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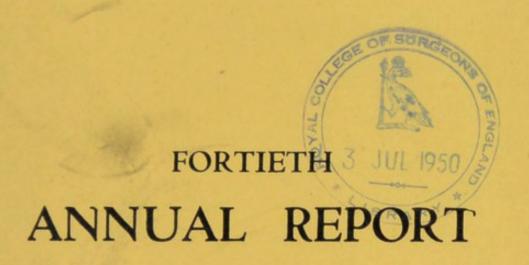
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County Council of the County of Lanark EDUCATION COMMITTEE



ON THE

MEDICAL INSPECTION,
SUPERVISION, AND TREATMENT
OF SCHOOL CHILDREN

EMENICALES

MANAGE OF A STREET

County Council of the County of Lanark EDUCATION COMMITTEE

FORTIETH ANNUAL REPORT

ON THE

MEDICAL INSPECTION, SUPERVISION, AND TREATMENT OF SCHOOL CHILDREN

1948-49

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COUNTY COUNCIL OF THE COUNTY OF LANARK.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to submit for your information the Annual Report on the School Health Service in your administrative area for the year ending 31st July, 1949, prepared in accordance with the terms of D.H.S. Circular No. 60/1938 and amending Circulars.

D. MACLEOD, Sen. Asst. Medical Officer of Health (Schools).

School Medical Inspection Department, County Offices, Hamilton, February, 1950.

STAFF

Executive School Medical Officer (a) JOHN YOUNG, L.R.C.P. & S. Ed., D.P.H.

Assistant School Medical Officers

JANET M. BRUCE, M.B., Ch.B. ANN K. CORMACK, M.B., Ch.B. JANET B. CUNNINGHAM, M.B., Ch.B., D.P.H.

WILLIAM W. D. DICK, M.B., Ch.B.

ALEX. C. DOUGLAS, M.B., Ch.B., D.P.H. (c) HELEN R. T. HOOD, M.B., Ch.B., D.P.H. VIDA J. PERRY, M.B., Ch.B. ELIZABETH M. POLLOCK, M.D. MARION A. PRENTICE, M.B., Ch.B.

Chief Dental Officer WILLIAM GIBSON, L.D.S.

Assistant Dental Officers

R. JARDINE BEATTIE, L.D.S. ARCHIBALD HAY, L.D.S. MARY H. HINSHELWOOD, L.D.S. MARGARET HINSHELWOOD, L.D.S. ANDREW C. F. RANKIN, L.D.S. ELIZABETH WATSON, L.D.S. JAMES M'D. WEATHERSTON, L.D.S.

Part-Time Ophthalmic Surgeons

JAMES HILL, M.B., Ch.B., D.O.M.S.
(d) H. SOMERVILLE MARTYN, M.A., M.B., Ch.B.
(e) MARGARET H. E. MARTYN, B.Sc., M.B., Ch.B.
JOHN A. MORTIMER, M.D., F.R.C.P.E.

Part-Time Ear, Nose and Throat Specialist ROBERT A. GRAY, M.B., Ch.B.

Nurses

HELEN S. BERTRAM JESSIE M'K. BLACK MARTHA CHISLETT RACHAEL DOBIE ANNIE N. DOUGLAS (f) FLORENCE D. FLEMING ADA FOWLIE IEAN HANNAH GRAY JEAN L. GREEN MARIA HUGHES CATHERINE C. JOHNSTON MARY W. JOHNSTON MARGARET KELLY JANE KENNEDY

MARY M. BENNETT

MARGARET K. LAMOND ELIZABETH C. M'DONALD MARJORY K. M'DOUGALL SUSAN M'FADYEN EMILY M'GEE JEAN G. GIBSON (nee M'GHIE) MARGARET NEILSON HELEN PARK JEAN B. ROBB ANNE I. SORLEY MARY STEWART MARGARET C. R. SUTTER MARY WALLACE (g) ELIZABETH WILLIAMSON (Temporary)

Dental Attendants

- (h) JESSIE BALLOCH (i) ROSE ANN BURNETT MARY GOLD
 - ELIZABETH M'DADE SARAH M'GHIE NELLIE WARDROPE MARGARET JAMES (j) AGNES B. WOOD

Clerical Staff

Chief Clerk-JOHN PORTER

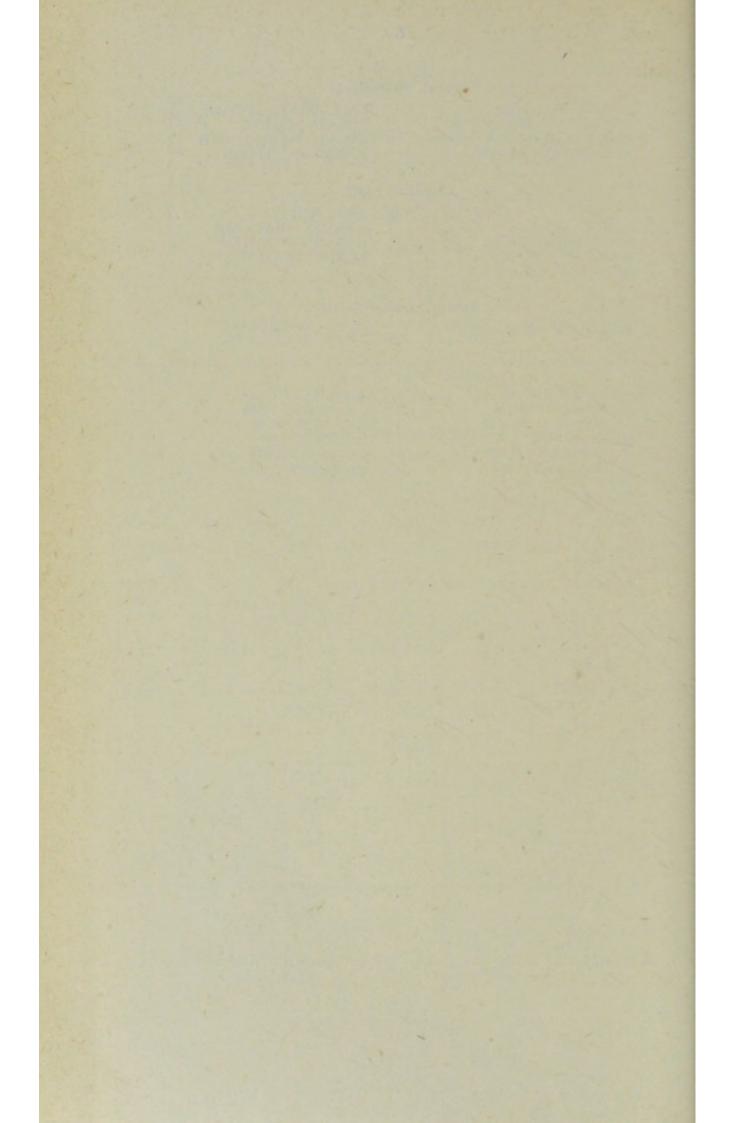
- (k) MARK ALLAN MARY W. BOYD AGNES J. BROWN
 - MARK ALLAN
 MARGARET BARR
 MARY W BOYD
 MARY W BOYD
 MARY W BOYD
 MARION SINCLAIR
 RAYMOND SMITH
 AGNES SPEIRS MARION SINCLAIR

Dental Department

BARBARA MONAGHAN

HELEN STEVEN

- (a) Retired 31/7/49 (b) Resigned 30/9/48 (c) Appointed 28/3/49 (d) Died 1948
- (e) Appointed 1/9/48 (f) Resigned 13/3/49
- (g) Appointed 18/10/48 (h) Appointed 11/10/48
- (i) Resigned 23/10/48
- (i) Resigned 25/16/19 (j) Resigned 15/6/49 (k) Appointed 16/8/48 (l) Appointed 11/10/48



REPORT on the MEDICAL INSPECTION, SUPERVISION and TREATMENT of SCHOOL CHILDREN in the COUNTY OF LANARK for the year ended 31st July, 1949.

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.

Dr. John Young, Executive School Medical Officer, retired on 31st July, 1949, after twenty-eight years service in the School Medical Inspection Department of the County.

His early association with school medical work and his wide knowledge of current developments fitted him admirably to lead the School Health Department in a time of transition unprecedented in the History of the Health Services.

He had many sterling personal qualities, including a kindly wisdom and an unfailing sense of humour, which were a constant source of inspiration to his staff.

We wish for him many years of happy retirement.

2. GENERAL STATISTICS.

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

(a) Primary)	212
(b) Junior Secondary)	7 212
(c) Secondary				 	13
(d) Special Schools				 	8
(e) Nursery Schools				 	2
(f) Special Classes at	Certifie	ed Insti	itutions	 	2
Population of the area	 	530,825			
*Number of children or	n the se	chool re	egisters	 	90,560
Number of children in	avera	ge atte	ndance	 	80,230

^{*} The figures are taken from the official return for June, 1949.

3. SANITARY CONDITION OF SCHOOLS.

A yearly inspection of schools and school premises is now part of the duty of School Medical Officers.

The contrast between pre-war and post-war school buildings is a striking feature of our present position in Lanarkshire. The public health concepts of last century, when many of our schools were built, differ considerably from present day standards, and the inadequacy of amenities in the older schools is now apparent. Results of these regular inspections by School Medical Officers are, for the moment, pigeon-holed for future discussion when the building programme takes a new lease of life.

The most urgent repairs, sanitary and building defects are given attention at the earliest moment by the Works Department, and we congratulate them on their expedition in such matters.

Playground space is adequate, ventilation and lighting are, on the whole, good, lavatories are, for the most part, clean and tidy, and dining halls of a suitable design are being added to schools in many parts of the County.

In company with Education and Works Departments, we aim at higher standards, and improvements will be urged as the exigencies of the times allow.

4. ORGANISATION AND ADMINISTRATION.

A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

Inspection of the children at schools was carried out in the usual grades. Five groups of children, namely, infant entrants, 7-year old children, those of 9 years, 13 years and 16 years were examined in each school. In the case of the 7-year old children, vision and hearing only were examined. Children and young persons engaging in further education, pre-apprenticeship classes, etc., were also examined and their fitness assessed. Special cases, not falling within the specified age groups for systematic examination, were also enquired for and dealt with. Attention was given to the cleanliness and quality of milk in schools and the general suitability of school meals. All classrooms were visited and class teachers interviewed regarding disabilities observed amongst the children. Heating, lighting and ventilation, posture and other factors having a bearing on the health of the school children, came under review by the School Medical Officers. Parents were encouraged to attend at the examination of their children, and in many cases did so.

Treatment was carried out on the usual lines. Minor Ailments Clinics functioned as in previous years. Attention to conditions such as early eye inflammations, skin eruptions, minor wounds, etc., etc., keep our school nurses busy doing work which pays large dividends in the comfort and health of the children. Examination of throat conditions was carried out at specially arranged clinics. Defects of hearing were investigated by School Medical Officers and Ear Specialist and advice and treatment given. Operations for tonsils and adenoids were performed at convenient operating centres. Children with defective vision were examined by Ophthalmic Surgeons. Consultant Orthopaedic Surgeons dealt with defects which were treated at Orthopaedic Clinics and Hospitals. Special boots and orthopaedic appliances were supplied. X-Ray examinations and treatments were arranged. Ultra Violet Ray treatment was afforded in County and Burghal Clinics.

The treatment of children suffering from special defect, e.g., rheumatism, was, in several instances, arranged for in hospitals. Convalescent treatment of children suffering from a variety of illnesses was arranged for and epileptic children were, in suitable cases, sent to the Epileptic Colony at the Bridge of Weir. Drugs and appliances, prescribed by specialists, were supplied free of charge. The services of a Skin Specialist were acquired. Cooperation with the County and Burghal Public Health authorities was maintained on a mutually advantageous basis.

An intensive campaign of immunisation against diphtheria was carried out in the County area.

B. System and Extent of Dental Inspection and Treatment.

The Chief Dental Officer, appointed in June, 1948, has reorganised the Dental Service. This Service will be extended. Staff difficulties have been considerable. Details of Dental work in schools will be found in Section 7 of this Report.

C. School Nursing and Arrangements for "Following Up."

The arrangements under this heading are fully reported on in the Annual Report for 1945-46 and have proceeded, as outlined there, during the year.

D. Co-ordination with Public Health Services.

Liaison between the School Health and Public Health Services of the County and Burghs has been maintained in numerous ways the common use of clinics, notification and control of communicable disease in schools, treatment of scabies and verminous conditions, X-Ray treatment of ringworm of scalp, U.V. treatment, examination of child T.B. contacts, X-Ray examination of chest and other conditions in children, immunisation for diphtheria, mass radiography of school children, inter-linking with nursing staffs and many other common administrative activities.

In this, as occurs in most aspects of community service, "getting together on the job" has been productive of increased mutual understanding and appreciation between staffs.

E. Co-operation with Voluntary Bodies and other Outside Agencies.

With the advent of the National Health Service, the necessity for the work of many voluntary bodies began to diminish but a number still carry on their useful work. The Royal Society for the Prevention of Cruelty to Children, through its efficient and helpful officers, gives indispensable help in special cases.

Other bodies, such as the Girl Guides' Association, Red Cross Society and the St. Andrew's Ambulance Association, help, each in their own particular way, and we are grateful for the assistance they have given.

F. Co-operation with Teachers and Parents.

The School Health Service will always depend for its success on the co-operation of parents, teachers and medical workers.

School Medical Officers contact Head Teachers immediately they commence work at a school and make many contacts thereafter with individual class teachers. This acquaints one with the other and fosters a mutual feeling of comradeship in promoting the welfare of the scholars. Frequent discussions take place on individual pupils, and education and medicine combine to decide the right course of action for each scholar.

The points of contact with parents are first at the routine inspections, when parents are invited to be present at the examination of their children. We find that a greater number of parents attend at the examinations of the 5-year old group than on subsequent occasions. The defection in later years is possibly due to the predominant interest in disease rather than in health; more probably it is due to the many duties laid on the over burdened shoulders of housewives and mothers.

Parents also attend at the Minor Ailments Clinics in order to obtain advice and treatment for their children, and an additional point of contact occurs when children are examined as special cases there or at home.

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

Parent-Teacher Association Meetings are often addressed by members of the School Medical Staff and followed by free discussion. Such three-party conferences do much good and we welcome the opportunity for interchange of opinion that they afford.

5. FINDINGS OF MEDICAL INSPECTION.

Medical Inspection has always been and still remains the basis of School Health practice. Routine examinations are limited to four during the period of school life—(1) on admission to school; (2) during the last year of attendance at the primary school; (3) at $12\frac{1}{2}$ -13 years; and (4) during the last year at the secondary school. (These arrangements are in accordance with Regulations under the Education Act, 1946.)

The results of these examinations are entered on a separate card for each child. The card is headed in such a way that when it is, in the words of the official memorandum, "properly used, few cases of serious physical weakness or defect will escape detection."

The Medical Officer on school work develops a new attitude, that of the maintenance of health rather than the cure of disease. The modern emphasis on social medicine is also reflected in his enquiries into the family and social background of the pupil. Studies of the health of the family unit, such as those going on at Peckham, have a vital bearing on the whole question of child health.

The total number of children examined during the past year was 26,035.

Varied problems constantly emerge from the conduct of medical inspection and after careful consideration are dealt with through the Office. Examples are:—Absentees and their follow up; "No action" by parent following notification of a defect; Difficulty in dealing with feeble-minded in rural areas, etc., etc.

These and similar points call for consideration and further enquiry before specific action is taken, tact and careful handling are always necessary.

The following Table shows the average heights and weights of school children in Lanarkshire. In so far as they are an index of physical fitness, they are satisfactory:—

AVERAGE HEIGHT IN INCHES.

	5	1	9	1	13	31	16	7
Age Anthropometric Committee's	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Standard	41-2	41.0	51.9	51.2	56.9	57.8	64.3	61-8
County of Lanark	41-71	41.48	51-27	50-61	57-19	57.94	64-4	64-1

AVERAGE WEIGHT IN LBS.

	1	51		91	13	1	1	62
AGE.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Anthropometric Committee's								
Standard	40.5.	40.0	64.9	59.3	82.6	87-0	119.0	112-7
County of Lanark	40-90	40-30	64.75	60.03	83.26	85.52	135.8	123-4

In the following paragraphs a statement is given of the number of children recorded at the routine medical inspection of schools who were found to be suffering from specific diseases or disabilities. A comparative percentage for the previous year is given and also the number of special cases found to be affected:—

Condition of Clothing.—The number of children found at routine inspection who had defective clothing was 495 boys and 452 girls, a total of 947 or a percentage of 3.6.

Number of children ex	amine	d		 	26,035
Number with defective	e cloth	ing		 	947
Percentage				 	3.6
Percentage last year				 	3.3
Number of special case	es four	nd defe	ctive	 	166

Footgear unsatisfactory.—The condition of the footgear shows improvement. 73 boys and 19 girls, a total of 92, was recorded as

The figures for the two years are practically identical.

having defective footwear.

Number of children examined		26,035
Number of children with defective footy	vear	92
Percentage		0.35
Percentage last year		0.3
Number of special cases found defective		14

Uncleanliness of Head.—This is divided into three categories—nits present, lice present, and simple dirtiness. The total of these three groups was 3,161, 475 boys and 2,686 girls, or a percentage of 12·1. This figure compares with 10·5 in the previous year. Details of each group are as follows:—

Number of children examined. 26,035	Number with Nits. 2,952	Percentage.	Percentage last year. 9.8	Special Cases. 568
26,035	Lice present. 186	0.7	0.5	69
26,035	Dirty only. 23	0.09	0.13	5

These figures show an improvement, except a small increase in the number suffering from lice. Dirty and verminous conditions of the head are still too common in our schools and it is only by constant examination and supervision that there is any hope of finally eradicating this evil. There is evidence, however, that very bad conditions are decreasing.

Uncleanliness of Body.—Is divided into three groups as in uncleanliness of head, i.e., nits present, lice present and simple dirtiness. 183 boys and 162 girls were recorded, a total of 245 or 1.3 per cent.

Number of children examined. 26,035	Number with Nits. 9 Lice	Percentage.	Percentage last year. 0.014	Special Cases.
26,035	present. 8 Dirty	0.03	0.03	5
26,035	only. 328	1.25	1.37	. 43

These figures show a downward tendency in comparison with those of last year. It will be observed that the number found to be verminous is very low. The presence of lice on the body is becoming uncommon.

Diseases of the Skin.—Under this group heading are included diseases of the skin of the head and body. The total number of children suffering from diseases of the skin of the head was 396, 203 boys and 193 girls, a percentage of 1.52. They are classified as (1) Ringworm, (2) Impetigo and (3) Other diseases.

(1) Number of	childre	n exan	nined		 	26,035
Number w	ith Ring	gworm	of the	head	 	2
Percentage					 	0.008
Percentage	alast ye	ar			 	0.007
Special cas	ses foun	d affect	ted		 	1

The total number affected (2) compares with 1 in the previous year.

(2)	Number of children examined	 	 26,035
	Number with Impetigo (head)	 	 145
	Percentage	 	 0.55
	Percentage last year	 	 0.4
	Special cases found affected	 	 55

These figures show an increase in Impetigo. The total of 200 compares with 161 in the year previous.

(3) Other diseases of Head includes all other diseases of the head except Ringworm and Impetigo.

Number of children exa	mined	 	 	26,035
Number found affected		 	 	249
Percentage		 	 	0.95
Percentage last year		 	 	0.5
Special cases affected		 	 	31

These figures show an increase on those of last year.

Diseases of the Skin of the Body.—Are divided into Ringworm, Impetigo, Scabies and Other diseases. The total number affected was 979; boys 498, girls 481, or a percentage of 3.76.

Number affected with Ringworm.	Number of children examined. 26,035	Percentage.	Percentage last year. 0.04	Special Cases. 2
Number affected with Impetigo. 66 Number affected	26,035	0.25	0-5	16
with Scabies. 83 Number with	26,035	0.31	0.49	52
other diseases. 822	26,035	3.15	2.95	212

These figures show a decrease in Ringworm, a total of 8 cases as against 13 in the previous year. Impetigo had greatly decreased. Scabies continues to show a decided decline, 83 cases being recorded as against 132 in the previous year and, if this improvement is continued, the numbers of Scabies cases will soon be down to the low numbers of pre-war years. The figures for other diseases of the skin of the body are almost identical for both years.

Malnutrition.—Is of two degrees, (1) Slight and (2) Bad. During the past year 719 children were recorded as suffering from slight malnutrition, a fall in number compared with those of 1947-48. The number of cases of more marked malnutrition recorded was

34, giving a total number under the general heading of malnutrition of 753, or a percentage of 2.76 as compared with a percentage of 2.7 in the previous year. There is thus no evidence that the physical condition of the school children in Lanarkshire is deteriorating. The School Medical Officers, who have for long periods of years been accustomed to assess the general state of nutrition, are emphatically of the opinion that the general well-being of the pupils at school is as good, to put it no higher, as at any previous time. Where children take advantage of the milk and meals supplied in schools, there is very little chance of any serious malnutrition which can be attributed to unsuitable or insufficient food. The number of children recorded for slight malnutrition was 719, or a percentage of 2.8 as compared with 728 and a percentage of 2.7 in the year previous. Those suffering from more marked malnutrition numbered 34, a percentage of 0.13 as compared with 14 and 0.05 in the past year. There is no single definite standard by which degrees of malnutrition can be assessed and it is a matter for determination by School Medical Officers who have a large experience of estimating subnormal states of nutrition. That the Medical Officers are all of one opinion is highly satisfactory. Details are given below :-

Number of children examined. 26,035	Number found suffering from slight malnutrition. 719	Percentage.	Percentage 1947-48. 2·7	Special Cases.
26,035	Number with malnutrition 34	0.13	0.05	1

Oral Sepsis.—212 boys and 193 girls, or a percentage of 1.55, were recorded as suffering from septic conditions of the mouth.

Number of children ex	camine	1	 	 26,035
Number affected			 	 405
Percentage			 	 1.5
Percentage last year			 	 1.01
Special Cases			 	 12

A slight increase in this condition is shown.

Diseases of the Naso-Pharynx.—These include diseases of the Nose—totalling 1,671; boys 949, girls 722, or a percentage of 6.44, Diseases of the Throat—total 5,490; boys 2,642, girls 2,848, or a percentage of 21.08, and Diseases of Glands—total 2,012; boys

1,148, girls 864, or 7.72 per cent. The total number of all three categories was 9,173 or 35.21. Below is a tabular statement:—

	Number examined.	Number found defective.		Percentage c. last year.	Special Cases.
Nasal conditions for observation	26,035	853	3.27	2.23	19
For treatment (Adenoids)	26,035	253	0.97	0.76	66
Other conditions of Nose	26,035	565	2.17	1.5	82
Tonsils for observation	26,035	3,986	15.31	18-6	67
Tonsils for treatment	26,035	1,504	5.77	5.7	314
Glands for observation	26,035	1,980	7-6	5.5	15
Glands for treatment	26,035	32	.125	0.1	12

These figures continue the over all improvement in Naso-Pharyngeal conditions shown last year. Other conditions of the nose show an increase. Glands for observation (i.e., temporarily enlarged and probably associated with the above) show an increase, but Glands for Treatment reveals a fall in incidence.

External Eye Diseases.—Includes Blepharitis, Conjunctivitis, Corneal Opacities, Squints and Other diseases of the external eye. The total number affected was 1,558; boys 774, girls 784, or a percentage of 5.9. Details are given below:—

Conditio	m.	Number of children examined.	found	Percentage	Percentage . last year.	Special Cases.
Blepharitis		 26,035	553	2.12	1.7	82
Conjunctivitis		 26,035	141	0.55	0.36	40
Corneal opacitie	es	 26,035	30	0.12	0.07	9
Squints		 26,035	695	2.66	1.9	139
Other diseases		 26,035	139	0.54	0.4	111

There is a general increase in these conditions, especially in the number of squints. As squinting is usually associated with bad vision, the early treatment of this condition, including the supply of correcting spectacles, is of importance. Orthoptic treatment is also indicated.

Visual Acuity.—Is divided into two classes—(1) Those with 6/9 or 6/12 in the better eye with or without glasses. This is termed "Fair Vision," (2) Those with 6/18 or worse in the better eye with or without glasses. This is "Bad Vision." The number of children in these two categories was boys 745, girls 971, with a total of 1,716 or 6.59 per cent.

Visual Acuity. Number of children examined		Percentag	Percentage e. last year.	Special Cases.
6/9 or 6/12 in better eye *16,696	1,339	5.14	6.16	261
6/18 or worse in better eye 16,696	377	1.45	1.5	128

* Infant and 7-year old children not included.

The number of children recommended for treatment of errors of refraction was 1,392 or 5.35 per cent.

The outstanding feature of visual treatment has been the long time which has elapsed between examination and the supply of glasses ordered.

Ear Diseases.—Are of two categories—(1) Otorrhoea, (2) Other diseases of Ear. The total number recorded was 523 or a percentage of 1.9. Details are as follows:—

Condition.		Number of children examined.	found	Percentage Percentage. last year.		Special Cases.
Otorrhoea		26,035	223	0.85	0.7	91
Other diseases of Ears		26,035	300	1.15	1.13	98

The number of children affected by ear conditions shows a slight decrease from those of the previous year. Treatment for Otorrhoea is carried out at the school clinics. In some cases it is very resistant to conservative treatment and operative measures are called for.

Defective Hearing.—Is grouped according to severity. Group 1 includes children with slight deafness. They do not require any special educational treatment. Group 2A are those who need a favourable hearing position in class. Group 2B are those children who require special educational treatment. Group 3 consists of children with severe deafness and serious speech defects (deafmutism, etc.). These children require education in special schools for the deaf. The total number of children in the four groups was 246; 123 boys and 123 girls, or 0.9 per cent. Details are given as follows:—

Number of children examined.			Hearing Group.	Number found affected.	Percentage Percentage. last year.		Specia Cases.
*26,035			 1	164	0.63	0.86	22
*26,035			 2A	79	0.3	0.42	19
*26,035			 2в	1	0.003	0.007	2
*26,035			 3	2	0.007	0.003	None

^{* 7-}year-old children not included here but shown separately.

Speech.—Defects are listed in two categories—(1) Defective Articulation, (2) Stammering. The total number of children recorded under these two headings was 218, of whom 138 were boys and 80 were girls. The percentage of defects was 0.83.

Condition of Speech.	Number of children examined.	found	Percentage	Percentage last year.	Special Cases.
Defective articulation	 26,035	174	0.67	0.56	62
Stammering	 26,035	44	0.16	0.19	15

There is no significant difference between the figures for the two years. The appointment of a Speech Therapist to the Child Guidance Service Staff has been a decided advance.

Mental and Nervous Condition.—Includes all children who are backward, mentally dull, mentally defective but educable, mentally defective ineducable, nervous and unstable and those who exhibit difficult behaviour. The total number of children in these groups was 290 or a percentage of 1·1, of whom 177 were boys and 113 were girls. A detailed statement appears below:—

Condition.	0	hildren	Number found defective.		Percentage , last year.	Special Cases.
Backwardness	***	26,035	82	0.31	0.17	21
Dullness		26,035	89	0.34	0.32	28
M.D. educable		26,035	36	0.14	0.10	18
M.D. ineducable		26,035	5	0.019	0.037	1
Nervous or unstable		26,035	58	0.22	0.13	8
Behaviour difficult		26,035	20	, 0.07	0.04	4

The incidence in these conditions remains fairly stable from year to year. In the case of Nervous and unstable children, there is now an established Child Guidance service to which they can be referred.

Heart Diseases.—Are of three kinds—Congenital, Acquired and Functional. The total number of children affected was 598; 304 boys and 294 girls, a percentage of 2·29. Below is a detailed statement of the incidence of these three groups:—

Condition.		Number of children examined.	found	Percentag	Special Cases.	
Congenital Heart	***	26,035	57	0.22	0.2	8
Acquired Heart		26,035	148	0.57	0.6	36
Functional Heart		26,035	393	1.51	1.7	16

These figures indicate that Congenital Heart conditions are more or less stable in incidence, while Functional and Acquired cases show a decrease.

Lung Diseases.—Includes Chronic Bronchitis, Suspected Tuberculosis of Lungs and Other diseases of Lungs. The total number of children affected was 1,076, a percentage of 4·13; 611 were boys and 465 girls. Below are the details of these three groups:—

Condition.		Number of children examined.	found	Percentage	Special Cases.	
Chronic bronchitis		26,035	110	0.42	0.68	5
Suspected tuberculosis		26,035	21	0.08	0.06	10
Other diseases of lungs		26,035	945	3.63	2.6	70

These figures show a decided fall in cases of Chronic Bronchitis, an increase in Suspected Tuberculosis and in Other diseases of Lungs. As Chronic Bronchitis has a relationship to nutritional states, the figures indicate no general lowering of the nutritional well-being of school children.

Deformities.—May be due to Congenital causes or they may be acquired as a sequel to Infantile Paralysis. A number is due to Rickets and the remainder to other causes unspecified. The total number of children affected was 539, a percentage of 2.06. Of these 338 were boys and 201 were girls.

	umber of children examined.	found	Percentage	Percentage last year.	Special Cases.
Congenital deformities	26,035	136	0:5	0.38	13
Acquired deformities due to Infantile Paralysis	26,035	29	0.11	0.08	2
Probable Rickets	26,035	242	0.93	0.6	2
Other causes	26,035	132	0.51	0.2	11

There is an increase, of course, in the incidence of deformities due to Infantile Paralysis. Under the heading "Probable Rickets" are included all these slight bony deviations from the normal, a great many of which are unlikely to be caused by rickets but can only be classified as such. The genuine case of rickets, previously very common, is now a rarity.

Children born in 1941, that is 7 years of age, were examined only for Vision and Hearing.

The details of this group, in respect of visual defects, is as follows:—

The number of children examined was 4,295 boys and 4,218 girls, a total of 8,513. Of these 176 had squints, 930 had fair vision and 190 bad vision. The number recommended for examination for errors of refraction was 819.

Number	7.64	Deventage			
examined.	Defect.	found affected.		Percentage.	
8,513	Squint		176	2.07	
8,513	Fair vision		930	10-92	
8,513	Bad vision		190	2.23	

Details of the 1941 group of children examined for hearing defects are as follows:—

The number of children examined was 8,513. Of these 148 were found to have defects of hearing of varying degree. 84 had Grade I hearing; 64 Grade IIA. There was none in Grade IIB or Grade III. Details are as follows:—

Number of children examined.	Grade of defect.	Number found affected.	Percentage.
8,513	Grade I	 84	0.99
8,513	Grade IIA	 64	0.75
8,513	Grade IIB	 _	-
8,513	Grade III	 -	-

Infectious Diseases.—Only 12 cases suffering from infectious disease were discovered in schools during the year. Such cases, of course, are at once excluded and reported to the Medical Officer of Health of the County or Burgh according to the siting of the school. The diseases consisted mainly of Mumps and Chickenpox.

Other Diseases and Defects.—Under this heading are grouped all those diseases and defects found in schools which have not already been mentioned in the preceding paragraphs. They totalled 913 or a percentage of 3.5, of whom 419 were boys and 494 were girls. Special cases with similar diseases totalled 267. The more important of these conditions are recorded below:—

Anaemia 334; enuresis 163; rheumatism 143; obesity 62; debility 33; goitre 14; hernia 19; gastro-enteritis 8; fractures and sprains 26; coeliac disease 8; cysts 5; chorea 19; laryngitis, tonsilitis and tracheitis 9; thread worms 18; appendicitis 3; osteomyelitis 1; hydrocele and varicocele 3; Bell's paralysis 1;

tumours 3; nephritis 3; birth palsy 3; diabetes 4; ganglion 3; and isolated cases of habit spasm, acidosis, hypothyroidism, albinism, Reynaud's disease, vulvo-vaginitis, migraine, cystitis, leukaemia, haemophilia and pseudo hypertrophic dystrophy.

Examinations Conducted by the School Medical Staff other than Routine School Examinations.

In addition to the routine school medical examinations, a constant stream of examinations of a special type fall to be carried through by the School Medical Staff, particularly at Headquarters. These involve time—examination time, travelling time, etc., and add greatly to the work of doctors during the school year. We append a short statement of the types of examination to which we refer. There are also, of course, the daily personal calls and telephone calls to the School Medical Department, incidental to examinations, which require steady attention and keep the Service running efficiently:—

- (a) Examination of absentees from schools and irregular attenders. These are done at the request of the Attendance Department. They totalled 1,026. Many of these cases are examined at school clinics by arrangement, but frequently home visits have to be made, very often in outlying parts of the County.
- (b) Examination of physically and mentally invalid children in attendance at the four special schools. These examinations are carried out at regular intervals. They numbered 1,001.
- (c) Examinations of invalid children for admission to day special schools. The numbers were—Physically Invalid 108, Mentally Invalid 100.
- (d) Children employed under the Employment of Children Act. They numbered 75. The chief employments engaged in are delivery of papers (31), messages (21), milk and rolls (23).
- (e) Children examined under the Children and Young Persons Act. These examinations are usually made at the Remand Home, Cambuslang. All children admitted to the Remand Home are examined within 24 hours. Examination of Juvenile Delinquents numbered 171 and Borstal cases 4.
- (f) Guardianship cases includes children taken into protective custody and boarded-out children. Examinations totalled

- 12. Wooddean House, Bothwell, and Flemington House, Uddingston, which house children taken into care and protection by the Education Committee, are regularly visited by one of the School Medical Officers.
- (g) Students in preliminary training as teachers totalled 9.
- (h) Examinations for admission to the holiday camps-1,316.
- (i) Examination of deaf-mute children—7.
- (j) Examination of blind children—1.
- (k) Examination of necessitous children for the supply of clothing, food, cod liver oil and extract of malt. The number granted boots was 5,140; clothing 1,660; and tonic food 6.
- (l) Special examinations of children at the Minor Ailments Clinics—2,482.
- (m) Immunisation of school children-7,255.

The children in the nursery schools were immunised against Diphtheria and Whooping Cough.

In the County area 7,255 children were immunised either by full courses or reactivating doses. This entailed 197 sessions.

(n) Examination of mentally defective children suspected of being ineducable. These totalled 69, of whom 49 were found to be definitely ineducable and were reported to the General Board of Control.

In addition, the following examinations were carried out:— Janitors 20; school cleaners 47; certifications for Certified Institutions 8; leavers at Certified Institutions 19; epileptics for admission to the Colony of Mercy, Bridge of Weir, 6; teachers 6.

6. MEDICAL TREATMENT.

A. MINOR AILMENTS TREATMENT.

The minor ailments of school children, when neglected, may be the source of chronic conditions in later life. To deal with these timeously, the facilities of twelve main and eleven subsidiary clinics exist and these were freely utilised during the year. A mobile clinic served some of the scattered country schools.

Conditions treated at such clinics chiefly affect the eye, skin, and ear, nose and throat.

The total number of children treated at the main clinics was 12,240 and the number of attendances was 71,549. At the subsidiary clinics the number treated was 4,515 and involved 25,370 attendances.

The total for all clinics was 16,755 with 96,919 attendances.

The following are the totals of children treated in the main clinics and the number of attendances made in the four main categories of conditions:—

- (1) Eye conditions treated 1,709 and attendances made 13,503.
- (2) Skin conditions treated 9,115 and attendances made 44,902.
- (3) Ear diseases treated 1,121 and attendances made 10,153.
- (4) Nasal conditions treated 259 and attendances made 2,307.

As usual, skin conditions were in the majority.

Cleansing of children suffering from verminous conditions is carried out at all the clinics. During the past year 1,346 children were cleansed, of these 130 were boys and 1,216 were girls. Supervision, after disinfestation, is maintained by the nursing staff.

In the special schools a nurse is in daily attendance to treat minor ailments. The total number of treatments given was 35,607.

At the Minor Ailments Clinics other examinations than those mentioned above are carried out. These examinations totalled 2,551 during the past year.

A tabular statement of the clinics, children treated and attendances made is given below:—

ESTABLISHED CLINICS.

Clin	ic.		Medical Of	ficer.	Children treated.	Attendances made.
Airdrie					1,259	7,658
Baillieston					632	4,625
Bellshill					1,091	5,433
Blantyre		***	Dr. Perry .		1,044	5,896
*Cambuslang	Z Z		Dr. Cunningha	m	1,657	7,475
Coatbridge			Dr. Pollock .		1,884	10,209
Hamilton			Dr. Douglas .		1,736	13,970
Larkhall			D. Danielan		560	3,463
Motherwell			The Thomasica		590	3,201
Rutherglen			Dr. Cunningha		900	4,082
†Shotts			The William		105	504
Wishaw	***		D. D.		782	5,033
WISHAW	***		Dr. Druce	2	.02	
			Totals .	. 10.	12,240	71,549

^{*} In addition, nurses of the school staff treated children (45) (attendances made 121) for scabies at the Health Institute, Cambuslang.

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

SUBSIDIARY CLINICS.

Clin	ic.			Children treated.	Attendances made.
Uddingston		 	 	 275	457
Blackwood		 	 	 2.67	1,440
Lesmahagow		 	 	 658	2,992
Carluke		 	 	 535	4,030
Carnwath		 	 	 466	2,396
Lanark		 	 	 206	1,206
Forth		 	 ***	 175	1,631
Stonehouse	2	 	 	 199	1,070
Strathaven		 	 	 366	1,607
East Kilbride	9	 	 	 262	1,071
Benhar		 	 	 506	3,037
Mobile Clinic		 	 	 600	4,433
Totals		 	 	 4,515	25,370

The Medical Officers of the County and Burghs afford ultra-violet ray treatment at their clinics free of cost. Their co-operation is appreciated.

B. DEFECTIVE VISION AND SQUINT.

The scheme of visual treatment functioned satisfactorily as in previous years through our twenty-eight visual clinics, staffed by Ophthalmic Surgeons and trained nurses.

The child is examined first at school by the School Medical Officer for the area and, if found to be suffering from defective vision, is referred to the Eye Specialist for refraction. Eye conditions, not involving refractive errors, are also referred and advice or treatment given. Compare list below.

The delay in time between the ordering and the issue of glasses is, of course, well known. A small degree of priority is available for the more serious school case, but the whole position is still difficult. The matter is under review and recently some improvement has taken place.

The total number of children examined by the Ophthalmic Surgeons during the past year was 2,632 and 2,563 re-inspections of children previously tested were made.

The number of spectacles prescribed was 2,370 and 262 children were otherwise treated.

For details of visual treatment, see Table VI of this Report.

Other eye conditions noted:—

Squint (convergent) 511; squint (divergent) 15; squint (alternating) 73; corneal nebulae and opacities 66; corneal ulcers 4; blepharitis and conjunctivitis 34; phlyctenular conjunctivitis and

keratitis 4; choroido-retinal changes (non-myopic) 4; nystagmus 11; optic atrophy 3; cataract 8; ptosis 4; aphakia 4; pseudo neuritis 3; albinism 1; dislocation of lens 1; eccentric fixation 6; papillary membrane defects 7; disc disorders 10; diplopia 1; peripheral lens opacity 1; chalagion 1; macular lesion 1.

C. Nose and Throat Operative Treatment.

This Service still has to cope with a considerable waiting list. Since the inception of the National Health Service, Regional Hospital Boards are responsible for all operative treatment to school children and for the provision of the necessary facilities. Our main duties are the ascertaining of cases and making arrangements for their attendance for operation.

Consultations have now reached a stage where the waiting list is being attacked and operations are being carried out weekly according to a mutually arranged scale.

The number of children operated on at the various centres is tabulated below:—

CLELAND HOSPITAL

(Dr. R. A. Gray). Number operated on for tonsils and adenoids 782 Number treated for ear conditions 15 Number treated for nasal conditions ... 8 20 Number examined and advised no operation needed Number of attendances made by patients 2,275 CARNEGIE HEALTH INSTITUTE, MOTHERWELL (Dr. R. A. Gray). Number operated on for tonsils and adenoids 586 1,778 Number of attendances made by patients 164 Time occupied by Surgeon—hours ... 164 Time occupied by Anaesthetist—hours LADY HOME HOSPITAL, DOUGLAS (Dr. R. A. Gray). 84 Number operated on for tonsils and adenoids LOCKHART HOSPITAL, LANARK.

Number operated on for tonsils and adenoids

Number operated on for tonsils and adenoids

KELLO HOSPITAL, BIGGAR.

26

19

...

The Audiometric Testing of school children, in groups and individually, is now a daily event in the County. Mr. John Summers, first Audiometric Test Supervisor, began his work in March, 1949, and has been providing the School Medical Service with interesting data. The detail and accuracy of his work are earning appreciation and already a number of his Grade II leavers are being examined with a view to further treatment and more suitable types of education.

This Service is developing and its usefulness will be assessed more fully in later Reports.

D. ORTHOPAEDIC SCHEME.

The diagnosis and treatment of crippling defects has been pursued during the year. Reference of cases to the special clinics at the County Hospital, Motherwell, and at Stonehouse Hospital proceeds weekly and much good work has been accomplished.

Hospitals. After-care of cases is given by orthopaedic sisters who attend at clinics and, in certain cases, give home supervision. Special boots and appliances are provided and repairs carried out when necessary.

The number of children examined and treated at the central and auxiliary clinics and the number treated by operative and other measures were:—

Clinic.				First Visits.	Revisits.
County Hospital,	Mother	well	 	 89	195
County Hospital,	Stoneh	ouse	 	 46	198
After-Care Clinics		,	 	 94	2,005
Totals			 	 229	2,398

Hospital Treatment.

Philipshill Hospital	 ***	2	Children	treated.
Stonehouse Hospital	 	23	Children	treated.
		25		

In the hospitals, children are given education by trained teachers.

7. DENTAL INSPECTION AND TREATMENT.

To the Chairman and Members of the Education Committee of the County of Lanark.

I beg to submit my First Annual Report on the Dental Inspection and Treatment of School Children in the County of Lanark for the year ended 31st July, 1949.

Two major changes have taken place this year in the routine duties of the Dental Officers and these have resulted in a drop in the numbers of children inspected and treated. I refer to the introduction of the new Dental Record Card and to the raising of the standard from one of "the greatest good for the greatest number" to one of "100 per cent. dental fitness" as suggested by the Department of Health. A considerable number of sessions was lost during the year through the illness of two members of the staff and the amount of work done was, therefore, still further reduced. In spite of these difficulties, however, the figures in the report are satisfactory and show a gratifying drop in the extraction ratio to 1.08 extractions per child from the previous 1.16 and an even more satisfactory increase in the filling ratio to 1.22 fillings per child from the previous .79. The ratio of Treatment to Inspection sessions is now 7-1 compared with 4-1 during the previous year.

Briefly, this means that much more time was spent on the actual dental treatment of the children with a concentration of effort on the saving of teeth rather than extracting them.

During the course of the year the Education and Public Health Services were united as from 15/5/49 and the Dental Department was set up to deal with all the "Priority classes."

In this connection, the services of Miss Fisher, L.D.S. (P.H. Department), were utilised on school dental duties and a corresponding number of sessions was given to the Maternity and Child Welfare Dental Service by the School Dental Officers.

The modernisation of the dental clinics is proceeding steadily at a pace governed only by the delay in supply of new equipment and should be completed before July, 1950. At the time of writing, we have acquired a self-propelled Mobile Dental Unit from Glasgow Corporation. When this machine is altered to suit our requirements, it will be used in the Upper Ward of the County and thus replace the obsolete portable dental outfit at present in use there.

I give below a statement of the items of importance and Table V

at the end of the School Medical Officer's Report shows the full details of the work carried out by the staff:—

No. of children inspected				46,
No. of children notified as being	in nee	d of de	ental	
treatment				31,
(15,874 boys; 15,	509-gi	rls)		
Percentage of children requiring t	reatme	ent		6
No. of pupils accepting treatment				14,
No. of pupils treated				10,
No. of attendances for treatment				16,

Treatment.		Temporary Teeth.	Permanent Teeth.	Total.
Extractions		9,946	1,731	11,677
Fillings (Amalgam)		854	8,997	$\binom{9,851}{3,351}$ 13,202
Fillings (Cement)		2,766	585	3,351 \$ 15,202
Other treatment (Scaling	g, etc.)	382	2,873	3,255

No. of sessions	spent on	Inspection	 	380
No. of sessions	spent on	Treatment	 	2,6661

The undernoted Table shows the work carried out by each Officer:—

Dental Officer.	Number of children treated.		Etx'tions (permanent Teeth).		Other Treatment, Scalings, etc.
Mr. Beattie	 924	845	148	519	140
Mr. Rankin	 2,091	1,821	312	2,440	258
Miss Watson	 1,608	1,210	335	1,629	482
Miss Hinshelwood	1,037	1,525	161	1,593	287
Mr. Weatherston	 1,100	1,034	248	1,684	544
Miss Margaret Hinshelwood		1,253	192	1,341	361
Mr. Hay		2,030	303	3,487	751
Miss Fisher	 319	228	32	509	432
Totals	 10,755	9,946	1,731	13,202	3,255

WILLIAM GIBSON,

Chief Dental Officer.

DENTAL DEPARTMENT,

13 CLYDESDALE STREET, HAMILTON.

8. SPECIAL SCHOOLS AND CLASSES.

The new special school, situated at Auchinraith, near Bothwell Bridge over the Clyde, was opened during the year.

It is much more commodious than Woodburn School, which it replaced, and will be able to deal with approximately 400 children.

It has already been acclaimed by Educational Health experts as a model for schools of this type, and its friendly atmosphere shows that its teachers are achieving the happy setting essential for the emotional development and security of the handicapped child.

The three other special schools—at Motherwell, Cambuslang and Bargeddie—continued to give excellent service during the year. Children, as formerly, are picked up near their homes and conveyed to and from the schools by motor 'buses.

The schools serve, of course, mainly the more densely populated areas of the County. Handicapped pupils in the country districts cannot be satisfactorily dealt with until some type of residential school or other provision is established for them.

Our new type of Special School—the Occupational Centre—has been functioning in Hamilton during the year. Children whose intelligence does not permit of education in the true special school, but who are trainable in simple habits and in simple crafts, are being taught here with considerable result and it is hoped that the further centres necessary may be set up in the future.

The Education (Scotland) Act, 1946, makes it compulsory for authorities to educate this class of child in suitable schools.

Deaf-mute and educationally deaf children are educated at Auchinraith Special School as day pupils. Children outwith the range of this school are educated as residential pupils at the Royal Deaf and Dumb Institution, Edinburgh, St. Vincent's School for the Deaf, Tollcross, or Langside Deaf and Dumb Institution, Glasgow. By mutual arrangement, St. Vincent's School for the Deaf at Tollcross is now administered by Glasgow Education Authority instead of, as formerly, partly by Glasgow and partly by Lanarkshire.

Blind and educationally blind children are educated at the Royal School for the Blind, Edinburgh, or, in the case of Roman Catholic children, at St. Vincent's School for the Blind, Tollcross, Glasgow.

Severely crippled children and those suffering from chronic disabilities, or who need convalescent treatment, are admitted to East Park Homes for Infirm Children at Glasgow and Largs.

Epileptic children, who are not mentally defective but capable of being educated, are accommodated at the Colony for Epileptics, Bridge of Weir, for Protestant children. There is no similar Colony for the education of Roman Catholic children. Less is being done for the epileptic than for any other class of handicapped child and much more provision for housing and training these unfortunate folk requires to be made.

There are special classes in each of the special schools for the education of children suffering from high degrees of Myopia. They are admitted on the advice of the School Ophthalmic Surgeons, who also exercise supervision of their defect by regular examinations. The total number of children so accommodated is 36.

Children who recover their health are transferred back to ordinary schools as soon as possible. They numbered 42 during the past year.

Mentally retarded children who, after trial for a sufficient period in the special school are not making any progress, are reported to the General Board of Control for Scotland.

Below will be found details of the numbers and conditions of children in special schools:—

PHYSICALLY INVALID CHILDREN.

At the four special schools	480
At East Park Homes for Infirm Children	11
At the Colony for Enilantias Daides of Wein	1
At the Trefoil Residential School, Whitburn	1
MENTALLY INVALID CHILDREN.	
At the four special schools	588
At Birkwood Certified Institution, Lesmahagow	1
At St. Charles' Certified Institution, Carstairs	8
At Lennox Castle Certified Institution	9
At St. Joseph's Certified Institution, Rosewell .	1
At the Camphill-Rudolf Steiner Schools, Aberdeensh	ire 1
At "Westerlea," School for Spastics, Edinburgh .	1
DEAF-MUTE AND EDUCATIONALLY DEAF CHILDR	EN.
At Auchinraith Special School, Bothwell	33
At the Royal Deaf and Dumb Institution, Edinburg	h 13
At St. Vincent's School for the Deaf, Tollcross	29
At Glasgow School for the Deaf	1

BLIND OR EDUCATIONALLY BLIND CHILDREN.

A	t the Royal School for the Blind, Edinburgh		6
	At St. Vincent's School for the Blind, Tollcross		2
Сні	LDREN AT SPECIAL CLASSES OUTWITH THE EDUCA	TIONAL .	AREA.
	At Balgray Special School, Glasgow		1
	At the Biggart Memorial Home, Prestwick		1
	At Eastmuir Special School, Shettleston		4
	At Edinburgh Sick Children's Hospital (Sp	ecial	
	Classes)		2
	At Kennyhill Special School		2
	At Mearnskirk Hospital School (Special Classes)		1
	At Muirfield Convalescent School, Edinburgh		1
	At Philipshill Annexe, Busby		6
	At Renfrew Street Special School, Glasgow		2
	At Rottenrow Special Classes, Glasgow		3
	At Sandyford School, Paisley		2
	At St. Kevin's Special School		2
	At Strathblane Home Hospital		5
	At Burnside Special School		1
	At Children's Village, Humbie, near Edinburgh		2
T	he number of children who, in the four special sch	ools, at	tained
	age of 16 and left school was 68.		

The number of children who got suitable employment was 46.

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

A. In the Report for 1945-46 a full account is given of the arrangements in force for physical exercises. Whole-time instructors or class teachers, in combination with instructors, carry out physical education in all our schools. Gymnasia, well supplied with the necessary equipment, exist in a large proportion of schools and the standard of performance, as revealed at School Sports, etc., is evidence of the value of this section of school health activity.

B. SWIMMING BATHS.

Swimming is a notable feature of the school curriculum in the County. Swimming Baths in Hamilton, Motherwell, Airdrie, Coatbridge and Shotts are in weekly use by arrangement. Scholars on the whole, are making good use of the opportunity and instruction in swimming is given by qualified teachers.

C. PLAYING FIELDS.

Most of the schools in the County have their playing fields but, if not, use is made of public parks, etc. A recent addition to playing fields was that for Hamilton Academy, opened 29/9/48.

D. HOLIDAY CAMPS.

The arrangements for the holiday camps were the same as in former years. The children chosen by the Headmasters of schools in industrial areas were generally those who had not much chance of a holiday elsewhere. The children were examined by the School Medical Staff twice before going to the camps. Those who were judged to be unsuitable to go camping for any reason, physical or hygienic, were eliminated and substitutes found. No untoward incident or illness occurred at any of the camps. The children enjoyed the experience and, while the weather was variable, conditions on the whole were satisfactory and the health and happiness of the pupils was evident to any visitor.

Members of the teaching staffs officiated as supervisors. The camps were visited by members of the Medical Services Committee and officials of the Education Committee. They were also visited weekly by members of the School Medical Staff and, in the case of the special schools' camp at Lanark Grammar School, a nurse of the school staff was in residence during the period of camping.

Below are given details of the camps:-

Lanark (Lanark Grammar School)—Invalid children from Auchinraith and Dalton Special Schools for two weeks.

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

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

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

Leadhills (Leadhills Public School)—Boys' Camp.

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

1,316 medical examinations for admission to the camps were carried out.

The total number of children attending the camps was 570.

E. INSTRUCTION IN PERSONAL HYGIENE.

The natural opportunities which occur for raising the subject of hygiene in school give teachers opportunity for instructing scholars in simple essentials. Nurses constantly instil the idea of cleanliness and positive health in their contacts with pupils, and medical officers add a word or two to each scholar (and parent, when present) during routine examinations.

The whole question of health education in schools has been having consideration and new recommendations fall to be carried out in the near future.

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

"MILK IN SCHOOLS" SCHEME.

The "Milk in Schools" Scheme is now almost taken for granted, although there is no doubt that, in company with school meals, it has become a very valuable addition to the factors making for a healthy school population. Physical handicaps, such as debility and anaemia, are less common and of shorter duration and other conditions responsible for much morbidity among school children in the past are on the decline.

The milk is of the Grade A T.T. class and is also pasteurised. Bacteriologically, therefore, it is "safe" and it has also been proved to be nutritionally unimpaired.

The following tabular statement, showing the monthly consumption of milk during the year, reveals the high percentage of scholars taking advantage of this provision, the lowest figure naturally being in January when the simple reason of temperature affords the most likely explanation for the disinclination to have a cold drink.

No charge is made for milk provided in schools :-

		1948-49.	1947-48.	1935-36.
 		 73,588	70,843	46,122
 		 71,529	68,644	44,294
 	***	 71,196	67,751	43,214
 		 70,021	66,950	40,010
 		 68,467	68,388	37,729
 		 71,986	70,162	38,385
 		 71,722	69,909	38,621
 		 71,714	73,189	38,847
 		 72,767	72,843	38,910
 		 72,029	68,509	39,200
			73,588 71,529 71,196 70,021 68,467 71,722 71,714 72,767	

5,140 children were granted boots and 1,660 children were granted clothing.

6 children were supplied with Tonic Food.

SCHOOL MEALS SERVICE.

The past year has been marked by the number of new standard dining rooms which have been completed and occupied in the County under the School Meals Service. The number completed during the year was 15, thus raising the number of such new erections to 24. These new dining rooms, which have enabled the freeing of accommodation for ordinary educational purposes, or the release of premises which had been rented for the meals service. are commodious and well ventilated and the new conditions which they provide allow greater scope than is possible in adapted premises for developing the social and educational aspects of the service. Owing to the continued shortage of materials and other difficulties due to the economic situation, progress in the provision of new central kitchens and also dining rooms has been much slower than was expected a few years ago, and in Lanarkshire there is still a considerable building programme to be undertaken. The position regarding central kitchen provision cannot be regarded as satisfactory, although four new central kitchens forming a composite scheme at Netherton, Wishaw, are well on the way towards completion. These kitchens are intended to replace the large central kitchen at Wishaw, at present housed in factory premises, but they will have a surplus of output which will enable some of the other older kitchens, which are undertaking production beyond their equipment capacity, to be considerably relieved of the pressure on them.

The variety and the nutritional value of the meals produced continue to improve. During last school session a total of approximately 9,400,000 meals were provided, representing an average of 47,000 meals daily and a percentage of children participating in the region of 51.

CONSULTANT SERVICE.

This Service, available by arrangement with the County Public Health Department, is a most useful adjunct to the work of the School Service. Expert specialist diagnosis, with advice re treatment in every sphere of medical practice, is from time to time necessary and we are fortunate in being able to turn to two specialists of repute, one a Paediatrician and one a Physician, when difficult cases arise.

Detailed reports of their findings are studied and copies sent to the Medical Officer concerned with the case and to the family doctor for information. Treatment recommended is carried out either through the School Service or by the family doctor. This service helps both the School Medical Service and the practitioner and the latter almost invariably appreciates the facility of obtaining information.

Re-examinations are made by the Consultants when necessary.

The number of children referred to Consultants during the past
year was 35.

REHABILITATION SCHEME.

The provisions of the Disabled Persons Act make the operation of the Rehabilitation Scheme now of considerably less service than in previous years, but it still serves a useful purpose in a few cases.

The scheme was devised as a means whereby leavers from special schools were given the opportunity of vocational guidance, through the Ministry of Labour, when about to terminate their school career.

MINIATURE MASS RADIOGRAPHY.

Mass Radiography of school children over 12 years of age has proceeded during the past year under the supervision of Dr. Leslie J. Lang.

The ease with which the examinations were carried through reflect on the excellent organisation made by Headmasters and their staffs. The Radiography Unit staff, of course, accomplished the radiography and clerical work with their usual efficiency.

The children were drawn from schools in the Hamilton, Mother-well and Wishaw areas. These schools had ready access by their proximity to the Mass Radiography Unit at Motherwell. The survey in the case of Hamilton schools was carried out between 1/4/48 and 8/6/48, and in the Motherwell and Wishaw area between 1/6/48 and 24/1/49.

Number Surveyed and Percentage Response in Sex and School Groups.

Hamilton-

Total available 3,383; Male 1,726; Female 1,657.

Total X-Rayed 2,900 (85.7 per cent.); Males 1,502 (87.02 per cent.); Females 1,398 (84.37 per cent.).

Total passed on miniature films (no action) 2,835 (97.76 per cent.).

Total recalled for large films 65 (2.24 per cent.).

Total passed on large films 14 (.48 per cent.).

Total examined clinically 32 (1.1 per cent.).

Motherwell and Wishaw-

Total available 5,011; Male 2,988; Female 2,023.

Total X-Rayed 4,178 (83.38 per cent.); Males 2,431 (81.36 per cent.); Females 1,747 (86.36 per cent.).

Total passed on miniature films (no action) 4,062 (97.22 per cent.).

Total recalled for large films 116 (2.78 per cent.).

Total passed on large films 55 (1.32 per cent.).

Total examined clinically 35 (.84 per cent.).

TUBERCULOUS LESIONS.

Hamilton-

Significant Lesions—				
Requiring treatment		4	(0.14%)	
Requiring observation		14	(0.48%)	
Lesions not significant—requiring	no			
action (healed primary lesions)		21	(0.72%)	
Non-Tuberculous Lesions—				
Cardiovascular		3	(0.1%)	(*3)
Respiratory		6	(0.21%)	(*4)
Others		6	(0.21%)	(*1)
* Previously known-	-8.			
Motherwell and Wishaw—				
Significant Lesions—				
Requiring treatment		3	(.07%)	
Requiring observation		23	(.55%)	
Lesions not significant—requiring	no			
action (healed primary lesions)		16	(.38%)	
Non-Tuberculous Lesions—				
Cardiovascular		2	(.05%)	
Respiratory		13	(.31%)	(*3)
Others		2	(.05%)	
* Previously known-	— 3.			

COMMENTS.

The response has been good and the findings indicate that X-Ray examination of children aged 12 years and over is a valuable part of school medical examination. In all cases of significant abnormalities the family doctor was, with the parent's consent, informed. Cases requiring dispensary observation and treatment were referred to the appropriate Medical Officer of Health.

INTENSIVE COURSES IN FIRST AID AND HOME NURSING.

These courses were specially designed for pupils who had completed the leaving certificate and were free from routine work between that date and the end of the school term. In addition to preparing some for a possible future in nursing and related professions, it was thought to be a useful means of conveying the principles of health to teen-agers in a more systematic form. The classes have carried on but there has been, as always, the difficulty of making them absorbing enough to hold the interest of pupils.

Examinations, however, showed that the requisite knowledge, theoretical and practical, had been acquired and the results are indicated in the following Table:—

Intensive Course in First Aid and Ambulance Work. (Session 1949).

School.		Number of pupils enrolled.	Pupils presented for examination.	Pupils who gained Proficiency Certificates.	Pupils who gained Medallions.
Airdrie Academy		49	37	34	3 ',
Biggar High	***	31	29	15	6
Hamilton Academy		23	23	23	_
Larkhall Academy		17	16	10	6
Our Lady's High		35	21	17	3
Wishaw High		40	38	38	-
Totals		195	164	137	18

Intensive Course in Home Nursing. (Session 1949).

School.	Number of pupils enrolled.	Number of pupils presented for examination.	Number of pupils who passed the elementary examination.	Number of pupils who gained higher awards.
Albert Secondary	 8	7	7	-
Hamilton Academy	 18	18	18	-
FYTT-bass TTimb	 15	15	15	_
Total	 41	40	40	_
1	-	-	-	and the same of

CHILD GUIDANCE.

- 1. An increase in staff, now consisting of a Principal and two Assistant Psychologists plus a Speech Therapist and Secretary, has made it possible to extend the work of the Child Guidance Service. Even so, the requests for examination of children by the schools and other agencies are more numerous than ever. A waiting list has been necessary and, at the moment, the names of some twenty schools are placed there for the commencement of the new session. While diagnosis and advice continue to form the main type of service asked for, it will be noted that the numbers of treatment interviews (given mainly in the schools) and parent-guidance interviews (conducted frequently in homes) are growing satisfactorily Experience would seem to suggest that this "general practitioner" pattern of service is the most suitable type for a large area like Lanarkshire until such time as the system can be co-ordinated by clinics on a local basis. Full clinical service, always kept in mind as the objective, would, of course, require additions to staff. At the same time, it should not be imagined, nor is it desirable, that full clinical service would dispose of the necessity to spend time in visiting homes and in conducting child-interviews in the schools. These must remain essential functions if the service is ultimately to be complete. Meantime, the central premises at Hamilton are exceedingly valuable, not only as a clinic for cases of special difficulty either in behaviour or speech, but also as a centre from which the service as a whole can be administered.
- 2. The number of children referred for examination was 1,346 (Boys 843; Girls 503), a total which includes 258 cases referred on account of speech defect.
- 3. As last session, the majority of the cases are Primary pupils, with the "weighting" heavier at the Infant and First Primary stages. This tendency to refer children as early as possible is welcomed because of its preventive value, and though extra time is often involved in the parent-guidance interviews (mostly at home-visits) associated with these cases, it is usually well spent. The young child's power of adaptability (both in behaviour and scholastic work) so frequently helps to repay the extra trouble taken by both the conscientious parent and teacher when the possibilities are recognised. Native ability apart, it is a commonplace that wrongly-set behaviour patterns and educational habits both present a more formidable task at the later ages.

TABLE OF CLASSIFICATIONS (EXCEPT SPEECH).

Emotional Disorders and Delinquency-

	7			
General Instability				 53
Anxiety and Obsessional Sta	tes			 19
Marked Sleep Disturbances				 5
Enuresis and Soiling				 27
Psychopathic Personality				 4
Adolescent Instability				 19
Unmanageable Behaviour				 26
Temper Tantrums and Aggre	ssion			 43
Truancy and Wandering				 41
Marked Irregularity in Atten-	dance			 65
Theft and Petty Pilfering				 86
Marked Lying				 42
Malicious Mischief				 33
Sex Offences				 8
Educational—				
Referred for General Education	onal Ba	ackwai	dness	 501
Referred for Single-Subject di	ifficulti	es		 42
Miscellaneous—				
Special Reports to Director				 44
Children on Probation				 58
Marked Physical Factors				 125
Marked Home Factors				 118
School-Parent Friction				 12
Faulty Home-training				 71
No. of Left-handed Children				 55
Vocational Guidance				 18

Notes.

- (1) The figures in the foregoing table refer to frequency of occurrence. Thus, the same child may sometimes be included in more than one classification.
- (2) "Home Factors" include poor home conditions, overcrowding, divorce and separation, parental disharmony, weak or divided discipline.
- (3) The figure for general educational backwardness includes a large number of pupils who would benefit by instruction (within the ordinary school) in tutorial or in adjustment classes. Because of present staffing and accommodation difficulties, it has not yet been possible to establish such classes.

SPEECH CLASSIFICATIONS.

			Artic Def	ulatory ects.	Cleft P	alate.	Stutteri	ng.
			Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Under 5		 	-	2	_	1	-	-
5		 	19	23	1	_	3	1
6		 	18	11	3	-	2	1
7		 	16	9	2	-	-	1
8		 	13	19	1	-	3	-
9		 	19	7	-	-	2	-
1	0	 	13	5	-	-	4	2
1	1	 	8	-	2	1	9	2
1	2	 	7	1	-	-	4	1
1	3	 	4	1	-	-	4	-
1	4	 	_	2	-	-	9	1
1	5	 	-		-	-	1	-
Т	otal	 	117	80	9	2	41	9

(4) Many of the younger children referred on account of Speech "defect" are really suitable for speech training (as distinct from speech therapy). That is to say, they have no organic defect which prevents them for articulating, on instruction, all the sounds necessary for normal speaking; nor are they stutterers (whose problem is essentially emotional). They are often children who, in speaking, substitute one consonant for another, though they can articulate all consonants. Such pupils require assiduous daily practice in speech work and the Speech therapist is grateful to many teachers (particularly infant staffs) who help with this work in the course of teaching reading and in other ways.

other ways.

(5) The number of requests from schools and the School Medical Service for the treatment of speech cases is now so large as to be quite beyond the capacity of one therapist. The central difficulty is that trained speech therapists (particularly teacher-therapists) are on very short supply, and there would appear to be no prospect of obtaining additions to this section

before the 1950-51 session.

(6) The Principal Psychologist's report ends with the following tribute:—
The staff are grateful for the excellent co-operation received from many Headmasters and individual teachers. Finally, in view of his imminent retiral, I should like to acknowledge most sincerely the courtesy, assistance, and experienced guidance of Dr. John Young, the Executive School Medical Officer. His friendliness and good humour made it possible for me on innumerable occasions to seek his sound advice on medical and other matters associated with difficult cases, often when he could ill spare the time. Co-operation is a wholly inadequate word to include his sympathetic attitude of interest and understanding. The members of the Child Guidance Staff wish him a long and happy retirement.

NURSERY SCHOOLS.

Nursery schools were regularly visited and the children examined by one of the School Medical Officers. Records of the children's health were kept. Immunisation against diphtheria and whooping cough was carried out.

The School Health Service facilities for visual, dental, ear, nose and throat ailments were at the disposal of these schools also, and minor ailments, of course, were given regular attention by a school nurse.

TABLE I. (1948-49).

Total number of children examined at

A. System.	ATIC EXAMINATIONS	:		Syst	ther ematic inations
0 11	Entrants		 8,204	1,1	35
Ordinary Schools	Second Age Group		 8,371		36
SCHOOLS	Third Age Group		 7,629	***	65
Secondary Schools	Age Group		 595		-
	Т	Total	 24,799	1,2	36
	2				
B. OTHER	Examinations :-				
Special	(Non-routine) Cases		 		3,624
Re-insp	pections by Medical	Officers	 		5,190
		Total	 		8,814

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 Second Age Group		 		1,551 1,745
	Third Age Group		 •••	•••	1,483
Secondary Schools	Age Group		 		78
Other Syst	ematic Examinations		 		212
		Total	 		5,069



TABLE I	I.																						SYS	TEN	TAN	IC	EX.	AM	INA	ПО	NS	(19	48-4	9).	
		ory.	tory.			UNCLEAN	LINESS.						SEIN.				Mai					Nas	so-Pales	NX.						Evi	ts.				I
	9	tisfact	atisfac		HEAD			Bonv.			HEAD.			Во	DY.		TRIT	TON.			Nose.		Тня	OAT.	GLA	NDS.		Extes	DI DI	EASES.			*VISUAL ACUITY.		
	No. Examine	Clothing Uns	Footgear Un	Nits.	Lice.	Dirty.	Nits	Tice.	Dirty.	Ringworm.	Impetigo.	Other Diseases.	Ringworm.	Impetigo.	Scabies	Other Diseases.	Shght	Bad.	Oral Sepsin.	For observation.	For Treatment (Adenoids).	Other Conditions.	For observation (Tonsits).	For Treatment (Tonsibi).	For Observation.	For Treatment.	Biepharitis.	Conjunc- tivitis.	Corneal Opacities.	Squint.	Other Diseases.	PAIR. Not worse than c, in better eye with or with out Glenets.	BAD. It ar worse in better eye with or withcorfidana.	For Refraction.	
TOTAL EXAMINED AT ALL AGES— Percentage Girls Percentage	26,035 4,159 4,045	157 3-77 135 3-34	12 0-29 8 0-2	139 3-34 619 15-3	7 0-17 41 1-01	6 0·14 3 0·07	4 0-1 2 0-05	0-05 —	49 1-18 40 0-99		38 0-91 31 0-77	43 1-03 29 0-72	4 0·1 —	21 0-5 11 0-27	15 0-36 16 0-40	124 2·98 133 3·29	115 2-77 146 3-61	10 0·24 10 0·25	92 2·21 88 2·18	248 5-96 170 4-20	66 1-59 57 1-41	124 2-98 127 3-14	740 17-80 735 18-17	302 7-26 285 7-05	373 8-97 298 7-37	7 0-17 9 0-22	76 1-83 68 1-68	17 0-41 21 0-52	5 0-12 4 0-10	168 4-04 152 3-76	18 0-43 20 0-49	===	1111		
Boys Percentage Girls Percentage	4,165 4,206	202 4-85 177 4-21	41 0-98 5 0-12	209 5-02 966 22-92	5 0-12 48 1-14	0-10 3 0-07	1111	0-05 — —	83 1-99 45 1-07	0-05 - -	35 0-84 17 0-40	25 0-60 29 0-69	0-02 1 0-02	15 0·36 7 0·17	8 0-19 19 0-45	120 2-88 116 2-76	121 2-91 140 3-33	0-02 9 0-21	63 1-51 44 1-05	132 3-17 115 2-73	32 0-77 43 1-02	126 3-03 64 1-52	641 15-39 659 15-67	186 4·47 285 6·78	417 10-01 315 7-49	3 0-07 8 0-19	94 2-26 115 2-72	22 0-53 29 0-69	3 0-07 6 0-15	115 2-76 107 2-54	23 0-55 26 0-62	290 6-96 375 8-92	67 1:61 91 2:16	324 7-78 377 8-96	0
Boys Percentage Garls Percentage	3,735 3,894	89 2-38 107 2-75	18 0-48 3 0-08	63 1-68 798 20-49	2 0-05 72 1-85	3 0-08 2 0-05		0-05 — —	35 0-94 61 1-57	1111	10 0·27 7 0·18	40 1-07 67 1-72	0-03 — —	3 0-08 5 0-13	12 0-32 7 0-18	121 3-24 130 3-34	83 2-22 70 1-80	0-03 —	41 1-09 38 0-98	82 2-19 50 1-28	12 0-32 29 0-74	60 1-60 30 0-77	446 11-94 493 12-66	148 3-96 223 5-73	273 7-31 171 4-39	3 0-08 1 0-03	75 2-01 98 2-52	22 0-58 19 0-49	0-05 6 0-15	61 1-63 52 1-34	24 0-64 21 0-54	272 7-28 347 8-91	73 1-95 122 3-13	260 6-96 350 8-99	1
Boys Percentage Girls Percentage	335 260	1111		- 1 0.38	1111	1111	1111	1111	- 1 0-38	1111		0-60 4 1-54	1111	1111	1111	19 5-67 12 4-62		- 1 0:38	2 0-60 9 3-46	3 0-90 — —	1111	6 1-79 1 0-38	21 6-27 15 5-77	0-60 —	9 2-69 12 4-62		3 0-90 2 0-77	4 1·19 3 1·15		3 0-90 1 0-38	0-60 —	28 8-36 21 8-08	12 3-58 8 3-08	22 6-57 27 10-38	0
Boys Percentage Girls Percentage	12,394 12,405	448 3-61 419 3-38	71 0-57 16 0-13	411 3-32 2,384 19-22	14 0-11 161 1-30	13 0-10 8 0-06	0-03 5 0-04	0-03 	167 1-36 147 1-19	0·02 —	83 0-67 55 0-44	110 0-89 129 1-04	6 0-05 1 0-008	39 0-31 23 0-19	35 0-28 42 0-34	384 3·10 391 3·15	319 2-57 358 2-89	12 0-096 20 0-16	198 1-60 179 1-44	465 3-75 335 2-70	110 0-89 129 1-04	222	1,848 14-91 1,902 15-33	638 5-15 793 6-39	1,072 8-64 796 6-42	13 0-10 18 0-15	248 2-00 283 2-28	65 0-52 72 0-58	10 0-08 16 10-13	347 2-80 312 2-52	67 0-54 67 0-54	590 4-76 743 5-99	152 1-23 221 1-78	606 4-89 775 6-25	
Boys Percentage Percentage	625 611	47 7-52 33 5-40	0·32 3 0·49	35 5-60 122 19-97	0·16 10 1·64	0-16 1 0-16	TILL	0·16 1 0·16	5 0-80 9 1-47	1111	2 0-32 5 0-82	6 0-96 4 0-65	0·16 —	3 0-48 1 0-16	4	28 4·48 19 3·11	16 2-56 26 4-25	_ 2 0-33	14 2-24 14 2-29	32 5-12 21 3-44	6 0-96 8 1-31	20 3·20 7 1·15	123 19-68 113 18-49	33 5-28 40 6-54	62 9-92 50 8-18	0·16 —	11 1·76 11 1·80	1 0·16 3 0·49	- 4 0-65	22 3-52 14 2-29	3 0-48 2 0-33	0-32 4 0-65	1 0-16 3 0-49	7 1·12 4 0·65	1-
Boys Percentage Girls Percentage	13,019 13,016	495 3-80 452 3-47	73 0-56 19 0-15		15 0·12 171 1·31	9	4 0-03 5 0-04	1	172 1·32 156 1·20	0-015 — —	85 0-65 60 0-46	116 0-89 133 1-02	7 0-05 1 0-01	42 0-32 24 0-18	37 0-28 46 0-35	412 3-16 410 3-15	335 2-58 384 2-95	12 0-09 22 0-17	212 1-63 193 1-48	497 3-82 356 2-73	116 0-89 137 1-05	229	1,971 15-14 2,015 15-48	671 5-15 833 6-40	1,134 8-71 846 6-50	14 0-11 18 0-14	259 1·99 294 2·26	66 0-51 75 0-58	10 0-08 20 0-15	369 2-83 326 2-50	70 0·54 69 0·53	592 4-55 747 5-74	153 1-18 224 1-72	613 4-71 779 5-98	0-
1941 Group	8,513	=	=	E	=	=	-	=	=	=	=	=	=	=	=	=		=	=	Ξ	=	=	=	=	=	=	=	_	=	176 2-07	-	930 10-92	190 2-23	819 9-62	-

48-4	9).																										
				E	ARS.			SPI	ECH.		MENTAL	AND NE	RVOUS (CONDITIO	on.	The same of	HEART			Lungs		1	DEFO	RMITIES.		1	l cts
*VISUAL ACUITY		Disi	EASES.	D	EFECTIV	e Heari	NG.					ole).	able).	stable.	ficult.				bitis.	1.	1			Acquiri	ED.	ase.	or Defects
BAD. A or worse in better ope with orwithoutGlasses.	For Refraction.	Otorrhoea.	Other Diseases.	Grade I.	Grade IIA.	Grade IIn.	Grade III.	Defect. Artic.	Stammering.	Backward.	Dall.	M.D. (Educable)	M.D. (Ineducable)	Nervous or Un	Behaviour Diffi	Congenital.	Acquired.	Functional.	Chronic Bronchitis	T.B. Suspected	Other Diseases	Congenital.	Inf. Paral.	Rickets.	Other Causes	Infectious Dise	Other Diseases
	1111	32 0·77 23 0·57	89 2·14 71 1·76	33 0·79 33 0·82	5 0·12 2 0·05		_ 0.05	59 1·42 37 0·91	8 0·19 4 0·10	8 0·19 7 0·17	11 0·26 5 0·12	8 0·19 —		21 0·50 12 0·30	0·17 7 0·17 7	17 0-41 16 0-40	15 0·36 12 0·30	84 2.02 55 1.36	22 0·53 18 0·44	5 0·12 2 0·05	284 6·83 238 5·88	73 1·76 9 0·22	2 0-05 2 0-05	78 1·88 59 1·46	11 0-26 13 0-32	7 0·17 5 0·12	155 3-73 169 4-18
67 1.61 91 2.16	324 7·78 377 8·96	33 0·79 41 0·98	39 0-94 43 1-02	28 0.67 25 0.59	11 0·26 19 0·45	==		24 0-58 23 0-55	19 0-46 —	25 0-60 14 0-33	24 0.58 14 0.33	6 0·14 8 0·19	0·02 4 0·09	7 0·17 4 0·09	- 3 0-07	8 0·19 8 0·19	24 0.58 27 0.64	56 1·34 53 1·26	15 0·36 15 0·36	3 0·07 5 0·12	119 2·86 104 2·47	14 0·34 8 0·19	5 0·12 8 0·19	30 0-72 16 0-38	20 0·48 12 0·29		131 3·15 165 3·92
73 1·95 122 3·13	260 6-96 350 8-99	54 1·44 25 0·64	18 0·48 21 0·54	19 0-51 14 0-36	19 0·51 21 0·54	 1 0-03		10 0·27 9 0·23	10 0·27 2 0·05	15 0·40 9 0·23	24 0.64 8 0.21	7 0-19 5 0-13	= =	3 0.08 4 0.10	=	0-05 4 0-10	26 0.69 34 0.87	51 1·36 67 1·72	24 0.64 8 0.21	3 0·08 2 0·05	82 2·19 40 1·03	9 0·24 9 0·23	0·10 4 0·10	24 0·64 12 0·31	35 0·94 28 0·72		103 2·76 133 3·42
12 3-58 8 3-08	22 6·57 27 10·38	3 0.90 —	1 0·38	0·60 1 0·38	0-30 —	-		_		=				0·30 — —	=	=======================================	3 0·90 — —	4 1·19 3 1·15	- 1 0·38	=	5 1·49 1 0·38	1 0·30 1 0·38	_ 	5 1·49 —	6 1·79 2 0·77		5 1·49 9 3·46
152 1·23 221 1·78	606 4·89 775 6·25	122 0-98 89 0-72	146 1·18 136 1·10	82 0-66 73 0-59	36 0·29 42 0·34	- 1 0.008	2 0-02	93 0·75 69 0·56	37 0-30 6 0-05	48 0·39 30 0·24	59 0·48 27 0·22	21 0·17 13 0·10	0·008 4 0·03	32 0-26 20 0-16	7 0.06 10 0.08	27 0-22 28 0-23	68 0·55 73 0·59	195 1·57 178 1·43	61 0·49 42 0·34	11 0-09 9 0-07	490 3·95 383 3·09	97 0·78 27 0·22	11 0-09 16 0-13	137 1·11 87 0·70	72 0.58 55 0.44	7 0.06 5 0.04	394 3·18 476 3·85
0·16 3 0·49	7 1·12 4 0·65	7 1·12 5 0·82	12 1-92 6 0-98	4 0.64 5 0.82	0·16 —		=	8 1·28 4 0·65	- 1 0·16	1 0·16 3 0·49	3 0-48 — —	0·16 1 0·16		2 0·32 4 0·65	0·32 1 0·16	_ 	3 0·48 4 0·65	11 1·76 9 1·47	4 0.64 3 0.49	0·16 —	44 7-04 28 4-58	8 1·28 4 0·65	1 0·16 1 0·16	9 1·44 9 1·47	3 0·48 2 0·33		25 4-00 18 2-94
153 1·18 224 1·72	613 4-71 779 5-98	129 0·99 94 0·72	158 1·21 142 1·09	86 0.66 78 0.60	37 0·28 42 0·32	_ 0.01	_ 2 0-02	101 0·78 73 0·56	37 0·28 7 0·05	49 0.38 33 0.25	62 0·48 27 0·21	22 0·17 14 0·11	0-008 4 0-03	34 0·26 24 0·18	9 0-07 11 0-08	27 0·21 30 0·23·	71 0·55 77 0·59	206 1·58 187 1·44	65 0·50 45 0·35	12 0·09 9 0·07	534 4·10 411 3·16	105 0·81 31 0·24	12 0-09 17 0-13	146 1·12 96 0·74	75 0·58 57 0·44	7 0·05 5 0·04	419 3·22 494 3·80
190 2·23	819 9-62	=	=	84 0-99	64 0.75	=	=	=	=	=	=	_		=	=	=	=	=	=	=	=	=	=	=	=	=	_
				* In	ifant ch	ildren n	ot inclu	ded.																			

TABLE III. (1948-49)

SYSTEMATIC MEDICAL EXAMINATIONS.

CLASSIFICATION.	Enti	RANTS.	SECOND A	GE GROUP.	THIRD A	GE GROUP.		GROUP.	ROUTINE F	EXAMINATION TAL.		SYSTEMATIC INATIONS.	GRAN	D TOTAL.
	No. of Children.	Per- centage.	No. of Children.	per- centage.	No. of Children.	Per-								
I. Children free from defects,	3,174	38.7	3,278	39-16	3,469	45.49	351	58-99	10,272	41-42	481	38-92	10.753	centage
I. Children (otherwise free from defects) who suffer from :—												00.02	10,100	41.9
(a) Defective Vision not worse than 6/12 in the better eye, with														1
or without glasses; or (b) Conditions of mouth or teeth requiring	11	0.13	732	8.74	787	10.31	68	11.43	1,598	6.44	14	1.13	1,612	6-2
treatment, (c) Both (a) and (b),	90	1:1	64 5	0-76 0-06	42 9	0·55 0·12	8 2	1·34 0·33	204 16	0·82 0·07	21 —	1.7	225 16	0-86 0-06
Total,	101	1.23	801	9.56	838	10.98	78	13-10	1,818	7-33	35	2.83	1,853	7-12
I. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks,	3,537	43-11	3,108	37-13	2,347	30.76	120	20-18	9,112	36-74	537	43-45	9,649	37:06
7. Children suffering from defects where (a) Complete cure may ultimately be ex-									0,112	00.14	337	40.40	9,049	37.06
pected, (b) Improvement only	1,290	15-72	1,041	12-44	828	10.85	30	5.04	3,189	12.85	166	13.43	3,355	12.89
may be expected,	102	1.24	143	1.71	147	1.92	16	2.69	408	1.65	17	1.37	425	1.63
Total,	1,392	16.96	1,184	14-15	975	12-77	46	7.73	3,597	14-5	183	14.8	3.780	14.52
Total No. of children examined,	8,204	100%	8,371	100%	7,629	100%	595	100%	24,799	100%	1,236	100%	26,035	100%

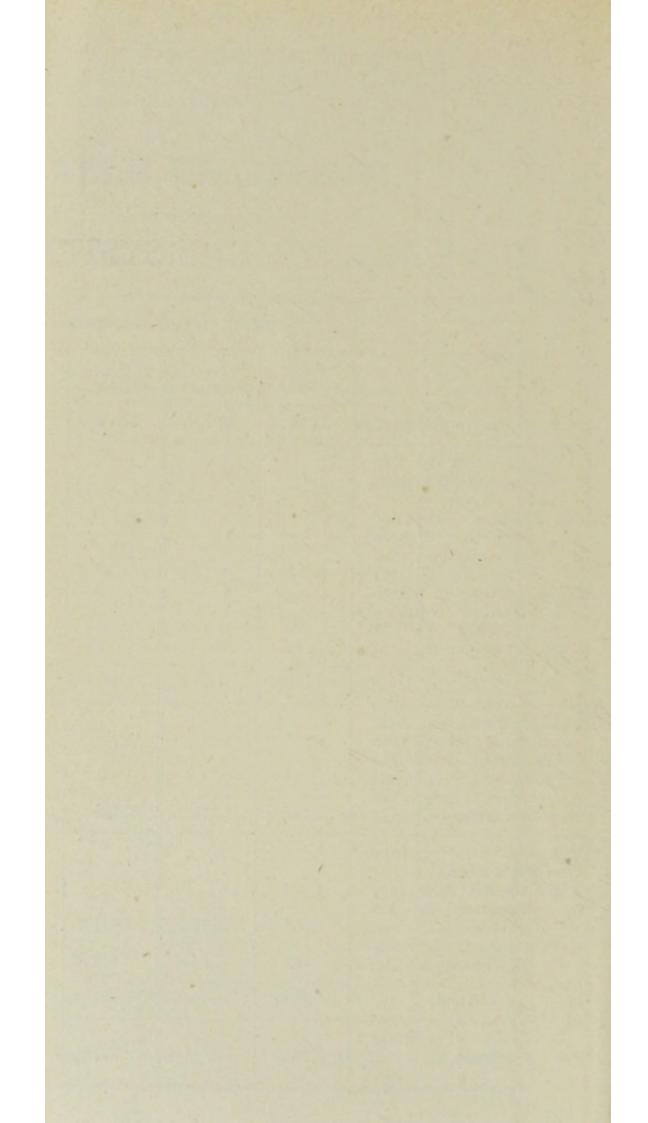


TABLE IV. (1948-49).

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

Disability.	At Ordinary Schools.	At Special Schools or Classes.	Total.
1. Blind,	_	_	
2 7 4 11 11 1			
2. Partially sighted— (a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition, (b) Other conditions of the eye, e.g.,	7	29	36
cataract, ulceration, etc., which render the child unable to read ordinary school books or to see			
well enough to be taught in an	5	14	19
ordinary school,	0	14	10
3. Deaf—	700		100
Grade II	186 98		186 98
Grade IIA,	3	7	10
Grade IIB,	2	37	39
G1440 111,			
4. Defective Speech— (a) Defects of articulation requiring special educational measures, (b) Stammering requiring special educational measures,	236	18	254 60
tional measures,	00		
5. Mentally Defective (Children between 5 and 16 years)—			210
(a) Educable (I.Q. approximately 50-70),	54	564	618
(b) Ineducable (I.Q. generally less than 50),	6	36	42
6. Epilepsy— (a) Mild and occasional, (b) Severe (suitable for care in a residential	24	28	52
school),	1	4	5
7. Physically Defective (Children between 5 and 16 years)—			
(a) Non-pulmonary tuberculosis (exclud-	8	34	42
ing cervical glands),	153	120	273
(b) General orthopaedic conditions, (c) Organic heart disease,	249	52	301
(d) Other causes of ill-health,	72	299	371
		128	128
8. Other Multiple Defects,	_	120	120

Note: -All of the figures given in this Table are mutually exclusive.



-		LE	-	-	-											19	D	ENT.	AL	INSI	PECT	LION	A	ND	TRE	EAT	MENT	Г (194	8-49)																
Senore, Passenger	6 year		6 year		Tytus		700	1 17	nur.	107	Hara.	Hy		RS EXAMIN	-	Tab.		un. I	14 yrs		16 year	ec. I	37.70		14 50			None	Nonway.		Personage	Number of Popula	Number	Number of	Dema	Tions.		FILL	LENGS	-	1 0		Number o	ď ,	Sanorea
	Det :	Del.	34	264	In.	NO La	BM	24	Rid	Tet.	264	- ba	265	14 2	a Inc	Ded	14	24			Int.			254			Total	Doys.	Cab	Tons.	Properties Processes	Treatment Treatment	of Paper Treated	made hy		2000	Line	igen.	Cer	ment.	Tes	ATRINE.	James James	-	
No. 1	44	=	41	-	41	- 0	1 -	3)	-	64	100	59		74 -	91	-	97		34	-	-	-	18				500	207	110	330	65-4		-	2 revision t.	-	From	Time.	Perm.	Temp	Frem.	Trup:	Pers.	Care	Trup- ment	Top 705
- 2	79	-	68		26	- 0	0 -	47	-	E8	-	99		16 -	- 54		43	- 1	4				BI				615	172	177	349		241	212	947	135	30	3	92	-		2	- 50	-	24	
- 3	284	=	200	-	204	- 33	1 -	223		360	-	301	-	288 -	315	-	211		95	_	24						3.121	294	177	1000	16.7	250	230	249	234	29	13	136	=	-	3	24	-	20	4 4
	472	-	426	-	436	- 40	0 -	465	-	431	-	421		379 -	931		338		60		11		101				4.289	1.347		1,504	61-6	850	492	544	406	86	23	248	-	- 15	2	34	-	12	30
- 4	347	-	203	-	306	- 31	5 -	330	-	362	-	328	-	200 -	246		129		13				ш			17	2303		1,355	2,512	63-0		838	1,045	813	399	257	012	- 5	63	31	56	-	176	373
- 4	302	-	360	-	360	- 37	2	402	-	361	-3	369	-	230 -	200	-	237	_	53				BII					1,066	1,180	2,100	76-0	863	695	1,294	622	133	104	165	2	. 0	2	223	4	190	25
- 7	215	-	260		243	- 21	1 -	231	-	227		218	-	182 -	163	-	193		11				Bil				1.881	2,200	3,177	10000	21.8	1,907	1,100	2,606	1,335	240	=	1,004	436	88	-	297.	6	406	24
	107	-	166	-	139	- 15		147	-	366	-	115	-	167 -	113		119						Bill	=			2,112	763	852	1,607	76.0	794	366	965	551	21	3	249	013	26	-	369	-	94	17
- 2	443	-	306		366	57	s -	344		337		190	_	204	150		172		20				ш				1,500	395	653	1100000	10-0	603	677	812	204	234	3.5	555				262	-	141	34
_ 30	300	-	356	-	333	- 33	3 -	306	-	317	-	342		479 -	533		415		101				E .				3,100	1/976	1,120		110	100000	104	1,365	792	902	10	546	423	43	201	212	-	206	25
- 11	514	-	451	-	472	- 53	6 -	450	-	411		538	-	414	205		711		194		**		100		-5	-	4,160	1/618	1,700	3,327		1,761	1,230	2.223	1,253	190	65	1,226		50	-	361	-	290	30
- 11	434	-	480	-	318	- 53	. 2	508	-	523		125		103 -	545		633		200				181		3		0,601	1/103	3,979	4,902	50-0	1,684	1,277	1,356	915	163		720	800	185	-	560	-	245	40
_ 13	555	-	614	-	521	- 32	0 -	647	-	667		597			1.031		942				233		0.		-		5,472	1,462	1,811	3,913	66-6	1,629	1,006	1,724	847	275	247	154	35	46	22	136	-	217	40
. 34	60	4	12		75	- 6	7	78	-	64		41			159						172		(S)	5	32		7,889	2,890	2.000	4,460	26.6	1,040	1,000	2,317	1,230	335	- 66	1,337	130	36	3	477	-	364	72
Detail	4,265	-	4,308	-	4,216	- 4,11	7 -	4,363		4.418		4.200			4.953		4 296		77				21	-			1,133	409	426	143	16-0	154	112	246	1)	24	8	322	-	7	-	90		56	0
-	-	7.750	-				-							-	4,900		4.050	- 1	768.4		630		200	-	47		65,1118	85,424	15,509	11.381	60 [14,433	10,755	14,374	2.595	1,710	854	8,997	2,796	565	362	2,873	- 10	2,666	180

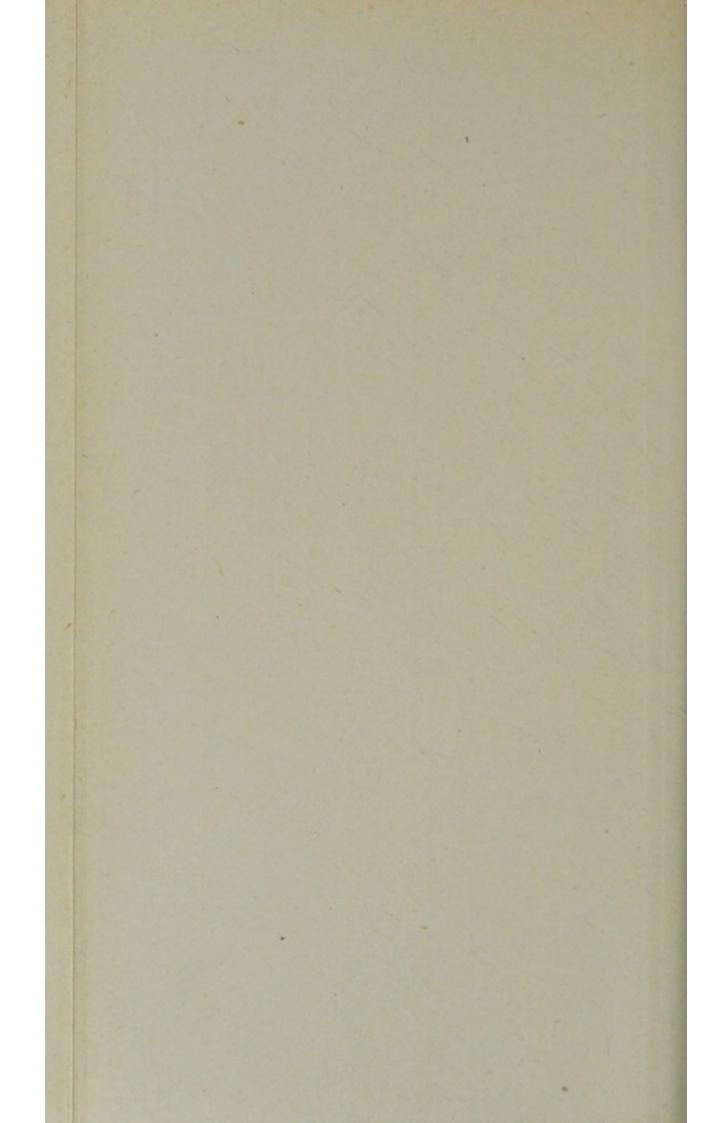


TABLE VI. (1948-49).

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.					1	
Blantyre	77	16	93	74	3	-
Cadder	31	108	139	22	9	-
(Bishopbriggs and Chryston)						
Carluke	62	86	148	53	9	-
East Kilbride	30	39	69	30	_	-
Lanark	121	-	121	111	10	-
Larkhall	113	-	113	97	16	-
Shotts	148	258	406	124	24	-
Strathaven	23	46	69	21	2	-
Uddingston	93		93	84	9	_
Wishaw	193	115	308	154	39	-
Knowetop Special School	15	32	47	13	2	-
Dr. Margaret H. E. Martyn.						
Airdrie	201	347	548	183	18	5
Baillieston	122	95	217	112	10	11
Bellshill	160		160	149	11	6
Cambuslang	104	17	201	162	22	6
Rutherglen	98	-	98	88	10 .	1 .
De Livere Hyr					1 22 1	
Dr. James Hill. Coatbridge	361	430	791	337	24	_
TT. "14	050	299	557	237	21	_
35.4h	2/19	675	1,017	319	23	_
Motherwell	942	010	1,011	010	20	
Total	2,632	2,563	5,195	2,370	262	29



	AIR	IRDRIE CLINIC. SAILLIESTON CLINIC.		ILLIESTON CLISIC.		ILLIESTON CLINIC.		HARSTON CLINIC.		ILLIESTON CLINIC.		2	BELLSHILL CLINIC.		BLANTYRE CLINIC.		LINE.	CAMBUSLANG CLINIC.		COATERIDGE CLINIC.		SIAMILTON CLINIC.		CLINIC	LARKHALL CLINIC		MOTHERWELL CLINIC		CLINIC.	RUTHERGLEN CLINIC		SHOTTS CLINIC.		WISHAW CLIN		INIC.
	Boys.	Girls. Attendance	. De	e Cas	Total Attendance	e. Bey	. Ciri	Total Attroduce	Boys.	Girla.	Total Attendance.	Boys.	Cirt.	Total Aviendance.	Boys	Girla.	Total Attendance	Boys.	Girls.	Total Attendance.	Boys.	Garla	Total Attendance.	Soys.	Girlis	Total Attendance.	Boys.	Garla	Total Attendance.	Doys.	Girls. A	Total Attendance.	Boys.	Girts .	Total Utendance	
HEASES OF THE EVE- Forpharitis Conjunctivitis Corteal Ulcer, Corteal Ulcer, Ophthalms and Phylogeniller Cosj. Morattis Internstriat, Introducin Styp). Chicologie. Chicologie. Chicologie. Chicologie. Chicologie.	37 6 1 	41 894 6 62 1 22 8 165 21 74 - 6	Sant total	200	42 91 —	54 25 	22	456 4 6 124 —	27 12 -3 	24 10 2 2 1 7	506 86 2 33 	28 20 16 3	47 17 — — — — 18 —	715 150 — — — — 81 — 20	88 31 1 	107 28 2 1 — 31 — 4	2,211 273 40 41 — 180 — 58	6371 17 7	43 7 1 1 15 3	1,304 225 7 — 1 — 227 — 227 — 29	H H H H H H H H H H H H H H H H H H H	15 9 1 -1 -7 -7 -2	218 100 6 -2 -2 -26 -8	34 14 - 7 - 2	32 6 10 	525 135 01 -2	30 11 11 2	45 14 	479 1803 25 3 74 17	3 1	6 1	120 18 	39 12 2 13 2	52 32 9 -3	765 317 	
ntants of the Sain— Impetigo Certagiona, Engerigo Certagiona, Engeria, Alopeica Arenta, Seabies, Pediculosia Capeta, with Impet. Central, Central, Central, Dermatitis Schorthorics, Wounds and Septic Sores, Previous. Cher Sain Diseases,	48, 10 2 19 1 1 325, 1 44	35 415 5 72 1 48 21 137 8 22 428 194 1,292 22 428 194 1,900 2 22 2 38 565	20 mm	2	8 273 80 2 25 0 60 1 6 4 44 4 46 5 1,826	51 3 17 1 26 204 234 3	36 1 1 21 6 57 40 143	315 8 8 8 99 16 83 410 1,436 19	65 65 65	23 	274 309 274 56 285 183 1,656 1,182	77 41 7 1 2 5 5 7 488 5 137	83 13 13 1 5 10 74 3 337 4 166	968 289 178 3 9 65 282 38 2,631 30 1,651	50 12 3 30 	173 42 4 3 33 33 19 199 18 251 2 43	2,809 442 68 53 290 24 1,183 410 2,183 60 690	100 116 21 3 33 7 46 7 335 31	58 14 	1,843 1,235 291 24 335 326 2,449 174 2,693 1,31	32 8 1 8 1 10 3 73 1 30	25 8 	219 62 22 130 6 386 28 826 7 465	52 1 1 9 - 4 4 4 58 2 34	26 8 2 15 101 111 32 3 16	354 36 41 99 415 64 311 23 243	31 4 1 1 -3 3 219 -73	81 14 3 	701 530 38 5 36 14 50 142 1,150 1,005	7 1 24 	7 11 29 3 6	143 60 3 186 7 52 26	68 59 9 6 25 	96 46 9 29 29 131 7 57 21	610 111 89 288 	
TOTAL,	475	520 4,901	29	23	2,099	400	379	3,163	429	439	4,514	608	626	5,176	684	605	5,363	663		9,091	167		2,371	165	214	1,586	335		2,900	38	51	323	1000	302	-	
Cironic Suppurative Inflammation, Ceruminous Collection,	35 17 2 5	33 1,129 11 85 1 36 1 10	No.	1	5 21 3	34 33 -7	12	84	34 7 2 2	24 3 -1	451 29 3 30	43 8 -7	32 14 10 2	741 62 13 39	78 29 10 13	28 21 8 7	1,382 130 42 70	72 23 30	48 28 1 12	1,944 274 4 132	14 9 - 3	12 7 11	523 52 — 34	37 5 1	18 5 	499 54 1 104	12 6 2 5	18 5 	323 32 3 19	3	=	26 	26 6 	17 4 11	607 34 — 61	
TOTAL, NAME OF THE NOSE— NAME Obstruction,	6	8 72 	9	1	- 18	54	-	37	45 5 1	28 3 1	502 64 6	58 28 2	55 24 2	855 463 11	130 16 4	18	1,624 293 14	125	15	2,354 514 21	26 10 1	30 6	120	34 11	35	658	25	32	377 28 10	/ 3		26	42 17	32	702 241 6	
Total, Ringwarm of Head, Ringwarm of Body,	6 7	8 72 2 81		1 9	5 173 2 108	11		-	6	4	70	30	26	474	20	19	207	22	15	535	11	6	123	11	5	199	7	1	38		1	12	16	10	247	
Total,	17	9 121			4 185	1	1	5	2	-	7	1		2	11	- 6	106	12	6	128		-	-	1	-	5 5	2	2	16	-	-	-	-	-	-	

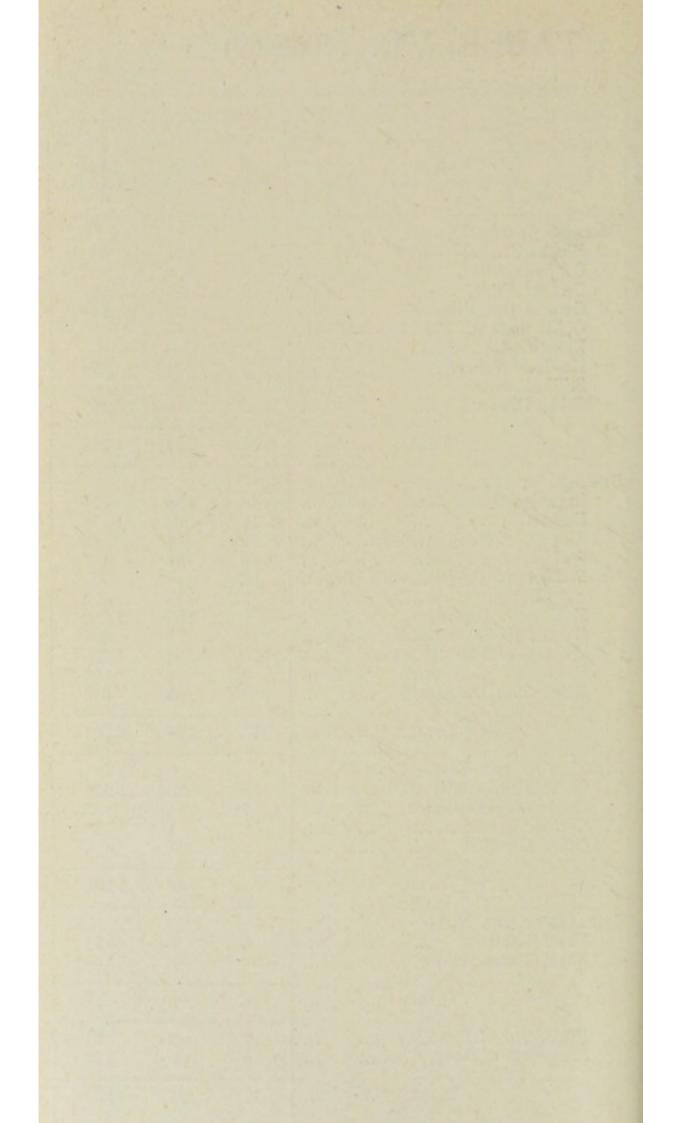


TABLE VIIa. (Supplementary), 1948-49.

MINOR AILMENTS (Treatment at Emergency Clinics).

			E DISE	ASES.		KIN DIS	EAGE	1								
CLINIC.		-	-			TAIN DIS	EASES.	_ E	AR DISE	CASES.	DISE	ASES C	F NOSE.			
		Boys.	Girls,	Attend- ances.	Boys	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.			
Blackwood		6	10	51	128	114	1,340	2	7	49						
Lesmahagow		22	30	106	304	268	2,772	11	19	107	2	2				
Carluke		8	16	155	288	192	3,579	22	9	296		2	7			
Carnwath		8	13	284	195	234	1,952	4	9	114	1	2	-			
Lanark		9	5	185	84	76	672	17	13	279	1	1	46			
Forth		14	7	336	59	73	1,093	7	7	95	1	7	70			
Stonehouse		12	14	170	73	81	818	7	11	80		1	107			
Strathaven		12	14	75	158	160	1,276	4	6	79	2	10	2			
East Kilbride	,	4	11	95	136	100	897	4	5	25	2	10	177			
Benhar		16	43	596	202	213	2,006	12	17	403	3		54			
Mobile Clinic		15	17	693	317	218	3,340	15	16	376	3	_	32			
Uddingston		9	16	49	87	141	368	4	16	36	_	2	24			
	-								10	30	2	-	4			
TOTALS		135	196	2,795	2,031	1,870	20,113	109	135	1,939	14	25	523			

Total number of children treated 4,515

Total number of attendances made 25,370

