressed by members of the School Medical Service on some aspect of school medical work. These meetings, disbanded during war years, have been revived and will, no doubt, again become a point of contact between parents, teachers, and school service.

5. THE FINDINGS OF MEDICAL INSPECTION.

The total number of children who were examined at the routine medical inspection of the schools was 24,381. This includes any evacuees who remain in the area. These have now shrunk in numbers, almost to vanishing point, but there are a few still remaining with their foster parents. They are not shown separately anywhere in this report.

Of the 24,381 children examined at routine inspection of the four age groups applicable to the year under review, 12,347 were boys and 12,034 girls. In addition, those children who should have been examined during the year previous and were missed through being absent from school at the Medical Officers' visits were examined. These numbered 1,039 and are shown in a separate column in Table I.

The four age groups of children, entrants, nine year olds, leavers and secondary or higher grade groups were examined. It was not found to be necessary to drop any of the groups. This must be

considered very satisfactory. Details of the number of children examined in the four age groups will be found in Table IA. In addition to the routine examination of children of a specified age, other children in schools not falling within these ages are examined at the request of Head Teachers and class teachers. These are termed special or selected cases and are presented for examination of suspected disabilities noticed by the teachers. They include physical and mental defects. The chief physical disabilities are defects of vision, ear, nose and throat conditions, chiefly tonsils and adenoids, skin conditions, orthopaedic conditions, deafness, speech defects, etc. Requests by parents for examination of their children for conditions noticed at home are common. In short, any child who, in the opinion of the teachers, shows signs of any abnormality can be presented to the School Medical Officer for examination. Mentally retarded children are also examined and noted for more detailed investigation later with a view to admission to a special school. The number of special cases examined was 4,113. Reinspections of children who had previously been noted for some defect are carried out at revisits to the schools. These totalled 4,906.

At routine inspections and revisits to schools, children who suffer from defects sufficiently serious to demand treatment, are notified to their parents as being in need of medical attention or are in need of attention to cleanliness, etc. Opportunity to attend the Minor Ailments Clinics is afforded in suitable cases, and in others, the parents are advised to consult their own family doctor. The number notified was 4,491.

The nutritional state of the children in Lanarkshire is well maintained, and there is no evidence of any deterioration in this respect. All evidence shows that the school children are in good physical condition and have lost nothing of their energy during the war years. The system of rationing with priorities for children of certain essential foods, the attention given to the pre-school children by the Public Health Authorities, and at school the provision of milk and mid-day meals have all contributed to this satisfactory state of health and well being. A special detailed examination of six hundred children in the educational area was carried out at the request of the Department of Health for Scotland. The object was to assess the state of nutrition of groups of children representative of the school children of Lanarkshire. Further reference to this survey will be found in later pages of this Report.

The following table shows the average heights and weights of school children in the educational area as contrasted with the Anthropometric Committee's standards. As will be seen, these figures, if taken as evidence of nutritional condition, are satisfactory :—

AVERAGE HEIGHT IN INCHES.

AGE.	5½		9½		12½	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Anthropometric Committee's Standard ...	41.2	41.0	50.7	50.0	56.0	56.8
County of Lanark ...	42.9	42.3	51.6	50.8	56.6	57.3

AVERAGE WEIGHT IN LBS.

AGE.	5½		9½		12½	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Anthropometric Committee's Standard ...	40.5	40.0	64.9	59.3	79.4	80.2
County of Lanark ...	42.9	41.9	64.3	60.4	83.3	82.3

The following paragraphs show in a systematic manner the number and percentage of children recorded at the routine medical inspection of schools during the year as suffering from specific diseases and disabilities. A comparative percentage for the previous year is also given :—

The clothing of school children shows no deterioration as compared with the previous year, 477 boys and 517 girls, a total of 994 children, were recorded as having defective or insufficient clothing.

<i>Number of children examined.</i>	<i>Number found to have defective clothing.</i>	<i>Percentage.</i>	<i>Percentage last year.</i>
24,381	994	4.07	4.5

Footgear shows a very slightly worse percentage than in the year previous, 94 boys and 19 girls were recorded as having defective footgear.

<i>Number of children examined.</i>	<i>Number found to have defective footgear.</i>	<i>Percentage.</i>	<i>Percentage last year.</i>
24,381	113	0.46	0.43

Uncleanliness of Head.—The total number of children recorded for this condition was 2,728 or a percentage of 11·19. The chief offenders are girls.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage. 1944-45.</i>
24,381	2,728	11·19	10·29

Uncleanliness of head includes all dirty conditions and is not confined to verminous states. The following analysis shows the different conditions present and their respective incidence:—

(1) *Nits recorded.*—This comprises children who have a very few nits in the hair and are receiving attention but are not notified to the parents. The number recorded was 918, a percentage of 3·7.

(2) *Nits notified.*—This refers to children who have considerably more nits in their hair than in Group (1) and are sufficiently numerous to warrant drawing the attention of the parents to their presence and the need for treatment either at home or at the Minor Ailments Clinics. The total was 1,654, or 6·7 per cent.

(3) *Lice and Nits notified.*—This group is comprised of children who, in addition to nits, have vermin in their hair. These cases are much worse than those in Group (1) and (2) and are in need of immediate attention. These totalled 123, or 0·5 per cent.

(4) *Dirty Heads.*—This group is comprised of children who have simply dirty heads but who have no nits or lice present. The number found affected was 380, or 0·15 per cent.

It will be observed that the numbers of really serious neglect (Group 3) are relatively small as compared with the total included under the heading "Uncleanliness of Head." Those cases in Group (2) also need attention, for if neglected, they can easily degenerate into Group (3).

With the number of efficient and easily applied parasiticides now available to the public, there is no reason why this state of affairs should continue. One reason appears to be a fixed idea that a nitty or verminous head is a natural thing in children and is regarded by the parents with complacency. Laziness plays its part also. A very important contributory cause is the deplorable housing conditions of some of the parents and their families.

Uncleanliness of the body.—Includes simple dirty conditions and verminous states. Children suffering from this latter condition are now much less numerous than in the early years of medical inspection. In fact this can now be termed a rare condition. The number recorded was 581 or a percentage of 2·38. This is an improvement on last year's figures. The great majority of these were cases of simple dirtiness and were not verminous.

Ringworm of the Head.—During the year, 23 boys and 1 girl were found at the routine inspection to be suffering from ringworm of the head. These are treated at the Minor Ailments Clinics and also get X-ray treatment at Stonehouse Hospital.

<i>Total children examined.</i>	<i>Number of children affected.</i>	<i>Percentage.</i>	<i>Percentage last year.</i>
24,381	24	0·09	0·08

This shows an increase of 3 children affected as compared with the previous year.

Impetigo Head.—66 boys and 68 girls were found to be affected with this disease, a total of 134.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	134	0·55	0·58

This is a drop of 6 children affected as compared with the year previous.

Other diseases of Head.—This includes all diseases of the skin of the head apart from Ringworm and Impetigo. 69 boys and 42 girls were recorded in this category, a total of 111.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	111	0·45	0·53

Ringworm of Body.—Ten children, 5 boys and 5 girls, were found to be suffering from this condition.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	10	0·04	0·09

This shows a considerable reduction.

Impetigo Body.—82 boys and 36 girls, a total of 118 children, were recorded.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	118	0.48	0.61

A reduction is shown here.

Scabies.—This disease, though on the downgrade, is still prevalent. 156 boys and 131 girls were found to be affected, a total of 287, an increase of 14 from last year's figures.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	287	1.2	1.1

Below will be found a tabular statement of the incidence of this disease for the past ten years.

<i>Year.</i>	<i>No. found at School Inspection.</i>	<i>Percentage.</i>	<i>No. treated at School Clinics.</i>
1936-37	46	.158	436
1937-38	71	.249	656
1938-39	64	.29	1,014
1939-40	138	.56	1,524
1940-41	150	.59	2,527
1941-42	292	1.1	4,473
1942-43	351	1.37	3,980
1943-44	526	2.01	3,685
1944-45	273	1.12	2,709
1945-46	287	1.17	2,444

Cases of scabies continue to be treated at the Minor Ailments Clinics and at special Scabies Clinics. The various public health authorities also assist with treatment.

Other diseases of the Body.—This includes all other skin affections than Ringworm, Impetigo and Scabies. The numbers recorded are boys 436, girls 328, a total of 764.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	764	3.1	3.1

The figures are identical for the previous year.

Malnutrition.—This is the condition above all others which is most carefully looked for, as on its absence depends the health and well-being of the community, the capacity to work and to learn, and the power to resist disease. There is no evidence to show that school children are in a state of sub-normal nutrition, on the contrary, the evidence all points the other way. It is the unanimous opinion of the School Medical Officers that the school children of Lanarkshire are getting sufficient food to maintain them in a satisfactory state of nutrition. The credit for this falls to be allocated to the equitable system of rationing, the priorities granted to children, the extra foods, vitamins, etc., supplied by the local health authorities to pre-school children, and lastly, the provision at schools of milk and midday meals. In the report on school children in Lanarkshire for the year 1937-38, comment is made on the bad condition of the teeth of children entering school. To-day it is the common observation of the members of the dental staff that the dental condition of the entrants to schools is very good and is in striking contrast to what was current in pre-war years. Malnutrition is due to a variety of causes and is not necessarily a result of insufficient food. Cases are grouped under two headings "slight" and "bad." Slight malnutrition includes all cases of children who are somewhat below average nutritional standards. Bad malnutrition means a state of bodily nutrition very much below the average and which is probably due to insufficient or unsuitable food. 254 boys and 248 girls, a total of 502 children, were found to be slightly below par. These are grouped as slight malnutrition. Bad malnutrition was present in 13 cases, 6 boys and 7 girls. Below is a tabular statement of the two categories.

Slight Malnutrition.—

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	502	2.05	2.6

This refers to slight malnutrition and shows a decrease from the year previous.

Bad Malnutrition.—

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	13	0.05	0.04

This shows a slight increase. The figure is very low and must be regarded as very satisfactory.

Oral Sepsis.—192 boys and 158 girls were found to be suffering from this condition.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	350	1.4	1.6

This shows a reduction.

Nasal conditions are grouped under three headings, as follows :—(1) Conditions for future observation (2) Adenoids, and (3) Other diseases.

For observation.—426 boys and 344 girls, a total of 770.

<i>Number of children examined.</i>	<i>Number for observation.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	770	3.1	3.8

Adenoids present.—229 boys and 220 girls were recorded, a total of 449.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	449	1.8	1.5

This shows an increase over the year previous.

Other Diseases of the Nose.—Includes all diseased and abnormal conditions of the nose apart from Adenoids. 374 boys and 239 girls, a total of 613, were recorded in this group.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	613	2.5	2.2

This shows a slight increase.

Conditions of Throat include throats for observation and tonsils for operation.

Observation Throat.—1,924 boys and 1,941 girls, a total of 3,065 children, were recorded for observation of throat conditions.

<i>Number of children examined.</i>	<i>Number for observation.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	3,865	15.8	17.6

Tonsils for Treatment.—744 boys and 868 girls were recorded as needing treatment for diseases of the tonsils.

<i>Number of children examined.</i>	<i>Number found defective.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	1,612	6.6	6.1

Glands are recorded in two groups, those for observation and those for treatment.

For Observation.—

<i>Number of children examined.</i>	<i>Number requiring observation.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	1,675	6.8	12.7

These figures show a very large decrease in the number of children suffering from glandular affections.

Glands for Treatment.—18 boys and 26 girls, a total of 44, were recorded.

<i>Number examined.</i>	<i>Number needing treatment.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	44	0.18	0.23

This also shows a reduction of cases from the previous year.

Diseases of the External Eye.—These include the following conditions :—

	<i>Number examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
Blepharitis	24,381	388	1.6	1.6
Conjunctivitis	24,381	113	0.46	0.27
Corneal Opacities	24,381	16	0.06	0.08
Squint	24,381	458	1.8	1.8
Other diseases of the Eye	24,381	111	0.4	0.4

The above percentages are practically the same as in the previous year, with the exception of an increase in conjunctivitis.

Vision.—Visual defects are classified in two groups "Fair" and "Bad."

Fair Vision.—Comprises children whose visual defect is not worse than 6/9 or 6/12 in the better eye with or without glasses. They numbered 2,110.

<i>Number of children examined.</i>	<i>Number found defective.</i>	<i>Percentage.</i>
* 16,638	2,357	14.16

Bad Vision.—Includes those children whose visual defect is 6/18 or worse in the better eye with or without glasses. They numbered 368.

<i>Number of children examined.</i>	<i>Number found defective.</i>	<i>Percentage.</i>
* 16,638	368	2.2

Those who were in need of examination by the School Ophthalmic Surgeons for errors of refraction numbered 1,246 or a percentage of 5.1.

* Entrants are not included.

Ear Diseases.—Divided into two groups of cases, Otorrhoea or "running ear" and other diseases of ears.

Otorrhoea.—123 boys and 100 girls found to be affected, a total of 223.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	223	0.9	0.9

Other Diseases of Ears.—

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	93	0.38	0.3

These figures are practically identical for the two years. Otorrhoea, which is regarded lightly by numbers of lay people, is really a serious condition leading often to deafness and in more serious cases to mastoid disease, sinus thrombosis and other dangerous head conditions.

Defective Hearing.—Is grouped according to severity in four classes.

(1) Those who can hear the ordinary conversational voice under classroom conditions and do not need any special treatment.

(2A) Those who need a favourable position (front seat, etc.) in class.

(2B) Those who need special training on account of deafness.

(3) Those who, in addition to severe deafness have serious language disabilities (deaf mutism, etc.)

The incidence of these four groups is shown in tabular form below :—

<i>Number of children examined.</i>	<i>Group.</i>	<i>Number found affected.</i>	<i>Percentage.</i>
24,381	1	60	0.25
24,381	2A	84	0.34
24,381	2B	10	0.04
24,381	3	0	0

Groups (2B) and (3) are trained in special schools or institutions

Defective Speech.—Two groups—Defective Articulation and Stammering.

Defective Articulation.—68 boys and 63 girls, a total of 131 children.

<i>Number of children examined</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	101	0.4	0.3

Stammering.—27 boys and 4 girls recorded—total 31.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	31	0.13	0.12

Mental and Nervous Conditions includes :—

Backward Children.—27 boys and 21 girls. These are usually children who are behind in their education through loss of attendance at school by reason of illness.

Dull Children.—Children who are mentally below normal but not mentally defective. Of these, 73 boys and 21 girls were recorded.

Mentally Defective (Educable) Children.—These are children who, on account of mental defect, are unsuitable for education in an ordinary school. They are transferred to special schools. 22 boys and 16 girls were recorded.

Mentally Defective (Ineducable) Children.—Are children who, by reason of pronounced mental defect, are incapable of profiting from education in either ordinary or special schools. They are often given a trial at the special schools before being certified as ineducable. 3 boys and 2 girls were recorded.

Nervous or Unstable.—Of these, 9 boys and 13 girls were recorded.

Behaviour difficult.—Problem children. 4 boys and 4 girls were recorded.

Below is a tabular statement of these conditions :—

<i>Number of children examined.</i>	<i>Number found defective.</i>				<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	Backward	...	...	48	0.19	0.14
24,381	Dull	...	...	94	0.38	0.54
24,381	M.D. (educable)	...	...	38	0.15	0.13
24,381	M.D. (ineducable)	...	...	5	0.02	0.002
24,381	Nervous or unstable	...	...	22	0.09	0.07
24,381	Behaviour difficult	...	...	8	0.03	0.03

Heart Diseases.—Are of three kinds—Congenital, Acquired and Functional.

Congenital Hearts.—13 boys and 12 girls affected, total 25.

Acquired Hearts.—57 boys and 71 girls, total 128.

Functional Hearts.—131 boys and 130 girls, total 261.

In tabular form :—

<i>Number of children examined.</i>	<i>Number found affected.</i>				<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	Congenital Hearts	...	...	25	0.102	0.16
24,381	Acquired Hearts	...	...	128	0.5	0.5
24,381	Functional Hearts	...	...	261	1.07	1.2

This shows a fall in the Congenital and Functional Hearts and an equal number in Acquired Hearts.

Acquired Heart means damage done to the heart by disease, usually Rheumatism or one of the infectious diseases, chiefly Scarlet Fever.

Diseases of Lungs.—3 categories :—

- (1) *Chronic Bronchitis.*—65 boys and 49 girls recorded.
- (2) *Suspected Tuberculosis.*—2 boys and 7 girls recorded.
- (3) *Other Diseases of Lungs.*—373 boys and 228 girls recorded.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	Chronic Bronchitis 114	0.46	0.4
24,381	Suspected T.B. 9	0.03	0.02
24,381	Other diseases of Lungs ... 501	2.46	2.7

The figures do not show any significant change.

Cases of suspected tuberculosis are referred to the M.O.H. of the respective area and to the T.B. Officers for further investigation.

Other diseases of lungs include all lung diseases apart from T.B. and chronic bronchitis.

Deformities.—are grouped as :—

- (1) *Congenital.*—36 boys and 24 girls recorded.
- (2) *Due to Infantile Paralysis.*—11 boys and 13 girls recorded.
- (3) *Due to Rickets.*—95 boys and 47 girls recorded.
- (4) *Due to other causes.*—51 boys and 45 girls recorded.

<i>Number of children examined.</i>	<i>Number found affected.</i>	<i>Percentage.</i>	<i>Percentage 1944-45.</i>
24,381	Congenital 60	0.2	0.2
24,381	Infantile Paralysis 24	0.09	0.13
24,381	Rickets 142	0.58	0.9
24,381	Other causes 96	0.39	0.45

Total number of deformities from all causes was 322 or a percentage of 1.32, as compared with 432 cases in the year previous or a percentage of 1.7.

Infectious Diseases.—3 boys and 4 girls suffering from infectious diseases were encountered in the schools. They were at once excluded from attendance.

Other Diseases and Defects.—This group includes all those diseases and defects which have not been mentioned in the preceding paragraphs. A total of 527 children (249 boys and 278 girls) was recorded. Below will be found a statement of the nature and frequency of the more important of these conditions.

Anaemia 231, enuresis 80, obesity 41, debility 25, laryngitis, tracheitis and pharyngitis 22, goitre 20, rheumatism 20, hernia 13, sprains and injuries 9, gastro enteritis 9, cysts 8, thread worms 4, asthenia 4, coeliac disease 4, tonsilitis 2, and one each of nephritis, acidosis, Bell's paralysis, diabetes, appendicitis, albinism, Glycosuria, dacryocystitis and lipoma.

EXAMINATIONS CONDUCTED BY THE SCHOOL MEDICAL STAFF OTHER THAN ROUTINE SCHOOL EXAMINATIONS.

Routine school examinations are only a part of the total examinations conducted by the School Medical Officers. A great many special examinations for various purposes are undertaken. One of the most important and continuous is the examination of children who are absent from school for periods or are irregular in attendance and who are referred to the School Medical Service by the various School Management Committees for report as to the ability, or otherwise, of the children to attend school. Many of these reports are for Court purposes. The time taken up by these examinations and reports has materially increased during recent years and it often taxes the resources of the medical staff to cope with them. The number of children examined in this section was 815.

Physically and mentally invalid children at the special schools or classes are examined monthly.

During the year, 524 physically defective and 457 mentally defective children were examined and records of their condition and progress at school duly noted.

Before admission to special schools, children are subjected to a detailed examination to determine their suitability, or otherwise, for special education as handicapped children. These examinations, especially of those mentally handicapped, take a considerable time to carry out. The number of children dealt with under this heading was:—physically defective, 103; mentally defective, 73; a total of 176.

Under the provision of the Employment of Children Act, children desirous of engaging in part-time employment, such as milk delivery outwith school hours, must be examined to determine their fitness for this work. During the past year, 201 children were examined.

It is interesting to record that children who engage in part-time employment, especially those who work before school hours, are almost invariably healthy and appear to derive considerable benefit from early rising.

CHILDREN AND YOUNG PERSONS ACT—JUVENILE DELINQUENTS.

Examination of children under this Act is carried out at the Remand Home, Hamilton, to ascertain if they are suffering from infectious or other disease which necessitates immediate treatment. They are also examined to determine their fitness physically and mentally, or otherwise, for admission to Approved Schools or Borstal Institutions. Female young persons are also examined specially to exclude venereal disease. Delinquents who are mentally unsuitable for training in Approved Schools are recommended for institutional care.

With the coming into force on 1/8/46 of the Statutory Rules and Orders, 1946, applying to Remand Homes, a considerable increase in the amount of work and time spent on examinations will accrue, as one of the regulations states that all children and young persons admitted to Remand Homes must be examined within 24 hours of admission and, if going to Approved Schools, must be examined again within 48 hours of discharge from the Remand Home. This means, in the great majority of cases, two examinations instead of one. The number of children and young persons examined under the Act during the past year was 137.

In addition, 7 young persons were examined for Borstal treatment.

Examinations for special reports on teachers, janitors, school cleaners, attendance officers, nurses, clerks, cooks and supervisors at central school kitchens and other members of the Education Committee Staff were carried out in 34 instances.

GUARDIANSHIP CASES.

This includes examination of children (18) taken over by the Education Committee for protective custody and the routine examination twice yearly of boarded-out children (84) in institutions and private houses. The total number examined was 102.

In addition, Wooddean Residential Home, Bothwell, for children under the care of the Education Committee and a similar Residential Home, Flemington House, Uddingston, are regularly visited by one of the members of the School Medical Staff.

The examinations of boarded-out children are carefully carried out, the chief points of enquiry being the state of health of the child, its general appearance and nutrition, the condition and suitability of clothing and footgear, the apparent fitness of the foster parents to have charge of the child, the suitability of the child's sleeping accommodation and condition of bedding, etc., whether the child is obviously happy and any complaints by the foster parents about the behaviour of the children. It is seldom that anything needing correction is found.

NUTRITIONAL SURVEY.

A second survey was carried out at the request of the Department of Health for Scotland similar in all respects to the survey in the year previous but with double the number of children, 600 instead of 300. The categories of children examined were the same, viz., entrants and leavers with further subdivision of these two groups into children whose parents engaged in (1) heavy industry (2) as miners and (3) as farmers and agricultural workers. Two hundred children in each of these groups were examined according to a pre-arranged schedule of points for investigation. These were, with some special modifications, substantially the same as in the year previous. The object of the survey was to discover the standard of nutrition in the children of parents who engaged in representative industries in Lanarkshire and so would give a good cross section of the whole community. The survey was carried out throughout by one Medical Officer and the children examined were taken at random from names provided by the Head Teachers. Full details of this survey will be found in tabular form at the end of this report. The schedules of examination were sent to the Department of Health for analysis.

STUDENTS IN PRELIMINARY TRAINING FOR THE TEACHING PROFESSION.

In accordance with the Regulations for the Preliminary Education, Training and Certification of Teachers of June, 1924, nine girls were examined and reported on as to their fitness to proceed for training. The examination is a very careful and precise one as the candidates will be subjected to subsequent medical examination in the training colleges and if rejected there, they will suffer from disappointment and waste of effort. The standard of physical fitness demanded is high. The commonest defects encountered are visual and dental ones. If untreated, the candidate is referred back for later examination and advised to get immediate treatment. Permission to proceed to training is not granted until defects are remedied. During the past year certification of fitness was delayed in one case.

Necessitous children whose parents apply for clothing, boots, food and tonic food in the form of cod liver oil and malt extract are examined by members of the Medical Staff to determine if, through the lack of these things, the children are unable to take full advantage of the education provided. The number of children granted boots was 2,724. Number granted clothing 58, and the number granted tonic food was 27.

Applicants for admission to the holiday camps are examined on two occasions before they proceed there. The preliminary examination is made when the children's names are submitted by the Headmasters and the second takes place immediately before the children set out for the camps. The object of the first examination is to weed out those who are unfit to go for physical reasons or have conditions which debar them, but are capable of being rectified in time. In this case an opportunity is given to attend the Minor Ailments Clinics for treatment. The second examination is to ensure that all the children are well, are free from infectious disease and fit in every way to proceed to the camps. The number of examinations was 2,535.

DEAF AND DEAF MUTE CHILDREN.

Children from 3 years of age and upward are examined to determine their fitness, chiefly from a mental point of view, for admission to special schools or institutions. The number examined was 5.

Blind children are examined to determine their fitness for education in schools for the blind. They numbered 7.

CERTIFICATION OF INEDUCABLE CHILDREN TO THE GENERAL BOARD OF CONTROL.

These are children who, by reason of severe mental defect, are unable to profit from instruction in special schools or classes. They are reported to the General Board of Control and to the Social Welfare Officer of the district in which they live. Children so certified pass out of the jurisdiction of the Education Authority and pass into the charge of the Social Welfare Officer. A considerable number of these children are given a trial in the special schools before being certified as ineducable. The number was 14.

BLIND ADULTS FOR TECHNICAL TRAINING.

Applicants for technical training are examined to determine their fitness, physically and mentally, to be admitted to training. During the past year, two adults were examined.

One child below school age was examined as to its mental condition.

One boy was examined for the Mercantile Marine.

IMMUNISATION OF SCHOOL CHILDREN.

This was carried out in 20 schools in the County area. The total number of inoculations given was 1,824 and the number of sessions involved was 40.

SPECIAL EXAMINATION OF CHILDREN AT MINOR AILMENTS CLINICS.

In addition to the ordinary routine treatment at the Minor Ailments Clinics a large number of children attends there for special medical examinations. These consist of children brought by parents to consult the Medical Officers about some ailment or disability and to receive advice. Inability of children to take full advantage of education through physical or mental disability is also a reason for attendance at the clinics. Numbers of children are also referred to the School Medical Officers by the general practitioners. The School Attendance Department also sends children for examination as to their ability, or otherwise, to attend school.

A considerable number of those special cases seen at the Minor Ailments Clinics are children who have been previously examined for some disability and are brought back periodically for continued observation. It will be obvious that these examinations add considerably to the ordinary routine work of the clinics. The total number of such examinations during the year under review was 2,105.

6. MEDICAL TREATMENT.

A. MINOR AILMENTS CLINICS.

The twelve established Minor Ailments Clinics functioned as usual during the past year. These are sited at Airdrie, Baillieston, Bellshill, Blantyre, Cambuslang, Coatbridge, Hamilton, Larkhall, Motherwell, Rutherglen, Shotts and Wishaw. Seven of these clinics are held in Health Institutes belonging to the Public Health Department (5) or to the Burghs of Coatbridge (1) and Motherwell (1). The remaining five are sited in buildings belonging to the Education Committee in Airdrie, Rutherglen, Cambuslang, Hamilton and Wishaw. In each of these clinics, treatment is carried out twice weekly by nurses and doctors of the Education Committee Staff with the exception of the clinic at Shotts which is staffed by nurses of the County Public Health Department. In addition, there are ten subsidiary clinics which are sited at convenient schools in the rural districts of the educational area and which serve the needs of the surrounding country. These clinics do useful work in the country area. A mobile clinic also operates, covering several schools in a day. The special schools at Dalton, Drumpark and Knowetop also have a trained nurse in daily attendance who ministers to the minor ailments of the invalid children in attendance there.

The conditions treated at the Minor Ailments Clinics fall into four main groups—eye diseases, ear diseases, nasal conditions and skin diseases. The number of children attending at the clinics was practically identical with the figure for the previous year. The total number treated during the year under review was 17,055 as compared with 17,052 in the year previous. The total attendances made was 85,288 as compared with 93,017 in the previous year. The number of children treated for diseases of the eye was 1,482, of the ear 925, of the nose 277, and diseases of the skin 14,371. The attendances for treatment were—eye diseases, 11,968; ear diseases, 9,513; nasal condition, 2,591; and skin diseases, 61,216.

The incidence of the diseases met within the Minor Ailments Clinics was much the same as in previous years. There was a slight increase in the numbers requiring treatment for conditions of the eye, ear and nose and a drop in the numbers suffering from skin diseases. The considerable drop in the total number of attendances would appear to indicate an increased capacity for recovery.

Skin diseases as usual predominated and formed 84·2 per cent. of all cases.

The total number of children treated at the smaller rural clinics was 4,818, with 29,213 attendances.

The special school at Knowetop, Motherwell, had a trained nurse in daily attendance. The total number of treatments given there was 10,047.

Below will be found a tabular statement of the number of children treated at the various clinics and the number of attendances made :—

Established Clinics.

<i>Clinic.</i>	<i>Medical Officer.</i>	<i>Children treated.</i>	<i>Attendances made.</i>
Airdrie	Dr. Darling	2,161	10,175
Baillieston	Dr. Robertson	1,111	6,639
Bellshill	Dr. Perry	1,472	6,377
Blantyre	Dr. Cormack	1,668	7,428
*Cambuslang	Dr. Cunningham	1,835	8,803
Coatbridge	Dr. Darling	2,779	14,445
Hamilton	Dr. Thom	1,560	7,884
Larkhall	Dr. Thom	938	5,002
Motherwell	Dr. Prentice	936	5,046
Rutherglen	Dr. Cunningham	1,259	6,165
†Shotts	Dr. Wilson	225	1,004
Wishaw	Dr. Prentice	1,111	6,320
		<hr/> 17,055 <hr/>	<hr/> 85,288 <hr/>

* In addition, nurses of the school staff treated 131 children (with 441 attendances) for scabies at the Health Institute, Cambuslang.

† Conducted by the staff of the County Public Health Department.

Subsidiary Clinics.

<i>Clinic.</i>				<i>Children treated.</i>	<i>Attendances made.</i>
Blackwood	...	...	...	222	892
Lesmahagow	...	...	...	387	1,660
Carluke	...	...	...	419	3,812
Carnwath	...	...	...	212	2,267
Lanark	...	...	...	177	1,035
Forth	...	...	...	167	1,700
Stonehouse	...	...	...	545	1,881
Strathaven	...	...	...	1,005	4,888
East Kilbride	...	...	...	736	2,520
Benhar	...	...	...	529	3,662
Mobile Clinic	...	...	...	419	4,896
Total				4,818	29,213

Full details of the number of conditions treated at the Minor Ailments Clinics will be found in Table VII at the end of this report.

Ultra violet ray treatment was afforded in clinics at Blantyre, Baillieston, Bellshill, Cambuslang, Larkhall and Shotts. The Medical Officers of the Burghs also afford, at request, the same facilities for treatment, and thanks are due to them for their willing assistance at all times. During the year under review, the total number of cases treated amounted to 788, with 3,850 attendances in the County area. This figure does not include those cases treated by the Medical Officers of Health in the Burghs.

B. DEFECTIVE VISION AND SQUINT.

The scheme of visual treatment continued to function as in previous years. Children who are found to have defects of vision sufficiently serious to need examination and treatment by the School Ophthalmic Specialists are primarily discovered at the routine medical examination of the schools, either as routine cases or as special cases who have been noticed by the class teachers peering at their books or in other ways showing signs of not being able to see properly. After a preliminary examination by the School Medical Officers to determine roughly the presence and degree of visual defect, the parents of the children concerned are notified and given the opportunity to have further examination and treatment by the Eye Specialists. If the parents consent, they

are notified to bring their children to Visual Clinics situated in convenient centres, on fixed dates and times, for expert examination. Glasses are prescribed for those who need them and advice is given to those who do not need glasses but need other treatment. Spectacles are supplied on the prescriptions of the Ophthalmic Surgeons by opticians with premises sited in convenient places.

Prior to the coming into force of the Education Act, 1945, spectacles were supplied to children of parents above a certain income at contract rates. Children of parents whose incomes fell below the income level were supplied free. Since the inception of the Education Act, all treatment and spectacles, etc., are provided free of cost to the parents.

The Visual Clinics are sited at Abington, Airdrie, Baillieston, Bellshill, Biggar, Cambuslang, Carnwath, Lesmahagow, Rutherglen and Dalton and Drumpark Special Schools, under the care of Dr. Martyn. At Bishopbriggs, Blantyre, Carluke, Chryston, East Kilbride, Lanark, Larkhall, Shotts, Strathaven, Uddingston Wishaw and Knowetop Special School (Dr. Mortimer), and at Coatbridge, Hamilton and Motherwell (Dr. Hill).

All children supplied with glasses are recalled for examination by the Eye Specialists to ascertain if the glasses supplied are according to prescription, are fitting properly and are in every way suitable for their purpose.

Children suffering from Myopia are recalled for examination at frequent regular intervals for observation.

Operative treatment of squints is afforded at the voluntary Eye Hospitals in Glasgow and thanks are due to them for their assistance in the treatment of this and other eye conditions which cannot be treated at the Visual Clinics.

The Ophthalmic Surgeons, in the course of their duties, deal with many other eye conditions than defects of refraction. Some of these are rare conditions.

The number of parents who avail themselves of visual treatment for their children is increasing steadily, and the reluctance of children to wear spectacles is correspondingly decreasing.

The total number of children examined by the School Ophthalmic Surgeons during the year under consideration was 2,037. Re-examinations of children previously supplied with glasses numbered 6,103, and the total attendances of children at

the clinics was 8,140. In 1,894 instances, spectacles were prescribed and the number of children treated otherwise or advised was 115. These figures in each instance show an increase on those of the previous year.

Below is shown a list of eye diseases other than errors of refraction seen by the Eye Specialists at the Visual Clinics :—

Squint (convergent, divergent and alternating), 502, corneal opacities, 30 ; corneal ulcers, 13 ; blepharitis and conjunctivitis, 25 ; nystagmus, 22 ; cataract, 11 ; ptosis, 4 ; hordeolum, 1 ; optic atrophy, 1 ; albinism, 2 ; Microphthalmus, 1 ; detached retina, 2 ; keratitis, 6 ; pseudo-neuritis, 3 ; dislocation of the lens, 1 ; choroiditis, 2 ; congenital defect of iris, 1 ; chalazion, 1 ; coloboma, 2.

In addition, 26 Dutch children living at Glengonnar Camp Abington, were examined by one of the School Ophthalmic Surgeons and suitable correcting glasses prescribed. The Dutch Government defrayed the cost of examination and supply of spectacles.

C. NOSE AND THROAT OPERATIVE TREATMENT.

This service, which is carried on by part-time Ear, Nose and Throat Specialists, has functioned during the year under review with success. The number of parents who take advantage of this service is steadily increasing, an evidence of its popularity and usefulness. Children who are notified to their parents as requiring examination and treatment are summoned to Ear, Nose and Throat Clinics where they are examined by the Ear, Nose and Throat Specialists, and if operation is considered necessary, are operated on at suitable centres. Those who do not need operation are given advice and, if necessary, treatment is carried out at the Minor Ailments Clinics by the School Medical Officers who are advised by the specialists as to the necessary procedure. Priority is given in the matter of operation on the recommendation of the Ear, Nose and Throat Specialists otherwise children are called in order of application. The siting of the operating centres is as follows :—Cleland (Cleland Hospital), Motherwell (Carnegie Health Institute), Douglas (Lady Home Hospital), Lanark (Lockhart Hospital) and Biggar (Kello Hospital). The clinics at Cleland Hospital and at Motherwell Health Institute serve the industrial areas and those at Douglas, Lanark and Biggar the rural areas of the County. At

Cleland Hospital and Motherwell, Carnegie Health Institute children are operated on weekly. The nursing staff is supplied at Cleland and Motherwell by the respective clinics with assistance from the School Nursing Staff.

The following tabular statement shows the number of children operated on at the operating centres and the conditions they suffered from :—

Cleland Hospital.

(Dr. R. A. GRAY.)

Number operated on for enlarged tonsils and adenoids ...	240
Number treated without operation	—
Number treated for ear condition	6
	<hr/>
	246
	<hr/>
Number of attendances made by patients	615

Carnegie Health Institute, Motherwell.

(Dr. R. A. GRAY.)

Number operated on for enlarged tonsils and adenoids ...	307
Number of attendances made by patients	1,035
Time occupied by surgeon—hours	88
Time occupied by anaesthetist—hours	58

Lady Home Hospital, Douglas.

(Dr. R. A. GRAY.)

Number operated on for enlarged tonsils and adenoids ...	37
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Lockhart Hospital, Lanark.

(Dr. C. E. SCOTT.)

Number operated on for enlarged tonsils and adenoids ...	97
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D. ORTHOPAEDIC SCHEME.

The orthopaedic scheme functioned throughout the year. More and more parents are taking advantage of this service which is open to all children in the educational area. Good work has been done in the treatment of crippling conditions. Central clinics are sited at the County Hospital, Motherwell, and at Stonehouse Hospital, and subsidiary clinics at convenient centres in the County and Burghs. Orthopaedic surgeons can be consulted at the central clinics and a Consultant Orthopaedic Surgeon is available when necessary. Hospital treatment is carried out at

Stonehouse Hospital and at Philipshill Hospital. After-care of cases is performed by orthopaedic sisters who attend at After-Care clinics and also do domiciliary visitation in certain cases. Special boots, artificial limbs and orthopaedic appliances are provided and operative treatment given in suitable cases.

The following statement shows the number of children examined and treated at the central and auxiliary clinics and the number treated by operative and other measures at Philipshill and Stonehouse Hospitals :—

<i>Clinic.</i>		<i>First Visits.</i>	<i>Revisits.</i>
County Hospital, Motherwell	... ..	108	151
County Hospital, Stonehouse	... ..	10	102
After-Care Clinics	... ..	63	1,073

Surgical Treatment.

Philipshill Hospital	... ..	19
Stonehouse Hospital	... ..	34

Special boots and appliances were supplied to 57 children by the Education Committee at a cost of £214 17s. 5d. of which £21 19s. 9d. was recovered from the parents.

7. DENTAL INSPECTION AND TREATMENT.

No change in the scheme of dental inspection and treatment throughout the educational area falls to be recorded. Two Dental Officers resigned their appointments on taking up other work and in consequence, some interruption of service was unavoidable before other dentists could be appointed. A considerable part of the work was overtaken by the other members of the dental staff. Under normal conditions all children between the ages of five and eighteen are inspected and treated at least once in the course of the year. In a considerable number of schools two examinations are overtaken. Each child is systematically examined and if treatment is necessary due notification is sent to the parents.

During the year under review, the total number of children inspected was 104,620, of these the number notified to their parents for treatment was 54,037. This represents a percentage of 51·6. 27,305 were boys and 26,732 were girls.

The total number of children treated at the Dental Clinics was 13,268, being a percentage of 24·5 of those notified. The percentage of children requiring treatment has shown a tendency to fall during the past few years and is to be attributed to the better dental

conditions amongst school children. The school dentists are of opinion that this is so especially in the entrants group, where a marked improvement is noted. There is also a commendable increase in the willingness to accept conservative treatment rather than extraction. This applies even in the case of the temporary teeth. Twenty-two pupils who required dental treatment under a general anaesthetic were treated at the Dental Hospital, Glasgow, by arrangement. As has been noted in previous years, the number of children accepting treatment for dental defects is higher in the rural districts than in the industrial areas, being 50 per cent. and over in the rural areas and 30 per cent. and under in the industrial districts. Individual schools also vary very much in their numbers accepting treatment. A few cases of Trench Mouth were encountered by the school dentists. These were excluded from school attendance and suitable treatment given. On the whole, the dental condition of the school children is showing progressive improvement and as the state of nutrition is an important factor, the "Milk in Schools" and "School Meals" must be regarded as definite contributory causes.

Full details of the working of the Dental Service will be found on Table V at the end of this report.

In addition to the usual dental inspection and treatment in the upper ward schools, twenty-four Dutch children accommodated at Glengonnar Camp, Abington, were, at the request of the Dutch Government and the Department of Health, treated for dental defects. The Dutch Government bore the cost of the treatment.

Below, in tabular form, will be seen a statement of the work carried out by the Dental Officers :—

<i>Dental Officer.</i>	<i>No. of Children treated.</i>	<i>Extractions (temp. teeth).</i>	<i>Extractions (perm. teeth).</i>	<i>Fillings (Amalgam or Cement).</i>	<i>Other treatment (cleaning, scaling, etc.).</i>
Mr. Beattie ...	2,122	2,264	306	638	347
Mr. Rankin ...	2,033	2,369	363	648	428
*Mrs. Jackman ...	1,366	2,239	128	814	500
†Mr. Hay ...	531	353	98	529	237
Mr. Weatherston	2,181	2,345	402	1,225	366
Miss Hinshelwood	2,386	2,751	375	1,356	154
†Miss Margaret Hinshelwood ...	622	775	67	218	51
Miss Watson ...	2,057	2,128	250	736	545
	13,268	15,224	1,989	6,164	2,628

* Resigned 30/4/46.

† Commenced 23/4/46.

8. SPECIAL SCHOOLS AND CLASSES.

The four special schools continued to function as usual during the year. Although derequisitioned, those buildings which were in military occupation have not yet been made suitable for reoccupation as invalid schools. These are Dalton Special School, Drumpark Special School and part of Knowetop Special School. Woodburn Special School had been restored previously.

It is anticipated that all of the Special Invalid Schools will be rehoused in their original premises and will function fully during the coming year. All services which have been temporarily available at other centres will be restored to the special schools.

The special schools afford facilities for the education and treatment of two groups of children, those who are physically unsuitable for education in ordinary schools and those who are unsuitable by reason of mental retardation. The sources of supply for the special schools are the routine inspection of schools, the Minor Ailments Clinics and special examinations. Children in attendance are conveyed to the special schools by motor buses which pick up the children at fixed points as close to their homes as possible. Children who cannot possibly proceed to these points are picked up at their homes. These cases are not many.

All children get a midday hot meal as well as milk and in certain cases tonic food, in the form of Virol, etc., is supplied. Rest rooms and baths form an important part of the special schools and in the matter of treatment of minor ailments a trained nurse is in attendance daily. The schools are regularly visited at least once per month by one of the School Medical Officers. A record of each child, both as to its physical condition and scholastic attainment, is kept. Physically invalid children are retained in the special schools so long as their physical condition is such as to render their education in ordinary schools undesirable. As soon as these children are sufficiently recovered in health to permit of their return to ordinary schools they are allowed to do so. Mentally retarded children, from the nature of their disability, remain at the special schools. The leaving age from the special school is 16 years. The number of physically invalid children who recovered sufficiently in health to resume ordinary school attendance was 48.

Those children who, after trial at the mentally invalid section of the special schools are found to be incapable of learning, are

reported to the Board of Control for Scotland as ineducable children.

Deaf mute and educationally deaf children are trained at the School for the Deaf situated in Townhead School, Hamilton. These are day pupils. Children who, on account of transport and other difficulties, cannot attend this school are trained in the Royal Deaf and Dumb Institution, Edinburgh, St. Vincent's School for the Deaf, Tollcross, Glasgow, and Langside Deaf and Dumb Institution. These are all residential institutions. The children who attend the School for the Deaf, Hamilton, travel to the school by ordinary service buses except in the case of those in the Drumpark Special School area who are collected by the school buses and transferred daily from Drumpark to Hamilton by a special bus. They return to Drumpark in time to be transported to their homes by the school buses.

Blind and educationally blind children are trained at the Royal School for the Blind, Edinburgh, or at St. Vincent's School for the Blind, Tollcross, Glasgow. The last named institution is for Roman Catholic children.

Children who, by reason of infirmity or some crippling defect, are not suitable for training in any of the special schools are admitted to Eastpark Home for Infirm Children, Glasgow. These children must be capable of learning. Mentally defective children are not admitted.

The epileptic child is a serious problem. If the fits are at all severe and not of the mild form known as "Petit Mal" children afflicted are not suitable for training in an ordinary school. The upset to a class in an ordinary school of a child taking epileptic fits is detrimental to the other children and if the fits are numerous it is impossible to have the child at school. These remarks apply also in the case of the special schools to an even greater degree. In the case of Protestant children, training can be got at the Colony of Mercy, Bridge of Weir, provided the child is not mentally retarded. There are no adequate facilities for the training of Roman Catholic children.

Mentally retarded epileptic children who are educable can be accommodated, at present, only in certified institutions. The proper niche for the epileptic child has not yet been provided. Special residential schools or institutions on a regional basis would appear to be the solution to this problem.

Certain children suffering from Myopia or short sightedness are trained in special classes in the invalid schools. All myopes do not need this special provision, only those whose eye condition is progressive and where there is danger of deterioration of vision even to the extent of complete loss of sight. The occurrence of myopia is in direct proportion to the standard of education and consequently is more common in secondary schools than in others. The question as to whether a child should be allowed to pursue its studies at a higher grade school or receive training in a myope class at a special school is one which can only be answered by the School Ophthalmic Specialists. Relegation to the special school means a great loss in education and the desires of the parents and children have to be weighed against possible permanent damage to the eyes and a decision made. This is not an easy matter.

Below will be found a tabular statement of the number of children receiving education in special schools, the *locus* of the schools and the conditions from which the children suffer :—

Physically Invalid Children.

At the four special schools	...	...	...	...	524
At Eastpark Home for Infirm Children, Glasgow	...				7
At the Colony of Mercy, Bridge of Weir (Epileptics)	...				3

Mentally Invalid Children.

At the four special schools	...	...	...	...	457
At Birkwood Certified Institution, Lesmahagow	...				4
At St. Charles' Certified Institution, Carstairs	...	...			6

Deaf, Deaf-Mute or Educationally Deaf Children.

At the School for the Deaf, Townhead, Hamilton	...				30
At the Royal Deaf and Dumb Institution, Edinburgh					19
At St. Vincent's School for the Deaf, Tollcross	...				28
At Langside Deaf and Dumb Institution	...	...			2

Blind or Educationally Blind Children.

At the Royal School for the Blind, Edinburgh	...				6
At St. Vincent's School for the Blind, Tollcross	...				3

Of the children in attendance at the four special schools, 48 recovered their health sufficiently to allow transfer back to ordinary schools.

19 mentally invalid and 18 physically invalid children obtained employment suitable to their condition.

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

A. The physical education of pupils is conducted throughout all primary schools in the educational area by the class teachers supplemented by regular visits of trained physical instructors. The instruction is in accordance with the scheme of physical instruction recommended by the Education Department. In junior and senior secondary schools regular instruction is imparted by trained physical instructors who devote all their time to their duties. All of these schools are possessed of gymnasias which are equipped with all necessary apparatus. Advantage is taken of the special broadcasts to schools of rhythmical exercises set to music. Many schools have their Boy Scouts, Girl Guides and other similar associations which have physical fitness as one of their aims. Swimming is a popular exercise where baths are available. Instruction in country dancing is a valuable means of securing good deportment and co-ordinated physical movement.

B. SWIMMING BATHS.

No school in Lanarkshire has a swimming bath of its own, but where public baths are available and convenient, use is made of them by the surrounding schools. School swimming clubs exist in a considerable number of schools. Swimming has increased very much in popularity and in some districts, notably Motherwell, the fame of its exponents has spread far beyond its own borders. Swimming is an excellent exercise and facilities for training should be available to all schools. Public swimming baths are available and are being used by school children in Hamilton, Motherwell, Airdrie, Coatbridge and Shotts.

C. PLAYING FIELDS.

Playing fields are attached to the secondary schools where football, hockey, tennis, net ball and other outdoor exercises form a regular part of the school routine. Many primary schools have playing fields of their own, but if not they make use of public parks, etc. Inter-school sports and matches where the children compete for shields, cups, etc., are an added incentive to the cult of physical fitness. A notable example of these sports is the Upper Ward School Sports held annually at Carstairs Junction. There the children compete for the honour of their schools and not for personal gain.

D. HOLIDAY CAMPS.

The Committee's holiday camp scheme was carried on as in previous years with the addition of a holiday camp at Glengonnar, Abington. This camp is capable of housing 250 children and advantage was taken of this accommodation to have children resident there for a holiday during the month of July. An innovation in the case of this camp was the extension of the holiday to two weeks instead of one as in the case of the other camps. Two groups of children, each for two weeks' duration, enjoyed the amenities of the camp which is situated in pleasant woodland adjacent to the village of Abington. The other six camps were sited in school premises at Strathaven, Lanark, Douglas, Biggar and Leadhills. The usual age groups of children participated. These were drawn from the industrial areas of the County. So far as possible, children in need of a holiday and whose prospects of getting one were not bright were given a priority. The selection was made by the Head Teachers of the schools participating. Each such school had an allocated number of children which it was entitled to send. All children, before proceeding to the camps, are medically examined on two occasions to ascertain if they are well and suitable for admission. The places of any rejects are filled by reserves. At the camps the children are supervised and looked after by teachers who voluntarily give their services for this purpose. In addition, nurses of the School Nursing Service are, in turn, resident at the camp for invalid children. A weekly visit is paid to each camp by the members of the School Medical Service. The camps are very popular with the children who enjoy the fresh country surroundings and extend their knowledge of the geography of their own county and its natural products. There is no doubt about the beneficial effects from a health point of view.

The number of children who attended the camps during the month of July, was 1,014 and the number of supervisors was 95.

Below is a statement of the position of the camps and the categories of children who were accommodated there :—

Lanark (Lanark Grammar School)—Invalid children from the Committee's four special schools ; first fortnight, boys ; second fortnight, girls.

Lanark (St. Mary's R.C. School)—R.C. Boys' Camp.

Douglas (Douglas West P. School)—Girls' Camp.

Strathaven (Strathaven Academy)—R.C. Girls' Camp.

Leadhills (Leadhills P. School)—Boys' Camp.

Biggar (Biggar H.G. School)—First fortnight, Boys' Camp; second fortnight, Girls' Camp.

Glengonnar Camp, Abington—Periods of two weeks; the sexes were mixed.

The weather was variable, but the children enjoyed the experience. No serious accident or illness occurred.

In addition, 29 children from Wooddean House and Flemington House attended at a holiday camp at Glassford Public School.

E. INSTRUCTION IN PERSONAL HYGIENE.

This forms part of the ordinary school curriculum and, on the practical side, is inculcated by insistence of clean hands at sewing and at the partaking of the school meals. The provision of a good water supply and adequate washing facilities in most of the schools, together with the provision of clean towels, is of importance in affording practical opportunity for the instilling of habits of cleanliness. Medical Officers and nurses at routine and other inspections in schools and in the Minor Ailments Clinics lose no opportunity of pointing out the necessity for personal hygiene. It also forms an important part of the socialising instruction given in special schools, especially to mentally retarded pupils. The provision of spray baths and their regular use in the special schools is an important practical application.

The necessity for cleanliness and care of the teeth and mouth is daily being preached by members of the Dental Staff. The presence of parents at examination of their children is taken advantage of to expound simple rules of hygiene. Formal addresses at Parents Teachers' Association meetings are also a means of fostering the principles of personal hygiene. The cleansing of verminous children at the school clinics is taken advantage of to give advice to parents and children. Home visitation by nurses is also a means of spreading instruction. Direct personal contacts, as opportunity presents, are of greater value than lectures to groups.

The influence of precept and example at the holiday camps is of considerable value.

One of the most important and simple, yet most commonly neglected of hygienic practices, is the washing of the hands, preferably in running water, after visiting the lavatory. If all

children and adults, especially those concerned with the supply or distribution of food, would practise this simple precaution there would be a great lessening of the incidence of gastro-enteritis, dysentery, para-typhoid and all the other infective conditions affecting the intestinal tract.

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

These include the "Milk in Schools" Scheme, the School Meals Service, the provision of tonic food to suitable cases, the supply of boots and clothing to necessitous children, the Rehabilitation Scheme and the Consultant Service.

"MILK IN SCHOOLS" SCHEME.

This scheme has now been in operation since 1935-36 and has maintained its position as a real contribution to the welfare of school children. One of the good results of this scheme is the inculcation in children of the habit of taking milk. The quality of milk supplied to the schools is the highest obtainable and is drawn from farms in the County area so that as little time as possible elapses between production and consumption. The quantity, one-third of a pint, may not appear to be very large, but is nevertheless a valuable extra addition to the daily diet. The number of children who take milk at school has shown a tendency to increase year by year with periods of remission. Most children like milk and derive benefit from it, but there is a small proportion to whom milk appears to be distasteful and produces nausea.

Below is a tabular statement of the monthly consumption of milk compared with corresponding months of the year previous and also of the first year of the scheme :—

<i>Month.</i>	<i>Free Issues.</i>	1945-46.	1944-45.	1935-36.
September	1,261	49,550	56,025	46,122
October	1,384	53,931	60,357	44,294
November	1,261	48,216	56,426	43,214
December	1,244	47,577	52,225	40,010
January	1,266	48,328	53,712	37,729
February	1,262	49,701	53,574	38,385
March	1,268	50,465	54,335	38,621
April	1,334	55,183	55,502	38,847
May	1,287	53,325	50,749	38,910
June	1,427	56,129	52,425	39,200

Though the charge, $\frac{1}{2}$ d. for a third of a pint is not large, where several children in a family participate, it may restrict consumption. It is expected that there will be a considerable increase when, as is proposed, milk free of cost will be available at schools to all children. At present, children in necessitous circumstances are supplied free of cost.

SCHOOL MEALS SERVICE.

The School Meals Service has now progressed beyond the stage of novelty and is now a well established and valuable part of the ordinary school routine. Two systems of supply are in operation throughout the educational area. In one the cooked food is supplied to the schools in bulk, transport being in special containers, from central kitchens and distributed to the children in the schools. In the other system, food is prepared on the school premises and distributed to the children there. The first system operates chiefly in the industrial and more densely populated areas of the County and the second in the rural areas. A high standard both as to quality of food and cooking is aimed at combined with securing that a properly balanced mixed diet is obtained. The meals are supervised by relays of teachers who ensure that due decorum is maintained. Washing of hands before meals is a very necessary hygienic precaution. The children enjoy the meals and they have no doubt been a factor in maintaining the satisfactory nutrition of school children in Lanarkshire. The following facts indicate the extent to which the School Meals Scheme has developed throughout the educational area :—

In 1943 the number of children partaking of meals in school was 29,930 or 34·9 per cent. of children to the average roll.

In 1944 the number increased to 30,282 or 35·4 per cent. of average roll.

In 1945 the total rose to 33,502 or 39·8 per cent. of average roll and during 1946 there was a big increase to 42,869 or 50·4 per cent. of average roll.

The percentage increase from 1943 to 1946 was 15·5.

The number of children partaking of school meals in Lanarkshire in proportion to the total number of children on the registers throughout the whole educational area is much in excess of any of the other large education authorities in Scotland.

The total school population of Lanarkshire is 11·6 per cent. of the total school population of Scotland.

The number of children in Lanarkshire partaking of school meals is 19·4 per cent. of the total for the whole of Scotland.

Lanarkshire is, therefore, with a school population of approximately one-tenth of the whole of Scotland, providing approximately one-fifth of the total number of meals.

CONSULTANT SERVICE.

By arrangement with the County Public Health Department, any case arising in the school population where the diagnosis may be in doubt or where expert advice as to treatment is desirable can be referred to a Consultant Physician at Motherwell County Hospital. Advantage is taken of this facility and the reports received after examination are sent to the family doctor for his information and guidance. It is not uncommon for general practitioners to ask for this assistance. The reports received from the Consultant Physician are of a detailed nature and are valuable guides in the general care and treatment of children, especially those in the invalid schools who, in spite of good surroundings, rest and good food, do not respond and do not appear to be improving in health. The number of children who, during the past year, have been examined and reported on by the Consultant Physician was 17, most of whom were pupils of the invalid schools.

REHABILITATION SCHEME.

This scheme functioned as usual during the year under review. The object of this scheme is to provide children of 16 years who, on account of some physical defect, will have difficulty in competing in the open market for employment, with training to fit them for an occupation suitable to their disability. The children chiefly affected are, of course, invalid physically defective children who have been in attendance at the special schools.

During the past year 3 children were offered facilities for training under this scheme. Two accepted and were interviewed by an official of the Ministry of Labour. One was accepted for training and the other was deferred.

With the coming into force of the Disabled Persons Act the need for a Rehabilitation Scheme will largely disappear. The School

Medical Officers co-operate with the Ministry of Labour under this Act by supplying information regarding the unsuitability of children leaving school to engage in certain forms of occupation. They also recommend for registration under the Act children who, on account of physical or mental disability which will last for longer than six months, will be unable to compete for employment in the open market with their more fortunate fellows. Employers who fall within the provision of the Act must absorb into their employment a fixed quota of these disabled persons. The information, with the parents' consent, is sent to the Ministry of Labour when the child leaves school.

INTENSIVE COURSES IN FIRST AID AND HOME NURSING.

These classes which are held in secondary schools for pupils who have sat their leaving certificate examination were conducted as usual during the year under review. The classes are held in the interval between the written part of the leaving certificate examination and the summer holidays. Owing to the lateness of Easter and the holiday period, the time for these classes was restricted and some difficulty was experienced in fitting them in in the time available especially if both First Aid and Home Nursing classes were held. The extension of the leaving certificate examination into this period further complicated matters. It will be necessary, in future, to have the classes started immediately after the written part of the leaving certificate examination to give the pupils a reasonable period to absorb the instruction given. Some difficulty was also experienced in getting suitable demonstrators for the First Aid classes. In previous years these had been got from casualty service personnel at First Aid Posts, etc., where trained people were available during the day, but since the end of the war and the disbanding of civil defence personnel, suitable people are not usually available during school hours. In spite of these difficulties the classes were held as in previous years, the usual affiliation with the St. Andrew's Ambulance Society in the case of First Aid Classes and with the Red Cross in the Home Nursing Classes was maintained. Examinations were conducted at the end of each course of lectures and demonstrations, certificates and medallions being gained. As usual, the First Aid classes were more popular than the Home Nursing ones.

The children were enthusiastic in their work and earned the commendation of lecturers and demonstrators. The number of pupils who enrolled in the First Aid classes and Home Nursing

classes was 255 and 85 respectively. The results of the examinations were very satisfactory. Of 185 who completed the First Aid course and were admitted to examination, 161 gained proficiency certificates and 21 gained medallions. In Home Nursing the number enrolled was 85, the number completing the course and presented for examination was 72. 63 passed on the elementary standard and 6 gained higher awards.

The following tabular statement shows the schools which participated in each course, the number of pupils enrolled, the number who completed the courses and the awards gained:—

Intensive Course in First Aid and Ambulance Work.
(Session 1946.)

<i>School.</i>	<i>Number of Pupils enrolled.</i>	<i>Pupils presented for examination.</i>	<i>Pupils who gained Proficiency Certificates.</i>	<i>Pupils who gained Medallions.</i>
Airdrie Academy ...	47	38	38	—
Bellshill Academy ...	21	15	15	—
Biggar High ...	16	14	9	5
Coatbridge Secondary	32	25	17	8
Elmwood Secondary	40	22	13	6
Lanark Grammar Secondary ...	17	11	11	—
Our Lady's High ...	30	17	17	—
Uddingston Grammar	17	11	9	2
Wishaw High ...	35	32	32	—
	255	185	161	21

Intensive Course in Home Nursing.
(Session 1946.)

<i>School.</i>	<i>Number of Pupils enrolled.</i>	<i>Number of Pupils presented for examination.</i>	<i>Number of Pupils who passed the elementary examination.</i>	<i>Number of Pupils who gained higher awards.</i>
Coatbridge Secondary	20	17	17	—
Elmwood Secondary	28	18	9	6
Hamilton Academy	20	20	20	—
Wishaw High ...	17	17	17	—
Totals ...	85	72	63	6

MINIATURE MASS RADIOGRAPHY.

A notable innovation in the examination of school children occurred during the year under review.

This consisted of the mass X-raying of school children of the age of 15 years and over who are usually found in the secondary schools. The examination of these children was carried out by arrangement with the County Public Health Department whose officials made all arrangements for conveying the children by bus to the County Hospital, Motherwell, where the X-ray unit was stationed and where the actual X-ray photographs were taken. The supervision of all arrangements for the examination of the children by miniature X-ray photography, the interpretation of the films and the re-examination by means of larger films and clinical examination of any children whose X-ray film showed anything abnormal was in the hands of Dr. L. Lang of the County Public Health Department. The co-operation of the Headmasters of the secondary schools was readily given and the children were conveyed to and from the X-ray unit with the minimum of interference with their school work. All arrangements worked very smoothly and the whole scheme was a great success.

The survey was carried out between 20/5/46 and 13/6/46.

The total number of children available for examination in the secondary schools was 1,678—male 989, female 689. Of these, 1,372, 81·7 per cent, accepted examination and were X-rayed. Sex distribution was males 799, or 80·7 per cent., females 573, or 83·1 per cent.

The following tabular statement shows the schools concerned and the numbers and percentage of acceptances from each:—

SCHOOL GROUPS.

<i>School.</i>	<i>Number X-rayed.</i>	<i>Per. Cent.</i>	<i>Male.</i>	<i>Per. Cent.</i>	<i>Female.</i>	<i>Per. Cent.</i>
Airdrie Academy ...	146	100	78	100	68	100
Bellshill Academy ...	41	87·2	22	95·6	19	79·1
Biggar High ...	17	94·4	6	85·7	11	100
Coatbridge Secondary	92	45·3	58	47·1	34	42·5
Dalziel High ...	167	89·7	99	88·3	68	91·8
Elmwood Secondary (Girls' School) ...	51	70·8	—	—	51	70·8
Hamilton Academy ...	299	85·4	182	85·4	117	85·4
Lanark Grammar ...	33	76·7	16	84·2	17	94·4
Larkhall Academy ...	31	81·5	16	84·2	15	78·9
Our Lady's High (Boys' School) ...	124	69·2	124	69·2	—	—
Rutherglen Academy	180	95·2	93	97·9	87	92·5
Uddingston Grammar	53	86·8	32	80·	21	100
Wishaw High ...	138	90·1	73	92·4	65	87·8
Totals ...	1,372		799		573	

Each child had a miniature photograph of the chest taken. If, on examination of these films, anything significant was discovered, the child concerned was recalled for a large X-ray photograph. Clinical examination was also carried out.

In all cases with significant abnormalities the family doctor was, with the parents' consent, informed. Cases requiring dispensary observation or treatment were referred to the appropriate Medical Officer of Health.

The total number of children passed on miniature films (no further action taken) was 1,269 or 92·49 per cent.

The number recalled for large films was 60 or 4·3 per cent.

The total passed on large films was 6.

The number examined clinically was 68 or 4·9 per cent.

The results of the examinations may be tabulated as follows:—

(1) *Tuberculous Lesions.*

A. Lesions requiring no action (Healed Primary Lesions)
26 or 1·89 per cent.

B. Significant Lesions.

- | | | |
|---------------------------|-----|----------------------|
| (a) Requiring treatment | ... | 1 or 0·07 per cent. |
| (b) Requiring observation | ... | 13 or 0·94 per cent. |

(2) *Non-Tuberculous Lesions.*

- | | | | |
|---------------------|-----|-----|-----------------------|
| (a) Cardio-vascular | ... | ... | 4 (previously known) |
| (b) Respiratory | ... | ... | 7 (Bronchiectasis, 3) |
| (c) Scoliosis | ... | ... | 41 |
| (d) Others | ... | ... | 12 |

The housing conditions of the group were good, only 6·9 of the families being in overcrowded houses.

MINIATURE MASS RADIOGRAPHY OF TEACHERS.

The teachers throughout the educational area were also given the opportunity of having X-ray examinations identical with those conducted for the children.

231 schools were involved and the number of teachers available was 2,746—809 males and 1,937 females.

Of these 1,104, 52·6 per cent.—426 males (35 per cent.) and 678 females (40·2 per cent.) accepted examination and were X-rayed at convenient times, between 17/6/46 and 14/9/46.

Following miniature X-ray examination the same procedure as in the case of children was followed.

The results of examination are as follows :—

Recalled for large films—53. Of these no abnormality present—14.

Abnormality not significant (no further action taken).—

(a) T.B. Lesions—9. (b) Non-T.B. Lesions—7.

Lesions probably Tuberculous (family doctor advised).—

(a) For treatment—4. (b) For observation—10.

Lesions probably non-Tuberculous.—

Referred to family doctor—7.

Cardio-vascular Lesions.—

(Previously known)—2.

28 were examined clinically.

Three did not attend for further investigation.

TABLE I. (1945-46).

Total number of children examined at

A. SYSTEMATIC EXAMINATIONS :—						Other Systematic Examinations
Ordinary Schools	{	Entrants	...	...	7,743	389
		Second Age Group	...	...	8,441	273
		Third Age Group	...	...	7,644	365
Secondary Schools	}	Age Group	...	...	553	12
Total					24,381	1,039

B. OTHER EXAMINATIONS :—

Special (Non-routine) Cases	...	...	...	...	4,113
Re-inspections by Medical Officers	...	...	...	...	4,906
Total	...	...	...	...	9,019

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

Ordinary Schools	{	Entrants	...	...	...	...	1,483
		Second Age Group	...	...	...	...	1,629
		Third Age Group	...	...	...	...	1,351
Secondary Schools	}	Age Group	...	...	...	...	28
			Total	...	...	...	4,491

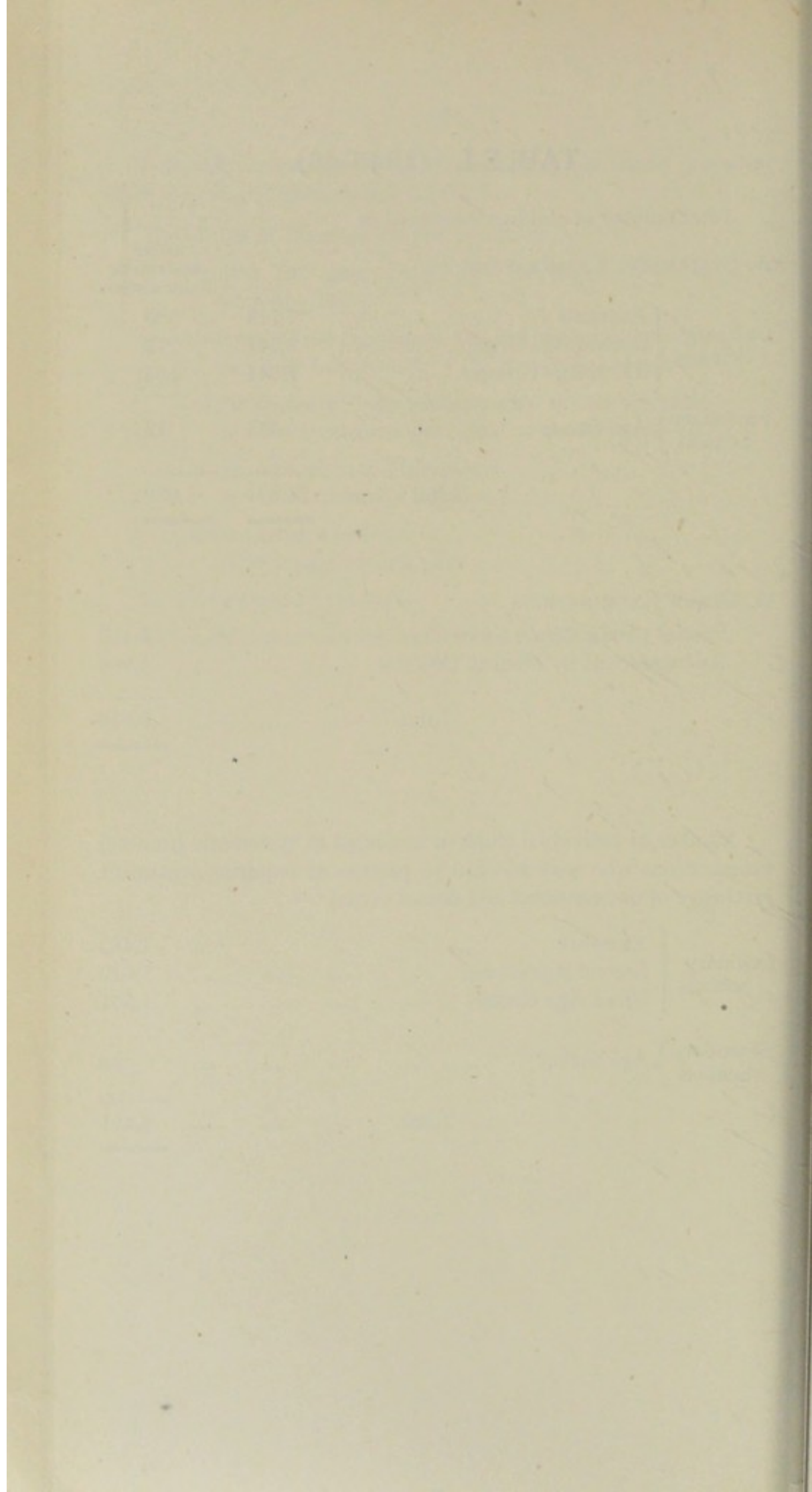


TABLE III. (1945-46)

SYSTEMATIC MEDICAL EXAMINATIONS.

CLASSIFICATION.	ENTRANTS.		SECOND AGE GROUP.		THIRD AGE GROUP.		SECONDARY SCHOOLS AGE GROUP.		TOTAL.	
	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.
I. Children free from defects,	3,428	44.27	3,596	42.60	3,822	50.00	362	65.46	11,207	45.97
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 ;	—	—	1,105	13.09	941	12.31	64	11.57	2,110	8.65
or (b) Conditions of mouth or teeth requiring treatment, ...	65	0.84	58	0.69	41	.54	4	0.72	168	0.69
(c) Both (a) and (b), ...	—	—	20	.24	10	.13	1	0.18	32	0.13
Total, ...	65	0.84	1,183	14.02	992	12.98	69	12.47	2,610	9.47
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks, ...	3,026	39.08	2,642	31.30	1,935	25.31	87	15.73	7,690	31.54
IV. Children suffering from defects where										
(a) Complete cure may ultimately be expected, ...	1,158	14.96	904	10.71	765	10.01	23	4.16	2,850	11.69
(b) Improvement only may be expected, ...	66	.85	116	1.37	130	1.70	12	2.17	324	1.33
Total, ...	1,224	15.81	1,120	12.08	895	11.71	35	6.33	3,174	13.02
Total No. of children examined, ...	7,743	100%	8,441	100%	7,644	100%	553	100%	24,381	100%

TABLE IV. (1945-46.)

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

Disability.	At Ordinary Schools.	At Special Schools or Classes.	Total.
Blind,	—	9	9
Partially sighted—			
(a) Refractive errors in which the curricu- lum of an ordinary school would adversely affect the eye condition,	2	33	35
(b) Other conditions of the eye, <i>e.g.</i> , cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school,	8	11	19
Deaf—			
Grade I,	60	—	60
Grade IIA,	121	—	121
Grade IIB,	10	13	23
Grade III,	—	70	70
Defective Speech—			
(a) Defects of articulation requiring special educational measures,	142	16	158
(b) Stammering requiring special educa- tional measures,	38	1	39
Generally Defective (Children between 5 and 16 years)—			
(a) Educable (I.Q. approximately 50-70),	79	314	393
(b) Ineducable (I.Q. generally less than 50),	8	9	17
Epilepsy—			
(a) Mild and occasional,	20	22	42
(b) Severe (suitable for care in a residential school),	1	2	3
Physically Defective (Children between 5 and 16 years)—			
(a) Non-pulmonary tuberculosis (exclud- ing cervical glands),	18	27	45
(b) General orthopaedic conditions, ...	146	73	219
(c) Organic heart disease,	193	54	247
(d) Other causes of ill-health,	63	208	271
Multiple Defects—			
(a)	—	181*	181
(b)	—	127†	127

* Mental Defect plus one or more physical defects.

† More than one physical defect.

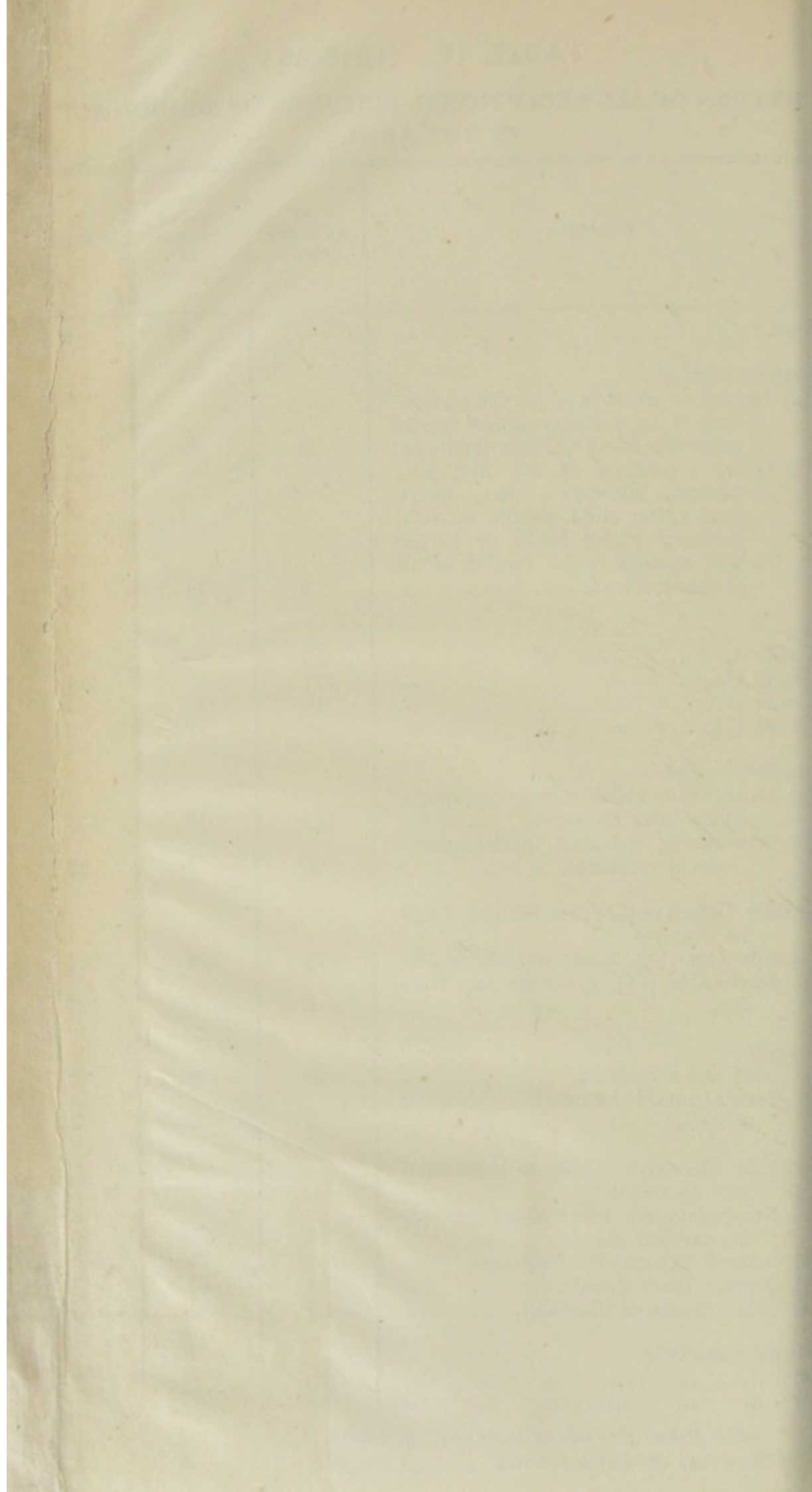


TABLE V.

DENTAL INSPECTION AND TREATMENT (1945-46).

SCHOOL MANAGEMENT AREA	NUMBERS EXAMINED															NUMBERS NOTIFIED		Percentage Reporting Treatment	Number of Pupils Treated	Number of Absences due to Treatment	EXTRACTIONS		FILLINGS				OTHER TREATMENT		Number of General Aesthetic Cases	SERRINGS		CLASSIFICATION OF PATIENTS						
	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	18 yrs.	Total	Boys	Girls				Total	Temp.	Perm.	Amalgam		Cement		Temp.		Perm.	Temp.	Perm.	Temp.	Perm.	Temp.	Perm.	Temp.	Perm.
																								Temp.	Perm.	Temp.	Perm.											
Area No. 1	188	222	217	225	238	216	212	398	165	54	23	20	3	—	1,991	375	336	732	36.7	392	401	428	48	—	143	—	3	—	78	—	44	24	392	—				
" 2	351	367	462	476	436	383	460	342	328	61	7	1	—	—	3,614	699	697	1,366	37.7	836	825	969	117	—	216	—	5	—	111	—	82	25	836	—				
" 3	433	413	499	467	479	476	484	525	563	169	59	19	1	—	4,531	786	776	1,562	34.4	929	952	976	141	—	261	—	16	—	156	—	92	43	929	—				
" 4	852	880	944	886	899	908	829	828	778	181	55	18	11	—	8,659	1,361	1,427	2,788	34.6	581	583	726	76	—	198	—	16	—	297	—	70	79	581	—				
" 5	634	621	748	787	726	691	599	510	531	46	—	—	—	—	5,963	1,831	1,848	3,701	62.0	653	763	733	114	16	313	—	1	—	93	—	93	43	582	71				
" 6	1,341	1,346	1,434	1,446	1,331	1,326	1,381	1,302	1,216	332	132	102	35	10	12,796	3,613	4,038	7,651	59.9	1,305	2,556	2,217	318	—	635	462	71	—	147	1	299	93	1,355	—				
" 7	662	669	682	634	564	615	547	427	390	49	—	—	—	—	5,121	1,670	1,569	3,239	63.2	1,069	1,337	1,658	118	16	279	178	41	—	169	4	147	55	1,642	18				
" 8	980	915	969	1,006	968	949	906	667	555	99	11	—	1	—	8,038	2,557	2,730	5,487	69.0	1,168	1,468	1,263	217	63	618	—	13	—	240	—	176	66	952	256				
" 9	339	380	314	292	282	273	259	157	127	22	—	—	—	—	2,445	1,007	990	2,003	81.9	738	908	923	60	13	279	50	37	1	159	9	168	21	738	—				
" 10	496	531	532	516	608	541	665	489	395	98	28	18	2	—	4,849	929	860	1,786	36.8	882	967	1,063	169	15	247	—	4	3	55	—	192	43	882	—				
" 11	831	869	786	806	756	785	888	933	779	469	169	49	17	2	8,102	3,490	3,334	6,825	84.2	1,093	1,473	1,389	158	16	430	255	133	4	483	8	297	59	1,093	—				
" 12	1,121	1,412	1,338	1,211	1,231	1,142	1,221	1,497	1,627	345	294	144	127	11	12,821	2,090	2,659	4,741	32.3	724	727	899	125	2	292	—	33	—	148	—	99	163	724	—				
" 13	1,837	1,962	2,029	1,984	1,856	1,961	2,021	2,062	2,073	789	372	256	114	18	19,429	4,139	3,544	7,683	39.0	1,840	2,189	1,841	232	64	541	16	29	4	899	—	258	135	1,549	234				
" 14	742	680	723	685	713	704	704	669	784	308	139	61	18	—	6,921	2,542	2,518	5,060	73.0	452	520	458	76	29	216	—	—	—	69	—	63	57	452	—				
Total	19,716	21,219	21,568	21,421	21,178	20,999	21,117	20,616	20,351	3,215	1,271	688	329	41	194,626	27,365	29,782	54,917	51.6	13,268	15,329	15,224	1,969	225	4,578	961	496	12	2,616	22	1,831	828	12,712	556				

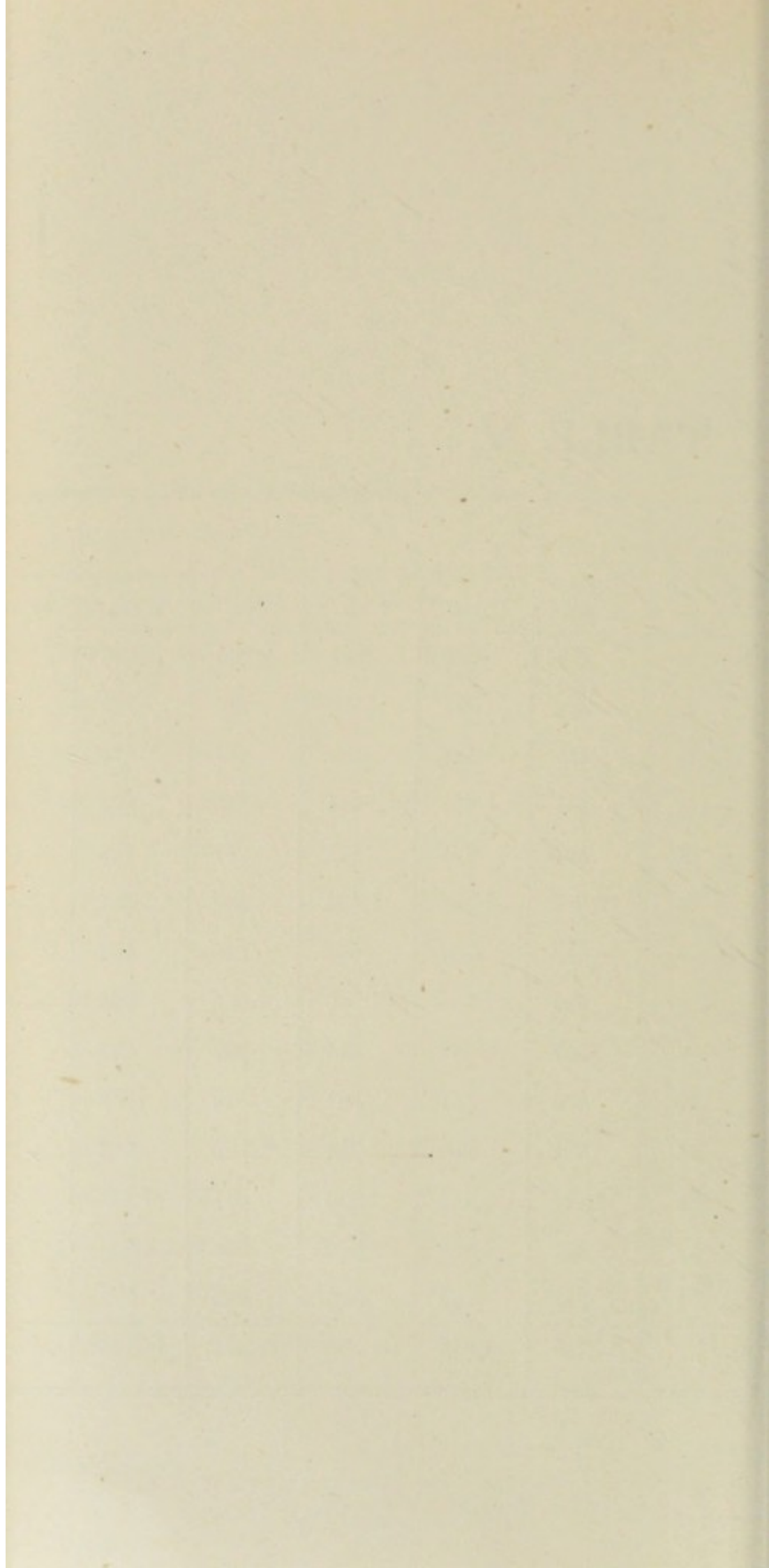


TABLE VI. (1945-46).

VISUAL TREATMENT.

Showing 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.
Dr. JOHN A. MORTIMER.						
Blantyre	75	223	298	73	2	
Cadder	23	65	88	23	—	
(Bishopbriggs and Chryston)						
Carlisle	36	141	177	32	4	
East Kilbride	14	27	41	13	1	
Lanark	73	310	383	70	3	
Larkhall	83	275	358	78	5	
Shotts	91	230	321	87	4	
Strathaven	31	104	135	26	5	
Uddingston	72	269	341	70	2	
Wishaw	173	1,001	1,174	151	22	—
Knowetop Special School ...	12	52	64	11	1	
Dr. H. SOMERVILLE MARTYN.						
Abington	—	—	—	—	—	
Airdrie	235	309	544	206	15	14
Baillieston	46	109	155	42	3	1
Bellshill	152	384	536	136	9	7
Biggar	—	—	—	—	—	—
Cambuslang	142	225	367	142	—	—
Carnwath	18	17	35	14	4	—
Lesmahagow	9	41	50	8	1	—
Rutherglen	114	207	321	103	5	6
Dr. JAMES HILL.						
Coatbridge	259	870	1,129	259	—	—
Hamilton	194	520	714	182	12	—
Motherwell	185	724	909	168	17	—
Total	2,037	6,103	8,140	1,894	115	28

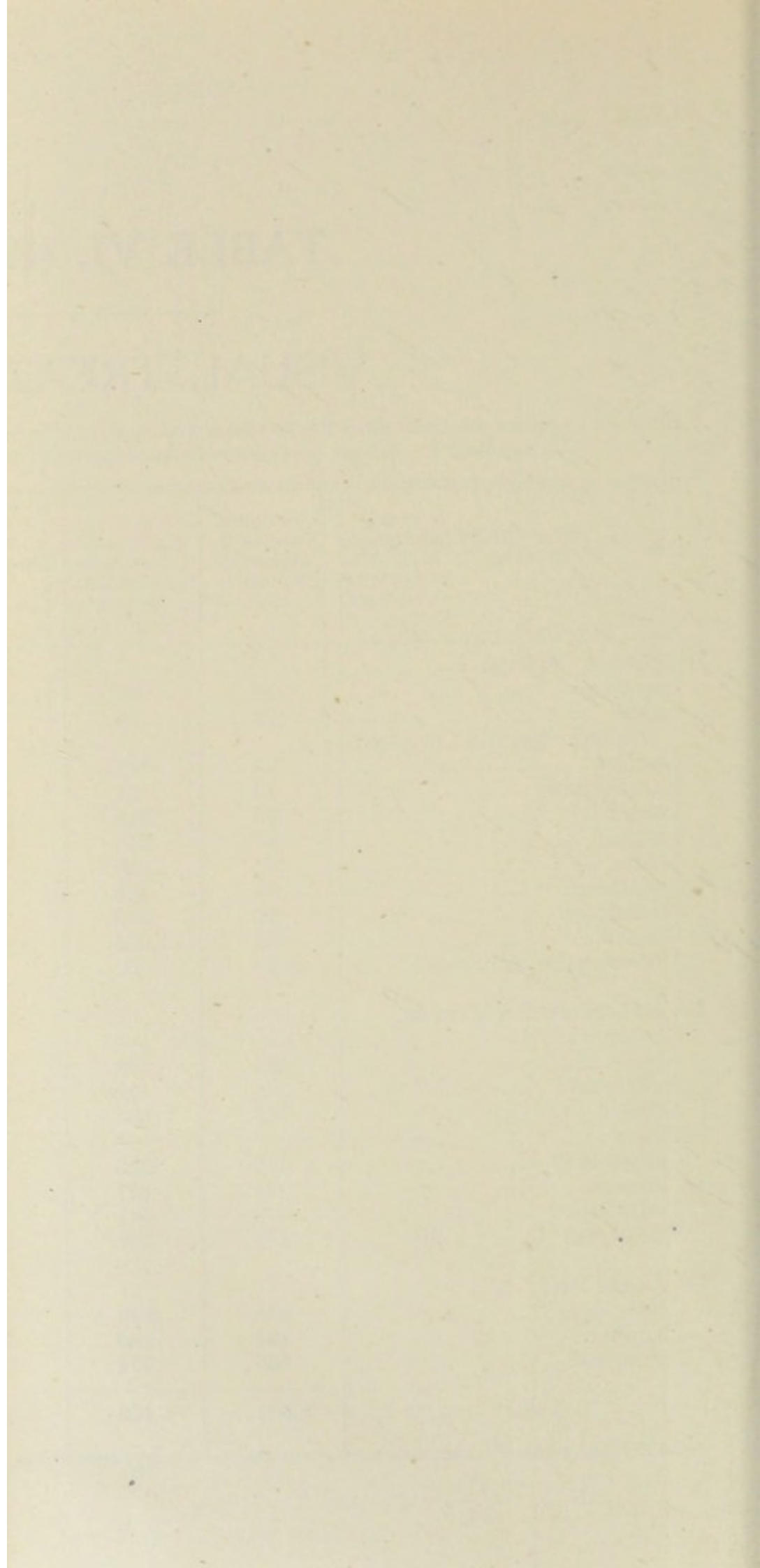


TABLE VII. (1945-46)

MINOR AILMENTS.

SHOWING (a) NUMBER OF CHILDREN TREATED AT EACH CLINIC; (b) TOTAL ATTENDANCES MADE; (c) NATURE OF AILMENT FROM WHICH THE CHILDREN SUFFERED.

	AIRDRE CLINIC			BALLYESTON CLINIC			BELLSHILL CLINIC			BLANTYRE CLINIC			CARBUNSLANG CLINIC			COATBRIDGE CLINIC			HAMILTON CLINIC			LARKHALL CLINIC			MOTHERWELL CLINIC			RUTHERGLEN CLINIC			SHOTTIS CLINIC			WINDYBANK CLINIC		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total			
DISEASES OF THE EYE—																																				
Blepharitis,	36	39	75	27	24	51	42	69	111	25	31	56	49	41	90	78	60	138	26	16	42	14	10	24	28	29	57	18	29	47	12	4	16			
Conjunctivitis,	39	12	51	15	14	29	38	28	66	16	18	34	41	24	65	33	22	55	21	21	42	6	6	12	11	14	25	17	23	27	—	1	19			
Corneal Ulcer,	1	3	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Corneal Opacities,	1	2	3	—	—	—	—	—	—	—	—	—	1	6	7	—	3	5	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—			
Cyclitis and Pterygiae,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Keratitis-Interstital,	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Trachoma,	11	17	28	6	13	19	6	13	19	12	7	19	8	11	19	37	18	55	9	3	12	11	—	26	2	7	26	13	10	23	—	—	—			
Stellion,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other Diseases,	1	1	2	2	3	5	4	1	5	—	—	2	10	5	15	3	1	4	—	—	—	—	—	1	1	—	1	2	1	2	1	—	—			
TOTAL,	62	86	148	52	54	106	90	104	194	52	61	113	117	93	210	135	108	243	59	44	103	31	17	48	42	37	79	31	65	96	13	5	18			
DISEASES OF THE SKIN—																																				
Impetigo Contagiosa,	220	121	341	22	44	66	195	83	278	129	83	212	112	65	177	275	194	469	137	93	230	82	61	143	107	81	188	85	39	124	21	13	34			
Eczema,	2	4	6	17	22	39	—	3	3	6	16	112	13	9	22	4	5	9	17	18	35	11	7	18	7	5	12	14	13	27	—	—	12			
Allegria Acanthosis,	—	—	—	1	2	3	—	—	—	—	2	3	—	1	1	—	—	—	—	1	1	2	—	—	—	—	2	4	1	2	3	—	—			
Scurvy,	108	164	272	47	54	101	43	59	102	80	90	170	35	40	75	212	242	454	109	140	249	63	77	140	105	128	233	32	27	59	65	63	128			
Pedicularis Capitis, with Impetigo,	2	14	16	—	9	9	3	9	12	1	20	21	—	15	15	3	20	23	3	11	14	2	4	6	—	—	—	—	4	9	—	—	—			
Scabies,	2	14	16	—	24	26	1	4	5	3	39	40	3	56	59	3	15	18	4	44	48	5	14	19	2	22	24	—	17	17	—	—	—			
Poliosis Capitis,	25	13	38	18	15	33	43	47	90	10	14	24	9	10	19	24	12	36	2	12	14	5	5	10	11	11	22	12	10	22	1	3	4			
Dermatitis Seborrhoeica,	427	394	821	262	279	541	413	235	648	263	274	537	329	304	633	621	413	1,034	211	215	426	172	170	342	102	76	178	209	247	456	8	7	15			
Wounds and Scars,	—	—	—	4	3	7	—	—	—	—	—	—	3	2	5	1	3	4	2	1	3	—	2	4	1	4	14	—	—	—	—	—	—			
Paronychia,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Other Skin Diseases,	45	43	88	49	35	84	35	47	82	52	71	123	154	118	272	96	109	205	55	69	124	46	61	107	25	28	53	87	78	165	1	2	3			
TOTAL,	843	711	1,554	470	438	908	664	339	1,003	190	634	822	637	616	1,253	1,207	965	2,172	721	619	1,340	347	402	749	333	415	748	612	437	1,049	96	118	214			
DISEASES OF THE EAR—																																				
Chronic Suppurative Inflammation,	49	14	63	29	26	55	39	27	66	31	19	50	29	13	42	59	30	89	49	25	74	18	15	33	34	17	51	23	10	33	2	1	3			
Cerumen Collection,	4	1	5	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Chronic Catarrh,	12	19	31	—	1	1	—	—	—	—	—	—	4	4	8	14	10	24	—	2	2	1	3	4	1	—	3	4	7	—	—	—	—			
Other Diseases,	—	—	—	1	7	8	2	5	7	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
TOTAL,	66	29	95	30	36	66	40	32	72	34	22	56	43	27	70	73	40	103	49	32	81	26	24	50	41	22	55	23	10	33	2	1	3			
DISEASES OF THE NOSE—																																				
Nasal Catarrh,	6	3	9	7	6	13	3	7	10	5	3	8	41	18	59	6	10	16	10	6	16	6	13	19	6	10	16	7	2	9	—	—	11			
Nasal Obstruction,	2	1	3	4	2	6	3	4	7	—	—	—	2	2	4	2	2	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
TOTAL,	8	4	12	11	8	19	6	11	17	5	3	8	43	18	61	8	12	20	10	6	16	6	13	19	6	10	16	7	2	9	—	—	11			
Rheumatism of Head,	194	18	212	4	—	4	3	3	6	5	2	7	1	1	2	37	26	63	3	3	6	1	—	1	—	—	—	—	—	—	—	—	—	—		
Rheumatism of Body,	93	27	120	5	8	13	6	1	7	32	25	57	6	4	10	78	8	86	9	6	15	4	3	7	—	—	—	—	—	—	—	—	—	—		
TOTAL,	287	45	332	9	8	17	9	4	13	37	27	64	7	5	12	110	34	102	12	9	21	5	3	8	—	—	—	—	—	—	—	—	—	—		

* School Nursing Staff also treated 78 Boys and 53 Girls, who made 441 attendances, at The Health Institute, Cambuslang.

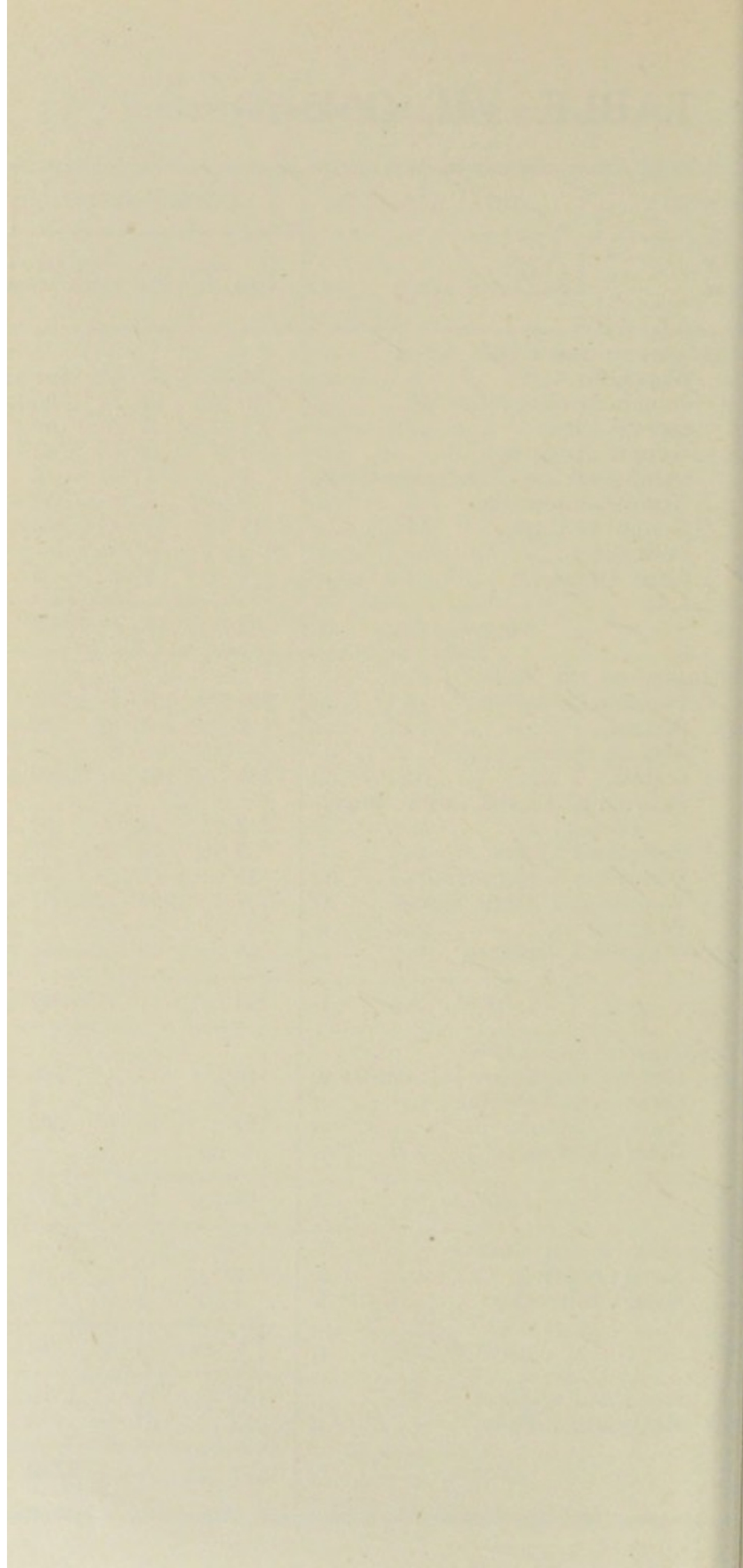
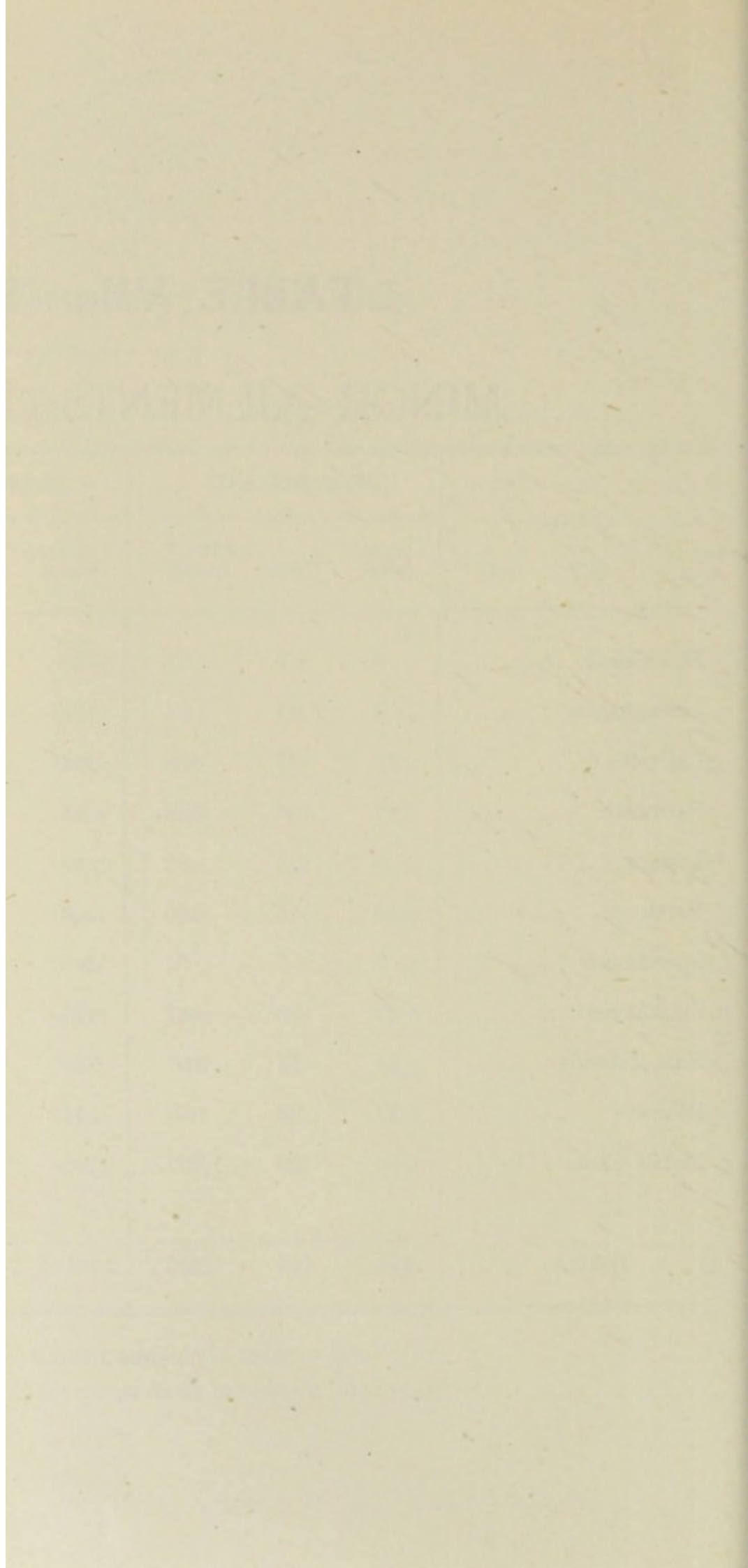


TABLE VIIa. (Supplementary), 1945-1946.

MINOR AILMENTS (Treatment at Emergency Clinics).

CLINIC.	EYE DISEASES.			SKIN DISEASES.			EAR DISEASES.			DISEASES OF NOSE.		
	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.
Blackwood	9	6	43	103	96	839	5	1	8	2	—	2
Lesmahagow	7	11	34	190	160	1,533	11	6	89	—	2	4
Carluke	18	17	428	161	188	2,985	22	10	350	1	2	49
Carnwath	7	14	338	75	90	1,656	16	10	273	—	—	—
Lanark	8	5	82	64	82	802	8	7	139	1	2	12
Forth	10	16	490	56	70	1,064	6	8	118	1	—	28
Stonehouse	8	7	61	250	274	1,724	2	2	84	1	1	12
Strathaven	32	36	487	434	482	4,282	6	12	110	2	1	9
East Kilbride	14	22	197	390	291	2,201	10	7	102	—	2	20
Benhar	27	30	843	264	190	2,429	7	10	370	—	1	20
Mobile Clinic	34	30	1,227	204	104	3,045	32	13	616	2	—	8
TOTALS	174	194	4,230	2,191	2,027	22,560	125	86	2,259	10	11	164

Total number of children treated 4,818
Total number of attendances made 29,213

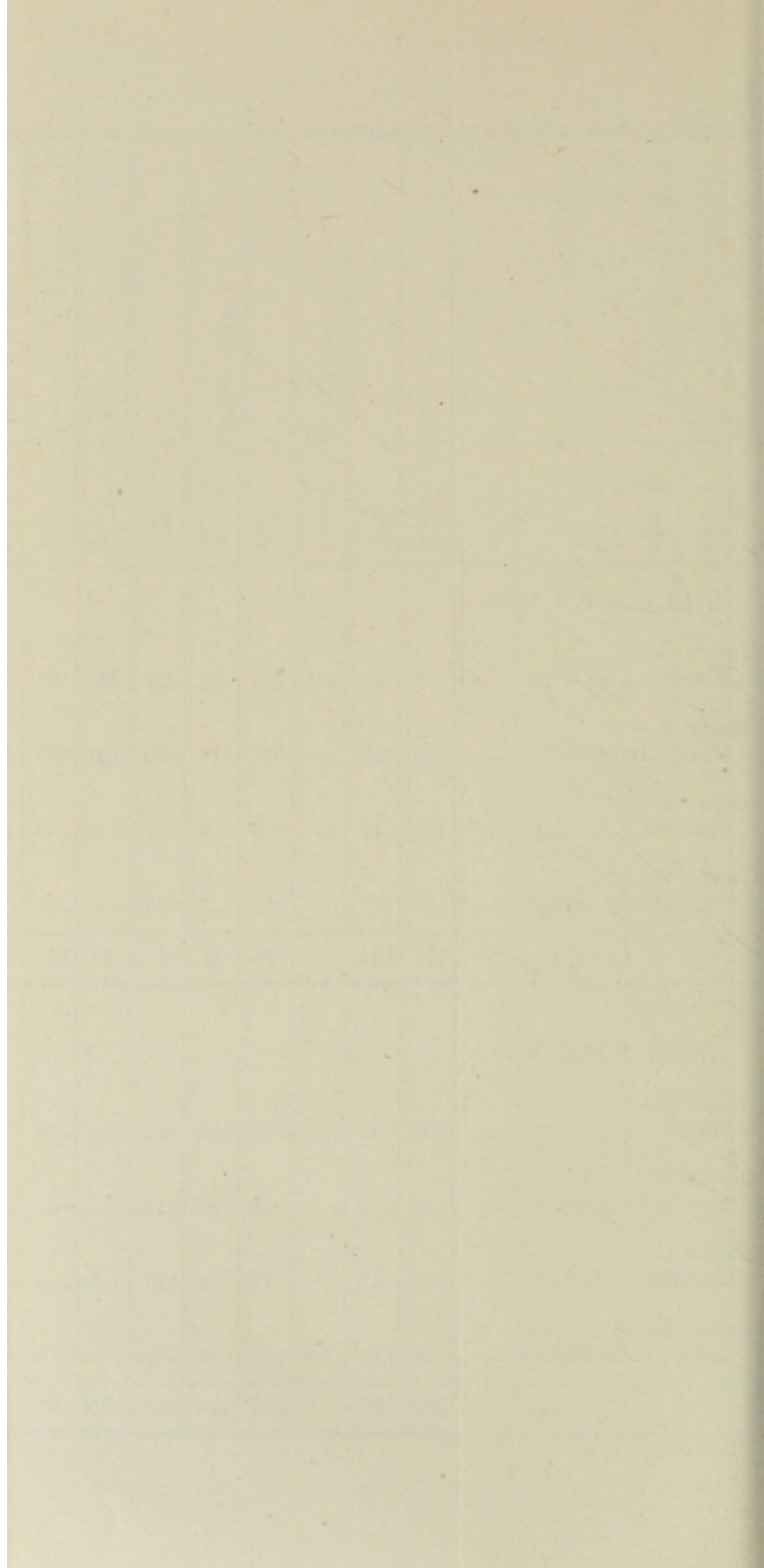


NUTRITIONAL SURVEY SE

	Number Examined		Efficiency of Mother.		Participation in Milk in School Scheme.		Hot Mid-day Meal at School.		Hot Meal at Home, either mid-day or later.		Infectious Disease.		Contagious disease. "Colds," Etc.		Digestive Upset.		Accident.		Other Illness.		Present Effects of Recent or Past Illness.		Skin pyogenic Infections.		Somatic Musculature (flabby tone).		Somatic Musculature (under development).		Subcutaneous Fat (deficiency).		Subcutaneous Fat (abuse).		Organic Heart Disease (congenital).		Organic Heart Disease (acquired).		Chronic Bronchial Catarrh.		Eyes (Chronic Buphthalmos).		Eyes (Chronic Conjunctivitis).											
	Satisfactory.	Unsatisfactory.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Yes.	No.	Yes.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.										
GIRLS BORN 1940																																																				
GROUP A— Miners	70	70	—	56	14	38	32	38	8	4	30	14	—	5	1	7	1	—	62	2	1	—	67	1	—	—	69	3	—	—	67	2	1	—	67	—	70	3	67	4	1	—	65	7	—	—	63	3	—	—	67	
GROUP B— Heavy Industry ...	55	55	—	44	11	19	36	35	20	11	8	21	5	1	10	—	4	—	—	51	2	—	—	53	—	—	—	55	4	—	—	51	8	—	—	47	—	55	1	54	1	1	—	53	4	1	—	50	2	—	—	53
GROUP C— Farmers	12	12	—	6	6	7	5	5	7	1	—	3	—	—	2	—	—	1	—	11	—	—	—	12	—	—	—	12	—	—	—	12	—	12	—	12	—	12	—	12	1	—	—	11	—	—	—	—	12			
GROUP D— Agricultural Workers...	17	17	—	12	5	13	4	4	13	3	—	8	—	—	3	1	1	1	—	15	—	—	—	17	—	—	—	17	1	—	—	16	1	—	—	16	—	17	—	17	—	17	—	15	—	—	—	—	17			
	154	154	—	118	36	77	77	76	78	23	12	62	19	1	20	2	12	3	—	139	4	1	—	149	1	—	—	153	8	—	—	146	11	1	—	142	—	154	4	150	5	2	—	147	14	1	—	139	5	—	—	149
BOYS BORN 1940																																																				
GROUP A— Miners	61	61	—	45	16	19	42	42	19	10	4	22	8	2	7	3	8	3	—	50	1	—	—	60	—	1	—	60	6	1	—	54	1	—	—	60	—	61	2	59	—	1	—	60	2	1	—	58	2	1	—	58
GROUP B— Heavy Industry ...	59	59	—	49	10	18	41	41	18	10	8	21	6	3	7	1	1	7	—	51	4	1	—	54	—	1	—	58	12	1	—	46	2	—	—	57	—	59	—	59	3	—	—	56	4	1	—	54	2	1	—	56
GROUP C— Farmers	17	17	—	13	4	11	6	5	12	6	—	5	1	—	1	1	—	1	—	16	—	—	—	17	—	—	—	17	1	—	—	16	—	—	—	17	—	17	1	16	1	—	—	16	—	—	—	—	17			
GROUP D— Agricultural Workers...	25	25	—	19	6	20	5	5	20	2	—	13	6	2	3	—	4	—	—	21	—	—	—	25	—	—	—	25	1	—	—	24	—	—	—	25	1	24	—	25	1	—	—	24	1	—	—	24	—	—	—	25
	162	162	—	126	36	68	94	93	69	28	12	61	21	7	18	5	13	11	—	138	5	1	—	150	—	2	—	160	20	2	—	140	3	—	—	159	1	161	3	159	5	1	—	156	7	2	—	153	4	2	—	156

SURVEY SESSION, 1945-46 (Medical)

Eyes (Chronic Conjunctivitis)				Eyes (Cornea—dimness or opacity)				Eyes (Pallor of Conjunctival Mucous Membranes)				Angular Stomatitis				Upper Respiratory Tract (Chronic Catarrh)				Upper Respiratory Tract (Obstruction)				Upper Respiratory Tract (Deafness, Right Ear)				Upper Respiratory Tract (Deafness, Left Ear)				Posture Faulty				Scoliosis				Lassitude				Psychological Maladjustment				Apparent State of Well-being				Average Height		Average Weight	
No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Mild.	Medium.	Marked.	No.	Yes.	No.	Good.	Poor.	Average Height		Average Weight								
63	3	—	—	67	—	—	—	70	5	—	—	—	65	3	1	—	66	11	2	—	57	—	—	—	70	2	1	—	67	1	1	—	68	13	—	—	57	—	—	—	70	—	—	—	70	3	67	70	—	42.2	39.5				
50	2	—	—	53	—	—	—	55	1	—	—	—	54	7	1	—	47	9	1	—	45	2	—	—	53	1	—	—	54	1	—	—	54	8	—	—	47	1	—	—	54	—	—	—	55	1	54	55	—	42.8	40.7				
11	—	—	—	12	—	—	—	12	—	—	—	—	12	—	—	—	12	1	—	—	11	—	—	—	12	—	—	—	12	—	—	—	12	1	—	—	11	2	—	—	10	—	—	—	12	—	12	12	—	44.0	41.9				
15	—	—	—	17	—	—	—	17	—	—	—	—	17	1	—	—	16	1	—	—	16	—	—	—	17	—	—	—	17	—	—	—	17	2	—	—	15	—	—	—	17	—	—	—	17	1	16	17	—	42.7	39.1				
139	5	—	—	149	—	—	—	154	6	—	—	—	148	11	2	—	141	22	3	—	129	2	—	—	152	3	1	—	150	2	1	—	151	24	—	—	130	3	—	—	151	—	—	—	154	5	149	154	—	—	—				
58	2	1	—	58	—	—	—	61	2	—	—	—	59	—	—	—	61	13	3	—	45	1	—	—	60	1	—	—	60	—	—	—	61	14	1	—	46	—	—	—	61	—	—	—	61	4	57	61	—	42.9	41.3				
54	2	1	—	56	—	—	—	59	1	—	—	—	58	3	—	—	56	11	5	—	43	1	—	—	58	—	—	—	59	—	—	—	59	11	2	—	46	1	—	2	56	—	2	—	57	4	55	59	—	42.7	40.0				
17	—	—	—	17	—	—	—	17	—	—	—	—	17	—	—	—	17	2	—	—	15	—	—	—	17	1	—	—	16	1	—	—	16	4	—	—	13	—	—	—	17	—	—	—	17	—	17	17	—	43.6	43.5				
24	—	—	—	25	—	—	—	25	—	—	—	—	25	—	—	—	25	1	1	—	23	—	—	—	25	—	—	—	25	—	—	—	25	4	—	—	21	1	—	—	24	—	—	—	25	2	23	25	—	43.2	41.4				
153	4	2	—	156	—	—	—	162	3	—	—	—	159	3	—	—	159	27	9	—	126	2	—	—	160	2	—	—	160	1	—	—	161	33	3	—	126	2	—	2	158	—	2	—	160	10	152	162	—	—	—				



NUTRITIONAL SURVEY SESSION, 1945-46 (Medical)

