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COUNTY COUNCIL OF DUNBARTON



Annual Report

on the

Medical Inspection of School Children

By SAMUEL HARVEY,
M.B., Ch.B., D.P.H., M.R.C.P.(Edin.)

Medical Officer of Health

1959-1960 (Year ending 31st July, 1960)





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COUNTY COUNCIL OF DUNBARTON.

SCHOOL MEDICAL STAFF.

Supervising School Medical Officer SAMUEL HARVEY, M.B., Ch.B., D.P.H., M.R.C.P.(Edin.).

School Medical Officers

IAIN MACLEOD, M.B., Ch.B., D.P.H.

CHARLES C. SLORACH, M.B., Ch.B., D.P.H. (part-time).

AGNES W. B. F. O'GORMAN, L.R.C.P., L.R.C.S.(Edin.), L.R.F.P.S.(Glas.), D.P.H.

> HARRY C. T. SMITH, M.B., Ch.B., D.P.H. DAVID B. CAMPBELL, M.B., Ch.B., D.P.H.

> Chief Dental Officer FELIX A. CASSIDY, L.D.S., D.D.S.(McGill).

> > Dental Surgeons

MARY W. DINN, L.D.S.

JAMES H. FERGUSON, L.D.S.

RICHARD DOCHERTY, L.D.S. ANNE G. JACKMAN, L.D.S.

MARGT. McKENNA, B.D.S. MARTYN L. H. DAVIS, L.D.S.

MARGT. S. M. S. BLACK, MARGT. T. N. MacALPINE,

B.D.S.

B.D.S.

STANLEY W. BUNTING, L.D.S. VERONICA McILROY, B.D.S.

Senior Dental Technician JAMES FYFE.

Dental Technician ALEX. M. TORRANCE.

Ophthalmic Surgeon

JAMES M. TENNENT, M.B., Ch.B., B.Sc., D.O.M.S., F.R.F.P.S.

Ear, Nose and Throat Specialist W. GOUDIELOCK HOOD, M.B., Ch.B., F.R.F.P.S.

Anæsthetists

A. FERGUS McINTYRE, M.B., Ch.B. H. P. COOPER HARRISON, M.B., Ch.B.

> Superintendent Physiotherapist MORAG T. GALLOWAY.

Physiotherapists

AGNES McF. MALCOLM. ELIZABETH M. Y. McNICOL. JEAN S. A. HOWATT.

> Superintendent of Nurses CATHERINE T. GAVIN.

> > Nursing Staff

ELEANOR I. CHRISTIE. KATHERINE S. STEVENSON. ALICE GEE. MARGARET W. CHRISTIE. AGNES C. JOHNSTON. CHRISTINA S. L. KING.

MARGARET CALLANDER. MARGARET G. MILLER. MARY CALLAGHAN. CATHERINE M. SCOBIE. C. FOWLER. R. L. SHAW.

ANNIE OFFICER.

WILLIAMINA MASON.

J. McLAFFERTY.

JEAN P. McHAFFIE.

ELIZABETH T. CRAWFORD. ELIZABETH A. SANDILANDS.

MARGT, M. MACDONALD.

CATHERINE DEMPSEY.

ANNIE MOORE. EMMA B. SMITH.

M. MARTIN.

Audiometrician CHRISTINA P. ROGERS.

Orthoptist WINIFRED M. McALISTER.

> Orthoptic Attendant MAUREEN MURNIN

Dental Attendants

ANNIE J. RAE. MARGARET SAMSON. MARJORIE E. P. GARDNER. MARTHA W. KINLOCH. MARGARET BOYLE.

JANETTE McK. LAVERTY. MARGARET MAGUIRE. EDITH H. NOBLE. LILIAS C. LEES. ANNE KELLY.

Orthopædic Clinic Attendant MARGARET C. BLACK.

Clerks

ELIZABETH A. McLEAN. ELIZABETH MACFARLANE. JUNE B. SINGLETON.

REPORT

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN IN THE COUNTY OF DUNBARTON.

1.—LIST OF STAFF. (See pages 5 and 6.)

2.—(a) NUMBER OF SCHOOLS.

Cumbernauld	 		 	 6
Kirkintilloch	 		 	 9
New Kilpatrick	 		 	 6
Old Kilpatrick	 		 	 18
Dumbarton	 		 	 8
Vale of Leven	 	***	 	 13
Helensburgh	 		 ***	 10
				_

(b) Number of Children on Register and in Average Attendance during Session 1959/60.

70

School Mana	agement	Area	7.	Average on Roll.	Average Attending.	Per Cent.
Cumbernauld		***		1004.0	930.1	92.6
Kirkintilloch				4545.3	4233.3	93.1
New Kilpatrick				2931.4	2747.8	93.7
Old Kilpatrick				10501.0	9625.6	91.7
Dumbarton				5929.3	5476.1	92.4
Vale of Leven				4074.4	3799.7	93.3
Helensburgh	***			2185.1	2015.8	92.3
	Total			31170.5	28828.4	649.1

NUMBER OF VISITS FOR SYSTEMATIC EXAMINATIONS.

Note.—One whole day spent in school counts as two visits. (morning and afternoon sessions).

1 Number of	visits as above				417	,
I. MIIIIIDEE OI	VISHS AS ADOVE			 	 	

NUMBER OF SPECIAL VISITS BY MEDICAL OFFICERS.

3.	For re-examination of			mudren	***	***	***	***	***	31
4.	Attendances at school			***	***	***	***	***	***	260
5.	Attendances for offic	e work	, etc.	***			***	***	***	132
6.	For inquiry regarding	g infect	ious o	diseases	(inclu	ding sc	abies)	***		5
7.	Diphtheria immunisa			***					***	50
8.	Poliomyelitis vaccina	tion				***	***			92
9.	B.C.G. vaccination							***		36
0.	Others									304

SANITARY CONDITIONS OF SCHOOLS.

The Property Committee, when making their annual inspection of Education buildings and other properties in the spring of 1959, paid special attention to the lavatories which were found to be generally in a satisfactory condition, well maintained and cleaned.

The toilets at all schools are completely overhauled during the summer vacation each year when all defective sanitary fittings are replaced and painter work carried out, where necessary.

The Visiting Committee noted that the ranges of outside lavatories at several of the older schools are reaching a stage when replacement is necessary and the Education Committee, to whom the matter was referred have agreed, over a period of years, to provide new toilets attached to the main building at these schools in order that the heating may be extended to these offices and so preclude the likelihood of damage during severe frosty weather.

During the financial year such work was carried out at St. Patrick's Elementary School in Dumbarton and a major overhaul of the toilets at West Bridgend School, Dumbarton, was carried out.

Additional toilets were provided at Ardlui House, Helensburgh, and extra sprays and wash-hand basins for Infants were installed at Notre Dame R.C. High School.

The Committee also approved the modernising of the washing facilities at several schools and this work was completed during the Summer vacation.

The usual extensive programme of internal painter work of classrooms, toilets, staffrooms, halls, corridors, passages, etc., was done and a considerable amount of washing-down work completed.

ORGANISATION AND ADMINISTRATION.

For Organisation and Administration, etc., and Co-operation with Public Health Department, Sections A, B, C, D, E and F, see pages 9 to 15 of the Annual Report, 1948-49.

PARENTS PRESENT AT INSPECTION.

School Management Area.			No. of Children Examined.	No. of Parents Present at Routine Examinations.	Per Cent.	
Cumbernauld	***			265	145	54.7
Kirkintilloch			***	1237	420	33.9
New Kilpatrick				849	394	46.4
Old Kilpatrick				2799	1472	52.2
Dumbarton		***		1747	680	38.9
Vale of Leven				1086	503	46.3
	Total			7983	3614	45.2
				DESCRIPTION .	-	DOMESTIME

GENERAL REVIEW.

Routine inspection was carried out on 7983 children—an increase of 451 on last year's total.

The number of children examined non-routinely, i.e., at clinics mainly, was 1461.

Three thousand six hundred and fourteen parents were present at the routine examinations.

PHYSICAL CONDITION.

The percentage of children found to be free from all defects on routine school examination was 60.75, as against the previous session's figure of 61.27. The percentage of children free from defects in the different age groups was as follows:—

Entrants			****	 		55.60
Second Age Group				 		61.25
Third Age Group	***	***		 	***	62.63
Fourth Age Group				 		57.49

In Table I the number of children who were found to be requiring treatment (excluding uncleanliness and dental caries) and whose parents were so advised was 266, 67 less than last session.

60.39 per cent. of the children examined had already been immunised against diphtheria.

DEFECTS AND DISEASES.

Total No. of Boys Examine	d (All	Areas)	 	 4082
Total No. of Girls Examine	d (Al	Areas)	 	 3901
Grand Total			 	 7983

Clothing:

During the session 2 children (both girls) were found to have unsatisfactory clothing.

Footwear:

No cases of children with unsatisfactory footwear were found.

Uncleanliness:

2.1 per cent. of the children systematically examined were found to be in a verminous condition of head and/or body. The numbers were 31 boys and 137 girls.

Skin Diseases:

Ringworm: No cases of ringworm of the head or body were discovered.

Impetigo: Five cases of impetigo of the head were discovered during

the session and four cases of impetigo of the body.

Scabies: Two children were found to be suffering from scabies

during the year.

Nutrition:

Thirty-two of the children examined were found to be suffering from defective nutrition. Thirty of the cases were classified as "slightly defective" and the remaining two as "bad."

SCHOOL DENTAL SERVICE.

ANNUAL REPORT, 1959-60.

At the commencement of the school year we were fortunate in obtaining the services of four recently qualified dental graduates, thus bringing the Dental Staff for the first time in twelve years up to full establishment, namely 13 Dental Officers. The school population, however, has risen in the past twelve years from under 24,000 to over 30,000.

Within the first three months of the session, two of the older Dental Officers resigned, one for domestic reasons, the other to take up a Local Authority appointment nearer his home. At the close of the session two other Dental Officers resigned, both to enter private practice. We were back where we started. Changes in staff are not beneficial to any service, and this is especially true of children's dentistry where the patient-dentist relationship is so important. Disheartening as the picture of School Dentistry to-day appears, we, locally, are indeed fortunate to obtain the service of Dental Officers even for limited periods when so many Local Authorities are unable to fill the vacancies in their Dental Services. This state of affairs is likely to be with us until it is realised at a National level that prevention is better than cure and that preventative dentistry starts with the Expectant and Nursing Mothers, Pre-School and School Children.

With the additional staff it was possible to undertake for the first time treatment at the Mill of Haldane Clinic serving the Balloch and Jamestown areas and also at a clinic located within Edinbarnet School. The new

clinic at Goldenhill went into operation in November. This clinic contains an up-to-date dental surgery where in addition to the conventional type of dental engine, there is a modern high-speed engine motivated by compressed air. This is the second of this type of dental engine to be installed in our clinics and both are appreciated by the patients and dentists concerned.

The number of attendances made by school children for treatment during the session shows an increase of 2710 making a total of 24,072.

Administrations of General Anæsthetics increased by 500 (1728 as against 1238). A total of 11,980 fillings were inserted, this being an increase of 2643 over the previous year.

A considerable amount of treatment was also carried out for Expectant and Nursing Mothers and Pre-School Children, which is included in a separate report.

Taking the resignations of Dental Officers during the session into consideration, the total volume of work carried out can be assessed as that done by approximately 11 Dental Officers.

In my report of 1953-54 I stated from clinical observation that "Dental decay is not only more prevalent in the teeth of the children than formerly, in addition, it would appear that the rate of progress of decay is much more rapid." Support for this statement was made by a leading dental authority at the British Dental Association Meeting in Edinburgh in July. Therefore, with dental decay so widespread and rapid in its progress towards pulp (nerve) involvement, the dice is indeed loaded against a school child reaching adolescence with an unbroken dental arch.

When a child has had teeth conserved by means of fillings, it is both unwise and uneconomic to allow this condition to revert. This can only be avoided by regular periodic rechecks followed by treatment if necessary. How this is to be achieved in view of the high incidence of dental decay, a bulging school population, coupled with meeting the dental needs of Expectant and Nursing Mothers and pre-school children, with inadequate dental personnel, is the problem facing School Dentistry to-day. Is the time not long overdue when some concerted action at National level be taken along lines aiming at prevention?

F. A. CASSIDY.

DEPARTMENT OF SPEECH THERAPY AND SPEECH TRAINING.

ANNUAL REPORT, 1959-60.

After one year of the unison of these two branches, the work has proceeded smoothly, and with satisfactory results.

Speech Therapy has been carried out on the usual pattern of mainly individual treatments of twenty to thirty minutes' duration according to the nature of the disorder, and small groups have been taken where possible. In addition, during the past session, group treatment for the pre-school child, suffering from mutism and severe delay in speech development, was arranged in the Kirkintilloch area under the direction of Miss Nisbet, Speech Therapist in that area. The result of the experiment was quite remarkable and consisted of speech therapy in play form. Subsequently, two more of these groups were arranged, one at Moss Cottage, Dumbarton, and the other at Bank Street Clinic, Alexandria. We are indebted to the Medical Officers for referring to us all the cases of Speech Defect in the pre-school child. Treatment during the fourth to fifth year has been very rewarding.

Although we were one Therapist short of our establishment throughout the entire session, and had another vacancy from Christmas to Easter, all very needful cases have had attention, and the waiting lists somewhat reduced. Miss Boyle left last July to take up a hospital post. In December, Miss Kirkland resigned to continue further study in another field. In August, we part regretfully with Miss Little, who has just secured a post at the Western Infirmary. She has been a most conscientious and capable therapist, and we wish her every success in her new sphere. Mrs. Ferguson replaced Miss Kirkland in April, and Miss Irene McKellar will join the staff at the start of the new session. To both we extend a very warm welcome. The department is in need of two more therapists to cover the work, but at present the supply is so short that we have been unable to secure any others.

The appended classification will show the reduction in our waiting lists despite these breaks in the service. The carry over from the clearing of defects to the use of normal voice and speech has been assisted by the teachers of speech training who have given periods of individual help to such cases after they have acquired the new skill, by having them in their speech training classes with the normal speakers, and by encouraging them to take part in the speech and drama projects of the class. We have, however, schools which cannot be served owing to staff shortage in both branches, and where, undoubtedly, there is work to be done. On the therapy side, some large schools have had to be cut to one half-day only per week, and some newer ones will not have the service meantime. Our very newest school for the Handicapped Children, Auchentoshan, would require a therapist to be visiting at least two days per week. The two Regional Clinics run by myself, one at Moss Cottage for the Dumbarton

area, and one in the medical suite at Kilbowie P. School for the Clydebank area, try to cater for all urgent or special and post-operational cases from any of these schools as well as from those in the existing service.

Most of our therapists have very suitable premises in which to work. We experienced some difficulty in the Helensburgh area this past session because of the lack of accommodation, although the schools were most co-operative in making the best arrangements possible. However, the two rooms in Ardlui House allocated for this service may be available at the start of the new session, and will serve as a Regional Clinic for most of the schools in the town of Helensburgh, and for the visiting cases from the out-lying district round the loch. Cases resident beyond Balloch are served by the Haldane School Clinic, where the Committee has provided excellent facilities within the school, and the children outwith Kirkintilloch are treated at Townhead Clinic by courtesy of the Medical Officer.

On 14th May a very interesting meeting of Dentists and Speech Therapists took place in the new Clinic at Goldenhill. The object was to try to discover how best we might co-operate with each other in cases under orthodontic treatment, and to decide whether speech therapy would be most beneficial before, during or following orthodontia, and to arrive at a clearer understanding of what was expected of each department. Dr. Anne H. McAllister took the Chair. Such meetings at intervals could be very profitable to all concerned.

As formerly, we are indebted to the County Medical Officer for the use of the Clinics. Every facility is given by the County's Medical and Nursing Staff to make Centres available and convenient for speech therapy treatment, and willing co-operation and advice is instantly forthcoming when required. The Audiometress, Miss Rogers, has also been most helpful and prompt in her response to our request for her services. On school visits, without exception, every courtesy, facility and assistance possible has been given by Head Teachers and Staffs. Especially valuable is the guidance given by the Director of Education, by the Principal Psychologist, Miss Calvert, and by Dr. Anne H. McAllister, Honorary Consultant. We are deeply grateful to Dr. McAllister for visiting the Clinics of the two new members on our therapy staff, appointed in August last to their first professional posts. Two full-day and two half-day sessions were also given for consultations on cases of special difficulty. Seventeen cases in all were seen and the results were very satisfactory. In addition, during my own supervisory periods every clinic and school in the service was visited several times and consultation and advice on one hundred and fifteen cases presenting difficulty was given to the therapist concerned. These cases were recorded and we find that the recording apparatus is a most useful asset in our clinical equipment.

First to Third Year students from the Glasgow School of Speech Therapy were admitted to our clinics for observation purposes, and for clinical training, and two of the Final Year candidates for the Diploma were examined at Moss Cottage and Linnvale School clinics respectively. I thank Mr. Thomson, Headmaster of the latter, for his co-operation during the examinations.

On the Speech Training side, four teachers of this subject working full-time, and myself teaching one day per week, have covered twenty-one schools. Primary classes, II to VII have been under instruction and have responded well. Three secondary schools were included in the programme, one from each of the three areas, viz.: Dumbarton Academy, Clydebank High and St. Ninian's, Kirkintilloch. I myself taught both the Primary and first to third years (certain sections) of the secondary pupils at Notre Dame High School. It is hoped that in the near future we may be able to arrange a programme of speech training in the summer term for post-highers groups who will be leaving school, and either going on to further study for professions, or to situations which will undoubtedly require a good standard of cultured speech. Many of the Headmasters have commented upon the value of the work, and others have asked for it for their schools. With the existing staff, however, no more can be done. We have found, too, that in the larger primary schools, one day per week was not sufficient to cover the various age groups over three terms. Such schools as Dalmuir, St. Stephen's, Elgin Street, Edinbarnet, Aitkenbar, St. Flannan's, etc., are in need of this training, but only minor changes will be made in the time-table because it is the policy to try to establish our standards in the schools already under instruction. An effort has been made to discover which age groups provide most fruitful results, and to have these covered. It is unfortunate that, so far, we have been unable to increase the staff.

As well as carrying out a given scheme of work, certain projects were undertaken to stimulate interest, and to give the pupils every chance to use the better level of speech taught. Verse chorals were entered for the various festivals by Miss Webster, and our pupils distinguished themselves by obtaining first places at each presentation. A non-competitive Inter-Schools' Drama project was undertaken. One was held for the Dumbarton area in the new school hall at Dalreoch in which Cardross, Dalreoch, St. Patrick's McLean Place and Knoxland Primaries, along with Notre Dame and Dumbarton Academy took part. Two others were presented in the Clydebank area, on the stages of the new school halls of Kilbowie and Linnvale, in which Milngavie, St. Eunan's Linnvale and Kilbowie Primaries took part, with visiting teams from Dumbarton. These functions provided opportunity for using good speech, for pleasure in its use, and for managing it in the presence of fellow scholars, parents and friends. The children were well supported in their efforts, having very good audiences at each function. The parents were asked to co-operate with us in helping to maintain this better standard of speech in the daily lives of their children. Not only are we dealing with the actual delivery of words, but also with clear and concise thinking, quicker reaction to thought, and facility of language. Our department is much indebted to the headmasters concerned, namely, Mr. Sime of Dalreoch, Mr. McDonald

of Kilbowie and Mr. Thomson of Linnvale, and to certain members of their staffs for co-operation and willing assistance on the nights of performance, and also to class teachers throughout the session. At each presentation, approximately two hundred and sixty children took part in plays, musical playlets, mimes and verse choral. The project was a fairly big one, but the Speech Training staff worked untiringly, and the results were extremely satisfactory. Not only did it stimulate great interest in good speech, but the participants worked hard and with much pleasure on their various assignments. It was obvious that much benefit was derived by all.

During my periods of supervision I saw twenty-four classes, some of them several times, at various stages of the speech training scheme.

In conclusion, I would add a personal word of thanks to the combined staff of therapists and teachers who have laboured together in harmony, so effectively and beneficially, in the field of speech.

N. M. MAXWELL,

Principal Therapist, and in charge of the Department of Speech Therapy and Speech Training.

SPECIAL SCHOOLS AND CLASSES.

(1) SPECIAL SCHOOLS.

From the beginning of Session 1959/60 until May, 1960, Milton Special School catered for the mentally handicapped pupils in the western portion of the County. There was also an Occupational Centre at Gavinburn.

From May, 1960, these four classes of mentally handicapped pupils have been accommodated in the new Auchentoshan School along with the class of mentally handicapped pupils previously accommodated in Whitecrook School, the class of physically handicapped pupils previously accommodated in Hartfield School, and the classes of myopic pupils previously accommodated in Hartfield School and Whitecrook School. At the close of Session 1959/60 the numbers of pupils were:

Mentally handicapped	 	 100
Physically handicapped	 	 23
Myopic	 	 16

The Occupational Centre at Gavinburn was also transferred to Auchentoshan from May, 1960, and at the close of Session there were 55 pupils on the roll.

(2) Special Classes.

(a) For mentally handicapped children—Lairdsland School, Kirkintilloch, with 39 on the roll (two classes).

(b) For deaf-mute children—Hartfield School, Dumbarton, with 12 on the roll (one class).

(3) Institutions.

(1)	Number of physically handicapped children in Institutions paid for by the County Council	9
(2)	Number of mentally handicapped children in Institutions paid for by the County Council	5
(3)	Number of Blind Persons in training under the Blind Persons Act, 1920 (cost of training borne by the County Council and maintenance by the Local Authority)	3

REMOVAL OF TONSILS AND/OR ADENOIDS.

During the year 400 children were operated on for the removal of Tonsils and/or Adenoids. There still remained at the end of the year 300 children awaiting examination.

This is a decrease in the number of operations, 400 as against 576 last year.

MEDICAL INSPECTION OF SPECIAL SCHOOLS.

During the present session 30 children, 16 boys and 14 girls, were examined. Of these, 28 were found to be mentally defective (educable) and 1 mentally defective (ineducable), while 2 had a congenital deformity. Clothing and footgear were satisfactory in all cases, 3 children were found to have a verminous condition of the head and/or body, and 1 child was found to have an unhealthy mouth. 9 parents were present at the medical examinations and notices were issued to all parents whose children were found to be suffering from a particular defect.

MILK-IN-SCHOOLS SCHEME.

The average number of pupils taking milk in schools during Session 1959-60 was 286,982 (approximately 87 per cent. of the roll).

ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE IN SCHOOL.

Details of physical education arrangements are as contained in the Report for 1948-49.

ADMISSION OF CHILDREN TO APPROVED SCHOOLS.

During the year 27 children were committed by the Sheriff to Approved Schools.

ULTRA VIOLET LIGHT TREATMENT.

The following are details of the work done at Dumbarton, Clydebank,

Kirkintilloch, Bearsden, Alexandria and Helensburgh Clinics during the year:—

Number of patients treated			149
Total number of attendances	***	***	2343
Average number of treatments			16

Cause of	Refere	ence.		No. of Patients.	No. Improved.	Condition Unchanged.
Bronchitis, etc.	***	***	***	40	25	15
Debility				81	62	19
Skin conditions				2	_	2
Others				26	25	1
	Tota	ls	***	149	112	37

TABLE I.

Total number of children examined at:-

(a) Ordinary Schools-

	Entrants				Exa	stematic minations 2809	5.	Systematic aminations.
	Second Age Group					2524		-
	Third Age Group		***	***		2323		1461
	Secondary Schools-							
	Fourth Age Group					327		-
		Totals		***		7983		1461
(b)	Other Examinations—							
	Special cases							 11
	Re-inspection by M		Officer				1600	 26
								_
				Total		***	***	 37
								-

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and Dental Caries):—

Entrants			***	173
Second Age Group				69
Third Age Group			***	24
Secondary Age Group		vic		-
Other systematic examinat	ions			_
Total				266

TABLE II—SYSTEMATIC EXAMINATIONS TOTAL EXAMINED AT ALL AGES—7983

17 10-49 29 17-61 262 6-41 294 7-53 75
10-49 29 17-61 262 6-41 294
10-49 29 17-61 262 6-41 2
10-49 29 17-61 262
10-49 29 17-61
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15 97	00	V-1	61	11	11	1-1	1 0	P 27 20	164	1111201
0.38	0.05	0-69	11	0.05	11	0.53	0.05	0.13 0.66 0.05	4.50	60-62 0-89 16-89 0-05 37-93 6-63
8 2 01	1 03	200	11	1 -	11	00 00	8010	200	164	2365 35 659 659 1480 259 1083
0.24	0-04	0.68	11	1 1	0.02	0.12 0.19 0.29	0.24 0.02 3.35	0.29	4.84	80.16 2.08 15.62 0.24 37.65 77.79
10 10	03.03	7	11	1 1	es	1288	10 1 137	31 31 3	198	2456 85 638 10 10 1537 1198
9-0	111	11	11	1 1	1.1	111	1.21	1.81	4.24	86.06 2456 85 3.63 638 3.63 1537 23.63 1537 21.21 318 31.51 1198
-11	111	11	11	1 1	11	111	1 03	100	1	122 39 35 52 52
11 1	0.61	11	1.1	1 1	11	0.61	111	3.08	2.46	1.23 1.23 42.59 29.62 36.41
11 1	1-1	11	11	1 1	11	-11	111	113	*	122 69 69 59
0.43	111	0.08	11	1 1	11	0.34	0.08	0.08	4.5	76-25 2-94 33-44 7-1 31-54
10 01 00	111	-1	11	1 1	11	014	171		52	386 386 386 386
0.17	0.08	0.08	11	1 1	0.08	0.25	1.45	0.59	4-02	75.53 0.08 0.08 0.08 35.15 34.98
0101	1-1		11	11	-	00 00	171	41-11	47	883 1 25 1 113 411 132 409
0.08	0.16	0.16	11	0.08	11	0.24 0.16 0.08	0.24	18.0	4.33	5.83 25.82 1.68 19.24
00 10	01	10.01	11	-	11	801-	19	181	54	881 73 221 240
0.39	0.15	0.039	11	1 1	11	0.07	3.21	0.23	5.95	71-57 0-07 4-45 0-07 30.28 2-34 19-89
1010 10	03	1 2	11	1 1	11	140	4 14	103	92	914 1 57 386 30 254
0.07	111	1.57	11	1 1	11	0.22	0.07	0.29	3.85	36.1 2.62 40.89 0.14 54.98 32.13
H2 01	111	12	11	11	11	13 63 11	5 1 61	4001	51	482 85 85 646 734 121 427
0.00	111	0.33	11	1 1	0.08	0.00	0.06	0.33 0.61 0.13	4.81	36.43 37.58 0.54 15.52 32.29
ಯಯ ಈ	111	97.0	11	1 1	211	819	79	10001	11	537 534 554 671 108 476
(a) Diseases— 1. Otorrhoea 2. Other Diseases (b) Defective Hearing— Grade I	Grade IIA Grade IIB Grade IIB Orderive Speech		(a) Backward (b) Dull (Intrinsically) (c) Mentally Deficient		(f) Difficult in Behaviour 12. Heart Conditions————————————————————————————————————	2. Acquired (b) Functional Conditions	(a) Chro. Bronchitis (b) Sus. Tuberculosis (c) Other Diseases		fects	
-									_	

SCHOOL DENTAL SERVICE.

SESSION 1959-60.

ADDITIONAL INFORMATION.

	Number of Full Upper or Full Lower Dentures				6
	Partial Upper or Partial Lower Dentures				123
	Inlave				52
	Acrylia Inglest Crowns		***	***	12
		***	***	***	12
	" Post Crowns	***	***	***	
	" ,, Root Filled teeth	***	***	***	28
	" " X-rays taken		***	***	173
	" ,, Partial Pulpectomies		***	***	41
	ORTHODONTIC TREATMENT.				
1.	No. of children given Orthodontic treatment—				
	(a) By School Dental Officer				238
	(b) No. of these treated in consultation with the Cl	hief D	ental O	fficer	108
2.	Cases treated by the School Dental Officer—				
	No. of cases continuing from previous year				99
3.	No. of new cases this session				139
4.	No. of completed cases				89
5.	No of cases continuing at end of year		***		97
6.	No. of attendances for treatment		***		1670
0.	Tion of attendances for treatment	***		***	1010
	Details of Treatment.				
7.	No. of impressions taken				449
8.	No. of appliances fitted				176
9.	No. of extractions for Orthodontic purposes—				
	Darmonant				86
	T	***	***		00
0		***	***	***	78
0.	No. of X-rays taken for Orthodontic purposes	***	***	***	
1.	No. of cases discontinued	***	***	***	52

F. A. CASSIDY,

Chief Dental Officer.

TABLE III.—SYSTEMATICAL MEDICAL EXAMINATION

	Entrants	ants	Second Age-Group	dno-Group	Third Age-Group	e-Group	Fourth Age-Group	ge-Group	To	Total
Classification	Number of Children	Percentage of the Children Examined in this Group	Number of Children	Percentage of the Children Examined at Systematic Medical Examinations						
I.—Children free from Defects	1662	55.60	1546	61-25	1455	62-63	188	57-49	4851	60-75
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 (b) Conditions of the Mouth and Teeth requiring	43	1.53	154	6.10	154	6-62	50	15-29	401	5.02
	1111	3.95	173	6.85	322	13.86	4 4	8.86	635	7.95
Total	157	5.58	362	14-34	513	22.08	83	25.38	1115	13-96
III.—Children suffering from Ailments (other than those mentioned in II) from which complete recovery is expected within a few weeks	902	32-11	509	20-16	276	11.98	46	14.06	1733	21.70
IV.—Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II and III, distinguishing cases— (a) Where complete cure or restoration of function (in the case of eye defects full correction) is con-										
(b) Where inprovement only is considered possible, e.g., without complete restoration of function	7	2.88	20	3.44	27	2.23	4 9	1.22	224	2.80
Total	88	3.13	107	4-23	79	3.40	10	3.05	284	3.55
Total Number of Children Examined	2809	1	2524	1	2323	-	327	1	7983	1

TABLE IV.

RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THIS AREA

Blind	Disability Sight education											_
Disability At Special School	Blind Bratially Sighted (a) Refractive errors in which the curriculum of an ordinary school would of the see, except an ordinary school would of the see, except an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in an ordinary school books or to see well enough to be taught in a crad life in an ordinary school books or to see well enough to be taught in a school because of articulation requiring special educational measures Mentally Defective (Children between 5 and 16 years)— (b) Stammening requiring special educations measures Mentally Defective (Children between 5 and 16 years)— (c) Stammening requiring schools and spilepsy (mild) (d) Stereral orthopsachic conditions (e) Mentally defective (educable) and epilepsy (mild) (f) Mentally defective (chucable) and epilepsy (mild) (g) Mentally	Total	2	16	56	148	146	16	25162	- II-	14	473
Ily Sighted— efractive errors in which the curriculum of an ordinary school would the condition of the eye, e.g., cataract, ulceration, etc., which render the conditions of the eye, e.g., cataract, ulceration, etc., which render the indumble to read ordinary school books or to see well enough to be taught an ordinary school books or to see well enough to be taught of Grade III Carde II Carde III Carde I	Blind British Sighted— (a) Refractive errors in which the curriculum of an ordinary school would adversely after the eye conditions of the eye, e.g., 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 books or to see well enough to be taught in an ordinary school books or to see well enough to be taught of Grade IIA Grade IIA Grade III Defective Speed (a) Defective Speed (b) Stammering requiring special educational measures Mentally Defective (Children between 5 and 16 years)— (a) Educable (I.Q. generally less than 50) Ephepsy— (b) Stammering requiring special educations are sidential school) Ephepsy— (a) Mid and occasional (b) Severe (suitable for care in a residential school) Ephepsy— (a) Mid and occasional (b) Severe (suitable for care in a residential school) Ephepsy— (a) Mid and occasional (b) Mentally defective (educable) and epilepsy (mild) (c) Organis heart disease (d) Other causes of ill-health Multiple Defective (educable) and epilepsy (mild) (e) Organis heart disease (f) Organis heart disease (g) Own-pulmonary ulbercubed, and epilepsy (mild) (g) Mentally defective (educable) and epilepsy (mild) (g) Mentally defective (educable) and epilepsy (mild) (g) Mentally defective (educable) and epilepsy (mild) (g) Physically defective (other causes of ill-health) and partially sighted (refractive (entractive (entractive)) (g) Physically defective (educable) and epilepsy (mild) (g) Physically defective (other causes of ill-health) and partially sighted (refractive) (g) Physically defective (educable) (g) Physically defective (other causes of ill-health) (g) Physically defective (educable)	At No School or Institutions	1	1 1	17	11	86	11	lulu	111	1-	35
Disability efractive errors in which the curriculum of an ordinary school would iversely affect the eye condition. ther conditions of the eye, £_g, cataract, ulceration, etc., which render the that ordinary school books or to see well enough to be taught that ordinary school Grade IIA Grade IIA Grade III Grade I	Blind Partially Sighted— (a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition (b) Chargesly affect the eye, explaints school books or to see well enough to be taught in an ordinary school Deaf—Grade IIA Grade IIB Grade IIB Grade IIB Grade IIB Grade IIIB Defective Special (a) Defects of articulation requiring special educational measures Mentally Defective (Children between 5 and 16 years)— (b) Stammering requiring special educational measures Mentally Defective (Children between 5 and 16 years)— (c) Dependent occasional (d) Ineducable (I.Q. approx. 50.70) (e) Mild and occasional (f) Severe (suitable for care in a residential school) (g) General orthopaedic conditions (g) General orthopaedic conditions (g) General orthopaedic conditions (g) Organic heart disease (g) Org	At Special Schools or Classes	1	16	∞	11	133	ا ع	42ar	12 1	1-	256
Disability Ily Sighted— Ily Sighted— In Sighted— In Sighted— In Sighted— In Sighted— In Sighted— In Sighted affect the eye condition In Sighted affect the eye condition In Sighted affect the eye condition In Sighted— In Sighted	Blind Partially Sighted— (a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition (b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school Grade IIA Grade IIA Grade III Defective Speech— Grade III Defective Speech— Grade III Defective Garticulation requiring special educational measures (a) Defects of articulation requiring special educational measures Mentally Defective (Children between 5 and 16 years)— (b) Ineducable (I.Q. generally less than 50) Epilepsy— (c) Severe (suitable for care in a residential school) (c) Mentally Defective (children between 5 and 16 years)— (d) Non-pulmonary tuberculosis (excluding cervical glands) (e) General orthopaedic conditions (f) Other causes of ill-health Multiple Defective (d) Other causes of ill-health Multiple Defective (ducable) and epilepsy (mild) (g) Mentally defective (educable) and epilepsy (mild) (h) Mentally defective (educable) and partially sighted (refractive error) (g) Physically defective (educable) and partially sighted (refractive error) (g) Physically defective (other causes of ill-health) and partially sighted errors (g) Physically defective (educable) (g) Physically defective (other causes of ill-health) and epilepsy (mild) (g) Physically defective (other causes of ill-health)	At Ordinary School	I	1 -	39	14.8	10	13	19 36	111	11	182
	1 4 5 6 7 80	Disability	Blind	Partially Sighted— (a) Refractive errors in which the adversely affect the eye condition (b) Other conditions of the eye, e.g., child unable to read ordinary schoin an ordinary school	Deaf—Grade II	iculation requiring special educational measures	Mentally Defective (Children between 5 and 16 years)— (a) Educable (I.Q. approx. 50-70) (b) Ineducable (I.Q. generally less than 50)	Epilepsy— (a) Mild and occasional	Physically Defective (Children between 5 and 16 years)— (a) Non-pulmonary tuberculosis (excluding cervical glands) (b) General orthopaedic conditions (c) Organic heart disease (d) Other causes of ill-health	Multiple Defects— (a) Mentally defective (educable) and epilepsy (mild) (b) Mentally defective (ineducable) and epilepsy (mild) (c) Mentally defective (educable) and partially sighted (refractive error) (d) Physically defective (other causes of ill-health) and partially sighted (refracti	Psychologically disturbed (severe)	Total

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Inspected by the Dental Officers:-

(-)						(a) Systematic	(b) Special Emergency	
	Age.					Examinations.	Cases.	Total.
	5					252	440	692
	6					539	450	989
	7			***	***	1253	425	1678
	8					1446	418	1864
	9	***				1188	453	1641
	10	***			***	688	546	
	11					459		1234
		***		***			561	1020
	12				***	160	593	753
	13					75	499	574
	14	***	***			1	397	398
	15					_	111	111
	15+							78
	Totals					6061	4971	11,032
							Special or	
						Systematic	Emergency	
						Examinations.	Cases.	Total.
(2)	Found	l to re	quire ti	reatme	nt	4012	4934	8946
	(a) N	umbe	er acce	pting t	reat-			
		ment	t			3243	4891	8134
(3)	Actua	lly ti	reated	by So	chool			
(-)		-	Officers			2672	4873	7545
(4)			Attend	ances r			0.000	
(+)			ren for			10,187	13,885	24,072
(5)			101	ticat	ment	10,107	13,003	24,072
(5)	Filling					5500		11 202
			nent Te			5793	5500	11,293
	(b) T	empo	rary Te	eeth		351	336	687
(6)	Extrac	tions						
	(a) P	ermai	ent Te	eth		1209	2625	3834
	(b) T	empo	rary Te	eeth		2402	4169	6571
(7)			Adm					
(,)			ral ana					
		ractio		comen		549	1179	1728
(0)						545	1117	1720
(8)			ations-			1600	2072	1555
	7.30		nent Te			1682	2873	4555
			rary Te			214	207	421
(9)	Half-d			to-				
	(a) Ir	spect	ion			85	-	85
	(b) T	reatm	ent			2046	2233	4279
10)	Childr	en tre	eated un	nder p	rivate	arrangement	s. No relia	ble inform

(10) Children treated under private arrangements. No reliable information available.

TABLE VI.

AVERAGE HEIGHTS AND WEIGHTS IN INCHES AND POUNDS

			_												
		Weight (Pounds)	132.5	130.8	134-4	133-0	131-7	133.2	131-6	133.1	129-8	131-5	127-0	124-1	118.8
	16	Height (Inches)	0.49	66.3	6-99	67.0	67.5	67-4	67.5	0-29	67-1	8.99	6-99	9-29	64.3
	Age	Average Average	Y. M. 16 4	16 5	16 5	16 7	16 10	16 10	16 5	16 4	16 4	16 4	16 4	16 4	16 1
		Number Examined	162	152	88	114	100	84	105	72	94	95	1017	1163	1697
		Weight (Pounds)	92.75	92.0	93-3	95.2	93-4	93-2	92.2	91.2	2.06	89-0	88-0	89.5	-
	3	Height (Inches)	59.25	0.09	59.5	9.09	2.69	29.2	59.6	59-5	6.89	6-89	6-89	6.8.9	1
	Age 13	Average	Y. M. 13 1	13 2	13 1	13 7	13 6	13 6	13 5	13 5	13 3	13 5	13 4	13 7	1
S		Number Examined	1169	1046	1161	1904	1071	1006	1039	923	626	1011	10134	7108	1
BOYS		Weight (Pounds)	63.75	64.4	65.0	66.1	63.7	64.3	64.2	63.3	62.7	8.49	57.3	56.5	54.8
	6	Height (Inches)	52.25	51.0	50.3	52.5	52-1	52.3	52-1	52-0	52.2	9.09	0.09	49.4	48.3
	Age	Average	Y. M.	9 4	9 4	9 5	9 6	9 6	9 6	2 6	2 6	9 6	8 11	80	8 7
		Number Examined	1277	1845	1379	1506	1399	1159	1372	1192	1070	1088	10008	11767	11863
	=	Weight (Pounds)	44.0	43.4	43.8	46.4	42.9	43.6	43.4	42.6	42.8	43.1	43.2	41.8	41.2
	rants	Height (Inches)	44.0	43.9	43.1	43.7	43.7	45.1	43.8	43.1	43.3	43.2	42.8	42.6	42.1
	Entra	Average	Y. M. 5 6	5 7	5 7	5 7	5 6	5 7	5 6	5 6	5 5	5 6	5 5	5 6	5 7
		Number Examined	1474	1350	1881	1542	1503	1552	1436	1357	1397	1215	11647	12495	3238
			-	1	:	-	:	*****					1 000		29-30
		umber ined Ages	-		***			2000	*****	100	-	****	age_1 to 19	age	age—
		Total Number Examined at All Ages	1959-60	1958-59	1957-58	1956-57	1955-56	1954-55	1953-54	1952-53	1951-52	1920-51	County Average— Years 1940-41 to 1949-50	County Average— Years 1930-31 to 1939-40	County Average
_													04	02	02

Previous to the session 1930-31, the average age of the Third Age Group was 12 years. The number of children examined at the
average age of 13 years is, therefore, comparatively small.

TABLE VII.

AVERAGE HEIGHTS AND WEIGHTS IN INCHES AND POUNDS-Continued

										_					
		Weight (Pounds)	116-5	121.0	118.9	108-7	119.0	120-2	119.8	124-0	120-2	118-0	119.8	116.7	1111-6
	16	Height (Inches)	63.5	63.6	62.8	57.4	62.8	63-4	63-6	63.3	62.8	63-1	63.1	62-8	62.2
	Age	Average	Y. M. 16 4	16 1	16 2	15 6	16 6	16 5	16 4	16 0	15 10	16 4	16 4	16 4	16 1
		Number Examined	165	139	136	119	117	121	108	80	109	80	845	887	774
		Weight (Pounds)	98-52	99-4	6-101	100.4	98.5	9.76	97.3	96-4	2.96	92.9	93.5	94.8	-
	13	Height (Inches)	59.5	6.69	6-69	6-69	0.09	0-09	6-69	9.69	6-69	6-69	59.3	59-5	1
	Age	Average	Y. M. 13 8	13 3	13 4	13 6	13 6	13 6	13 5	13 5	13 6	13 5	13 4	13 5	1
S		Number Examined	1154	186	1151	1079	166	1077	1041	922	1022	1138	2966	*7123	1
GIRLS		Weight (Pounds)	63-25	63-0	6.69	63-6	62.5	63.0	65.9	61.5	9.09	9-69	55-6	8.49	52.3
	6	Height (Inches)	52-0	51.6	51.0	53.4	51.5	52-0	6-19	51.5	51.6	51-1	49.4	49-0	48.2
	Age	Average	Y. M.	9 4	9 2	9 6	9 6	9 6	9 6	9 6	9 7	9 6	8 11	00	00
		Number Examined	1247	1206	1325	1448	1318	1131	1320	1182	1098	1052	10287	11645	11582
		Weight (Pounds)	42.0	45.0	42.5	41.2	6.04	41.9	42.3	41.2	41.5	41.5	41.9	40.5	39.7
	trants	Height (Inches)	43.0	43.0	43.1	43.3	43.3	46.2	44.2	42.8	43.0	42.9	42.4	42.3	41.7
	Entra	Average	Y. M.	5 7	5 7	5 7	6 8	5 7	5 7	9 9	5 6	5 7	5 2	5 7	5 8
		Number Examined	1335	1313	1361	1386	1362	1436	1370	1282	1352	1157	11249	12132	13019
			1	1000	:	:	1	11111	-	1111	1000				29-30
		Total Number Examined at All Ages	1	-	:	:	1		-	1	1	-	41 to 19	31 to 19	20 to 19
		Total Exal at Al	1959-60	1958-59	1957-58	1956-57	1955-56	1954-55	1953-54	1952-53	1951-52	1950-51	County Average— Vears 1940-41 to 1949-50	County Average— Years 1930-31 to 1939-40	County Average— Years 1919-20 to 1929-30 13019
			19	19	19	18	19	19	19	18	18	18	Co	Kei	Con

Previous to the session 1930-31, the average age of the Third Age Group was 12 years. The number of children examined at the
average age of 13 years is, therefore, comparatively small.

TABLE VIII.

PREVIOUS ILLNESSES

_	,					
ers	%	42.8	57.8	63-1	55.0	54.0
Others	No.	1205	1460	1	180	4312 54-0
Fits	%	0.14	0.19	0-08 1467	1	0-26 11 0-13
Fi	No.	4	8	N	1	11
m m	%	01-0	0.27	0.34	0-91	
Rheuma- tism	No.	6	7	00	m	21
Ipox	%	1	1	1	1	1
Smallpox	No.	1	1	1	1	1
Diphtheria	%	1	0.03	0.38	0-91	0-16
Dipht	No.	1	-	0	0	13
let rer	%	3-7	7.4	8.9	12-2	6.7
Scarlet	No.	105	188	207	40	540
sdu	%	18.1	46.9	52-1	50.4	38.4
Mumps	No.	509 18-1	1186	1212	165	3072
ken	%	40-0	62:6 1186	63-9	79.2	55.7
Chicken	No.	1125	1581		259	4451
ping gh	%	23.5	48.8	9-09	69-1	44-1
Whooping Cough	No.	199	1232	1408	226	3527
- Principal	%	65.4	90-3	94.8	305 93.4 226 69.1	84.5
Measles	No.	1839 65.4 661 23.5 1125 40.0	2280 90-3 1232 48-8	2202 94-8 1408 60-6 1486	305	6746
No. of	Cases Examined No.	2809	2524	2323	327	7983 6746 84-5 3527 44-1 4451 55-7 3072 38-4
		Entrants	Second Age- Group	Third Age- Group	Fourth Age- Group	TOTAL

TABLE IX.
VERMINOUS CONDITIONS

The following table summarises on an area basis the number of children showing evidence of verminous conditions of the head, or body, or both.

School Manag	gemen	t		of Rou			. Show		Pe	rcentag	ge
			Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Tota
Cumbernauld	2000	***	124	141	265	5	12	17	4.0	8-5	6.4
Kirkintilloch			589	648	1237	10	41	51	1.6	6.3	4-
New Kilpatrick	****	****	1436	1336	2799	11	36	47	0.6	2.6	1.
Old Kilpatrick			436	413	849	-	1	1	_	0.2	0.
Dumbarton	****		922	825	1747	3	40	43	0.3	4.8	2.
Vale of Leven	****	****	548	538	1086	2	7	9	0.3	1.3	0-
Helensburgh	++++	****	_	_	_	_	_	_		_	-
Total		****	4082	3901	7983	31	137	168	0-7	3.5	2.

TABLE X.
EAR, NOSE AND THROAT CLINICS

	CLYDE- BANK	KIRKIN- TILLOCH	DUM- BARTON	TOTAL
Number of Children Examined	446	151	572	1169
Number of Children Operated on	_	76	324	400
Children Removed to Hospital following Operation	_	_	2	2
Home Visits for After Care	320	45	322	687
Nature of Operation Excision of Tonsils and Adenoids Excision of Tonsils only Excision of Adenoids only Others	<u></u>	=	305 2 17 —	305 3 17
Conditions found on Examination— Nose Rhinitis Allergic Mucosa Watery Discharge Purulent or Muco-pus Mouth Tonsils appear innocuous Tonsils—large Tonsils—very large Unhealthy Tonsils Enlargement of Adenoids Assumed Enlarged Adenoids Verified Glands—Enlarged Mal-occlusion of Teeth Carious Teeth Ears Otorrhoea Drumheads Retracted Drumheads Much Retracted Results of Past Supperation Infection of Drumhead C.S.I. Right C.S.I. Left Previous Mastoidectomy Wax	34 17 41 30 194 107 41 121 202 195 3 46 ——————————————————————————————————		27 8 51 24 165 135 22 94 162 194 1 29 76 37 30 31 3 4 36	69 31 98 54 400 284 65 243 419 445 4 79
Awaiting Examination Awaiting Operation	160 90	6 25	134 50	300 165

TABLE XI.

OPHTHALMIC TREATMENT OF SCHOOL CHILDREN (TABLE A)

	Dumbarton	arton	Helensburgh	burgh	Kirkintilloch	illoch	New Kilpatrick	Ipatrick	Old Ki	Old Kilpatrick	Vale of	Vale of Leven
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Defective Vision Corrected with Spectacles	143	170	13	23	66	611	49	36	192	174	74	16
Defective Vision too Slight to benefit from Spectacles	21	22	2	4	16	6	20	7	34	34	10	17
Defective Vision Treated Otherwise	11	10	7	1	15	18	00	9	33	27	00	00
Total Number of Children Examined	175	202	17	28	130	146	62	49	259	235	92	911
Re-examinations	54	19	00	10	63	44	24	21	- 78	70	26	25

Total Number of Children Examined-1511.

OPHTHALMIC TREATMENT OF SCHOOL CHILDREN (TABLE B) XII

Complications Dumbarton Helensburgh Kirknilloch Now Kilpatrick Old Kilpatrick Vale of Leven Bephartis — — — — — — — — — — — — — — — — — — —					S	SCHOOL MANAGEMENT AREA	MANAGE	MENT A	REA				
Boys Girls Boys Girls <t< th=""><th>Complications</th><th>Dump</th><th>arton</th><th>Helens</th><th></th><th>Kirkint</th><th>illoch</th><th>New Kil</th><th>patrick</th><th>Old Kill</th><th>patrick</th><th>Vale of</th><th>Leven</th></t<>	Complications	Dump	arton	Helens		Kirkint	illoch	New Kil	patrick	Old Kill	patrick	Vale of	Leven
34 69 6 13 55 20 3 63 43 34 1		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
34 69 6 13 55 20 3 63 43 34 34 69 6 13 55 20 3 63 43 34 3 - 2 - - - - - - 1 1 2 - - - - - - - - - 1 -<	***	-	1	1	1	1	1	1	1	4	1	1	1
11 —	*****	1	1	1	1	1	1	-	1	1	1	1	1
54 69 6 13 55 56 20 3 63 43 34	****	1	1	1	1	1	1	1	1	1	1	-	1
1 2		54	69	9	13	55	56	20	3	63	43	34	83
3		1	2	-	1	-	2	1	1.	1	2	1	1
	Conjunctivitis, Keratitis and Iritis	3	1	1	1	5	2	1	6	4	4	1	1
		1	-	1	1	1	1	1	1	1	1	1	-
		1	2	1	1	1	1	1	1	1	1	1	1
		1	-	1	1	1	1	1	1	1	1	1	-
		1	1	1	1	T	1	1	1	1	-	1	1
		1	1	1	1	1	1	1	1	1	1	1	-
s 1 2 3		1	1	1	I	1	1	1	-	1	1	1	1
2 3 —	11	1	11	11	11	11	11	11	11	11	11	11	11
2 1 1 1 1 2		2	3	1	1	1	-	1	1	1	-	1	1
2	*****	1	1	1	1	1	1	-	I	1	1	1	-
1 2 1 4 2 2		2	1	1	1	1	1	1	1	1	1	-	2
1 2 1 — — — — 4 — 2 — — — — — — 2 — — — — — — — — — — — — — Retina — — — — — — — — Broplasia — 1 — — — — — — 1 — — — — — —	-	1	1	1	1	1	1	1	1	1	1	1	1
		1	2	1	1	1	1	1	1	4	1	2	-
f Retina -<	****	1	1	1	1	1	1	1	1	1	1	1	1
f Retina		1	1	1	1	1	1	1	1	4	1	1	1
f Retina — — — — — — — — — — — — — — — — —	*****	1	1	1	1	1	1	1	1	1	1	1	1
ibroplasia		1	1	1	1	1	-	-	1	-	1	1	-
	Retrolental Fibroplasia	1	1	1	1	1	1	1	1	1	1	1	1
		-	1	1	-	-	-	1	1	1	1	-	1

TABLE XIII.

1952 AGE GROUP - EYE EXAMINATIONS

Slight Visual Defect: 6.9—6.12 Marked Visual Defect: 6.18 or worse (Snellen's Test at 6 Metres)

	ВО	YS	GIF	RLS	TOT	AL
	No.	%	No.	%	No.	%
Total Number of Children Examined	1301	-	1248		2549	-
Normal Vision	1151	88-47	1103	88-33	2254	88-42
Slight Defect (Both Eyes)	47	3-61	48	3-84	95	3.72
Marked Defect (Both Eyes)	11	0.84	19	1.52	30	1.17
Slight Defect (One Eye)	67	5.14	56	4.48	123	4.85
Marked Defect (One Eye)	16	1.22	18	1.44	34	1-3
Unreliable Results	7	0.53	3	0.24	10	0-39
Number of Children found Wearing Glasses	38	2-92	55	4.40	93	3-6
Strabismus	15	1.15	24	1.92	39	1.5
Blepharitis	4	0.80	3	0.24	7	0-2
Conjunctivitis	-	_	_	-	-	_
Corneal Ulcers or Opacities	1	0.07	_	-	1	0-0
Others	12	0.92	_	_	12	0-4

Note.—When a child has defective vision of slight defect and marked defect together, the defect has been classified according to the better eye grouping.

TABLE XIIIa.
"E" TEST—EYE EXAMINATIONS

	ВС	YS	GII	RLS	TO	TAL
	No.	%	No.	%	No.	%
Total number of Children examined	348	-	366	-	714	-
Normal Vision	306	87.93	316	86.33	622	87.11
Slight Defect (Both Eyes)	12	3.44	9	2.45	21	2.94
Marked Defect (Both Eyes)	-	-	2	0.54	2	0.28
Slight Defect (One Eye)	24	6.89	34	9.28	58	8.12
Marked Defect (One Eye)	6	1.72	6	1.63	12	1.68
Number of Children found Wearing Glasses	14	4.02	10	2.73	24	3.36
Strabismus	10	2.87	3	0.81	13	1.82
Conjunctivitis	-	_	-	-	-	-
Blepharitis	_	-	1	0.27	1	0.14

Table XIV.

1952 AGE GROUP—EAR EXAMINATIONS

	Total Number of Children	Non	mal	De	fective	Hear	ing	Otomboo	Oulde	
	Examined		ring	Grad	e II	Grad	e III	Otorrhoea	Otitis Media	Others
		No.	%	No.	%	No.	%			
Boys	1301	1292	99-30	8	0.61	1	0.07	2	_	11
Girls	1249	1245	99-67	4	0.32	-	-	-	-	9
Total	2550	2537	99-49	12	0.47	1	0.03	2	_	20

Grade II.—Children who can hear ordinary conversation voice between 20 feet and 2 feet.
Grade III.—Children who can hear ordinary conversation voice at not more than 2 feet, if at all.

TABLE XV.

ORTHOPTIC REPORT

(1st July, 1959 to 30th June, 1960)

		Dumbarton	Kirkintilloch	Clydebank	Tota
Number of Patients Referred		137	118	175	430
No. of Patients on Treatment	****	94	85	120	299
No. of Patients on Observation-					
Before Treatment		14	17	26	57
After Treatment		14	10	15	39
Referred for Operation-					
Before Treatment	****	1	_	-	1
After Treatment	****	8	2	9	19
Treatment not Required	****	4	2	2	8
Refused Treatment	1004	-	-	1	1
Unsuitable for Treatment	****	_	_	_	_
Failed to attend Examination	****	2	2	2	6
Total	****	137	118	175	430
Response to Treatment					
Good		21	12	27	60
Improved	****	61	60	81	202
No Improvement	****	6	4	2	12
Ceased to Attend	****	6	9	10	25
Total		94	85	120	299

TABLE XVI.
TREATMENT OF MINOR AILMENTS

	Other	1	410	355	1	1	60	69	183	298	1	73	37	1	1098
	Impetigo	1	38	216	1	01	03	76	100	115	1	00	1	14	540
SKIN	Scabies	1	T	\$77	1	01	1	00	34	17	1	11	1	1	96
THE	Ringworm of	1	1	1	1	1	1	1	1	60	1	1	1	1	65
ES OF	Other	I	ī	37	1	1	1	1	1163	88	1	1	1	01	1295
DISEASES	X-ray Treatment	1	1	1	1	1	1	1	1	1	1	1	1	1	1
-	Ringworm of the Scalp	1	1	1	1	1	1	1	1	1	1	00	1	Ī	7
	Diseases of the Eye (excluding D.V.)	1	22	16	1	16	1	9	133	39	63	13	1	1	929
	Diseases of the	1	21	116	1	2	1	10	504	120	5	9	00	03	493
	Cuts, Bruises, Sprains and Minor Injuries, etc.	4	45	699	1	162	52	263	657	284	8	45	19	10	2185
	No. of Visits to Schools	39	1	75	1	32	10	27	18	170	1	1	1	6	454
	No. of Visits to Parents	93	54	69	T	53	22	999	282	649	16	64	30	24	1707
	Total No. of Attendances	00	553	1479	1	317	27	586	178	842	14	162	156		4322
3	Total No. of Children dealt with	4	101	1788	1	170	88	2124	3295	536	1	85	517	78	8690
		***	****		****	*****		****	****		1000	10000		the	*****
		****	1000		414	****	****	*****	4144	-	1000	10101	1000	jo su	*****
	ict	-	Sail.	*104	****	*****	Milton	tion.	1000	2000	2000	4444	Nes.	All other Western Portions of the	Total
	District	-		Croy	ck	****	Old Kilpatrick and Milton	*****	400	****	*****	t	4110	Vestern	
		Cumbernauld	Kirkintilloch	Twechar and Croy	New Kilpatrick	ivie	ilpatric	cher	bank	Dumbarton	Renton	Vale of Leven	Helensburgh	ther W	
		Cumbe	Kirkin	Ewech	New F	Milngavie	old K	Duntocher	Clydebank	Jumb	Rento	/ale o	Telens	VII other County	

TABLE XVII.
REPORT BY SCHOOL NURSES

	W 10														
	No. of Visits Paid to Homes	5	44	65	1	44	52	4	237	151	24	44	36	28	734
No of	Visits Paid to Schools	13	76	29	9	64	25	32	271	172	26	57	42	49	883
	Others	4	14	7		6	4	1	1	157	1	32	75	17	319
NCE	Unsatis- factory Foot- wear	1	5	1	1	1	1	1	29	31	1	3	3	1	71
REFERENCE	Unsatis- factory Cloth- ing	1	13	1	1	9	5	E	73	50	111	35	9	1	199
OF	Vermin Sus- pected	1	00	24	1	1	13	1	1	41	1	12	9	2	106
CAUSES	Vermin or Nits on Body	1	1	31	1	1	1	1	156	1	1	1	2	1	190
	Vermin or Nits on Head	15	481	83	2	65	53	1	3654	3481	135	468	120	54	8611
-	No. of Children Ex- amined	1022	4060	1694	55	1634	1124	1416	5639	9535	1119	6462	1432	3720	38912
	No. of Children Re-ex- amined	249	1179	1056	10	857	417	1067	4414	4402	1119	1499	890	3363	20522
No. of	Children Ex- amined for first time	773	2881	638	45	777	707	349	1225	5133		4963	542	357	18390
	District	Cumbernauld	Kirkintilloch	Twechar and Croy	New Kilpatrick	Milngavie	Duntocher	Old Kilpatrick and Milton	Clydebank	Dumbarton	Renton	Vale of Leven	Helensburgh	All other Western Portions of the	Total

TABLE XVIII.
RESULTS OF AUDIOMETRIC SURVEY

_							
	по	No Acti	6	4	9		
-		Medical	19	20	9		
erred fo	biA	Hearing	9	1	7		
Case referred for		Special Seating	24	15	14		
	ation	E.N.T.	30	40	19		
		.O.M.2	49	09	25		
		111	1		1		
	Grade	11b	5	-	2		
	-S	11a	22	35	14		
		1	31	28	15		
	No.	Hearing	28	64	31		
	No.	Hearing	1998	2460	124		
	- N	Tested	2056	2524	155		
	2	Listed	2583	2531	190		
	SO		s _				utwith
	Age-Groups	Examined	1950	1954	Children born outwith Age-Groups		

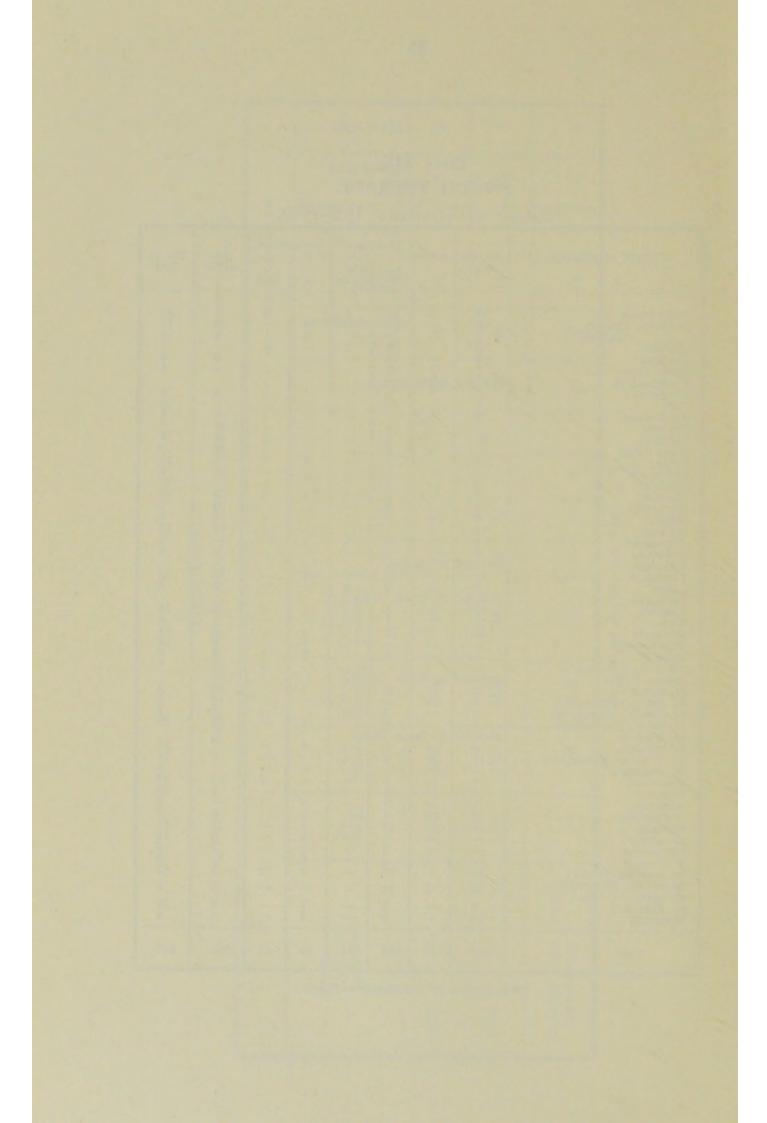
Pure Tone Audiogram Tests - 713

TABLE XIX. SPEECH THERAPY.

SUMMARY OF STATISTICS, 1959-1960.

		SUMMA	RY OF	DIAIL	STICS,	1933	7-190	0.		
CLINIC o	SCHO	OOL	No. on Roll	Left	Disch	Non- Co-op	Trans	ferred	Ad- mitted	No. on Roll
Bank Street Bearsden Prin Acad Bonhill Cardross Clyde Street Clydebank H. Condorrat Croy Cumbernauld Dalmuir Dalreoch Elgin Street Faifley Gavinburn Goldenhill Hartfield Hermitage Hillfoot Hillhead Jamestown Kilbowie Knoxland Lairdsland Lenzie Levenvale Linnvale Milton Milngavie Moss Cottage	nary demy demy demy demy demy demy demy dem		8 13 5 9 11 1 5 included 11 6 included 20 11 14 - 5 1 included	2 1 in reg 1 1 1 1 in reg - 1 in Ba 1	Cured 15 11 7 2 5 6 ional 3 4 16 5 2 1 3 3 9 4 ional 10 3 nk Str 8 7 12 3 nk Str 7 12 3 12 13 13 13 13 13	Non-Co-op 4 3 1 1 1 2 eet 1	In 1		3 8 3 6 9 2 5 1 4 3 3 5 7 7 3 9 8 14 4 11 6 8 1 8 6 8 8	Roll 24 11 4 1 6 5 10 2 7 17 9 12 13 7 6 13 1 5 16 16 5 11 14 9 7
St. Eunan's St. Joseph's (F St. Joseph's (M	Helenbh Hilngav	ie)	12 6 6 5	in Ba	nk Str 12 4 8 6	eet	1 - 1	1111	8 4 4 12	9 5 7 12
St. Mary's (Du St. Martin's St. Ninian's St. Patrick's 1 St. Stephen's Townhead	Elemen		9 13 9 14	in Ba 1 - -	nk Str 5 7 6	eet	4		7 8 	14 14 9 18 10
Twechar Westerton Whitecrook Haldane Aitkenbar Edinbarnet			8 2 8 15 —		1 8 12 1	1	2 2 1 5 5	1 1	5 7 8 1	2 5 11 12 5
Kildrum St. Joseph's (F Moss Cott. (R Kilbowie (St. Flannan's	aifley) egional do.	}	14 20	2 1 —	15 2 9	1111	5 4 - 1 3	1 2 -	11 7 5 2 3	9 13 9 10 6
Braidfield			450	16	252	14	66	53	258	442

Total number of attendances - 13,595



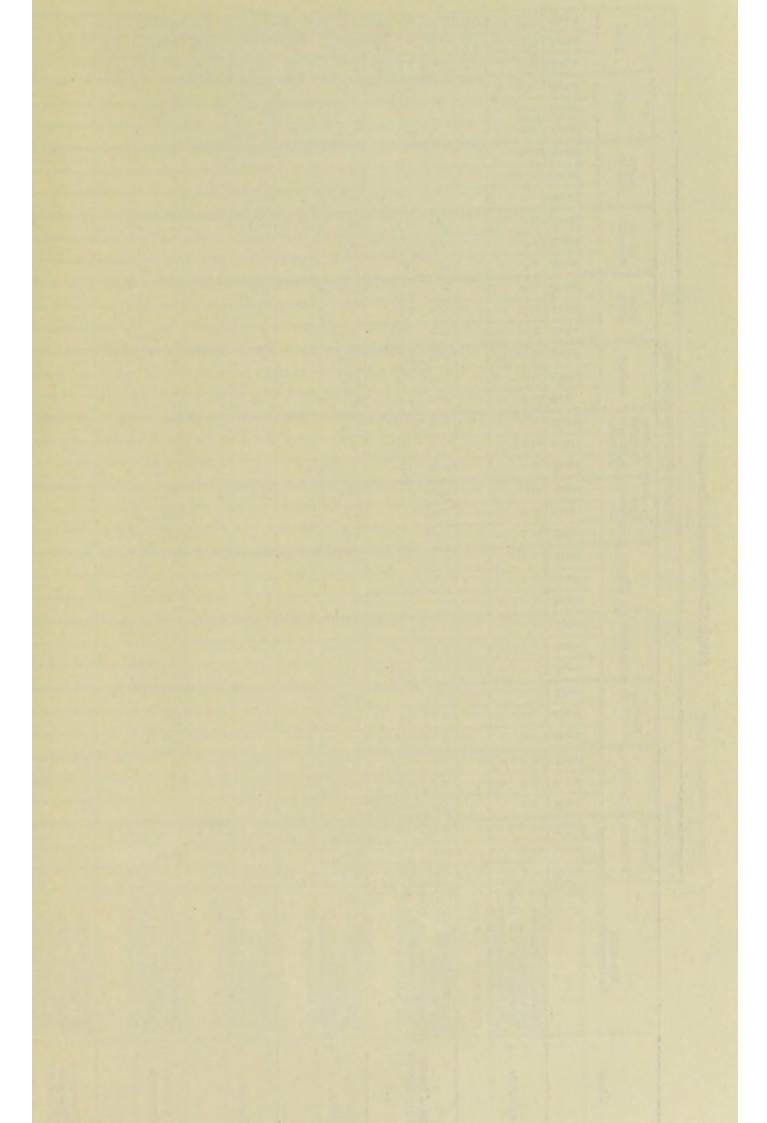


TABLE XX.—ORTHOPAEDIC TREATMENT

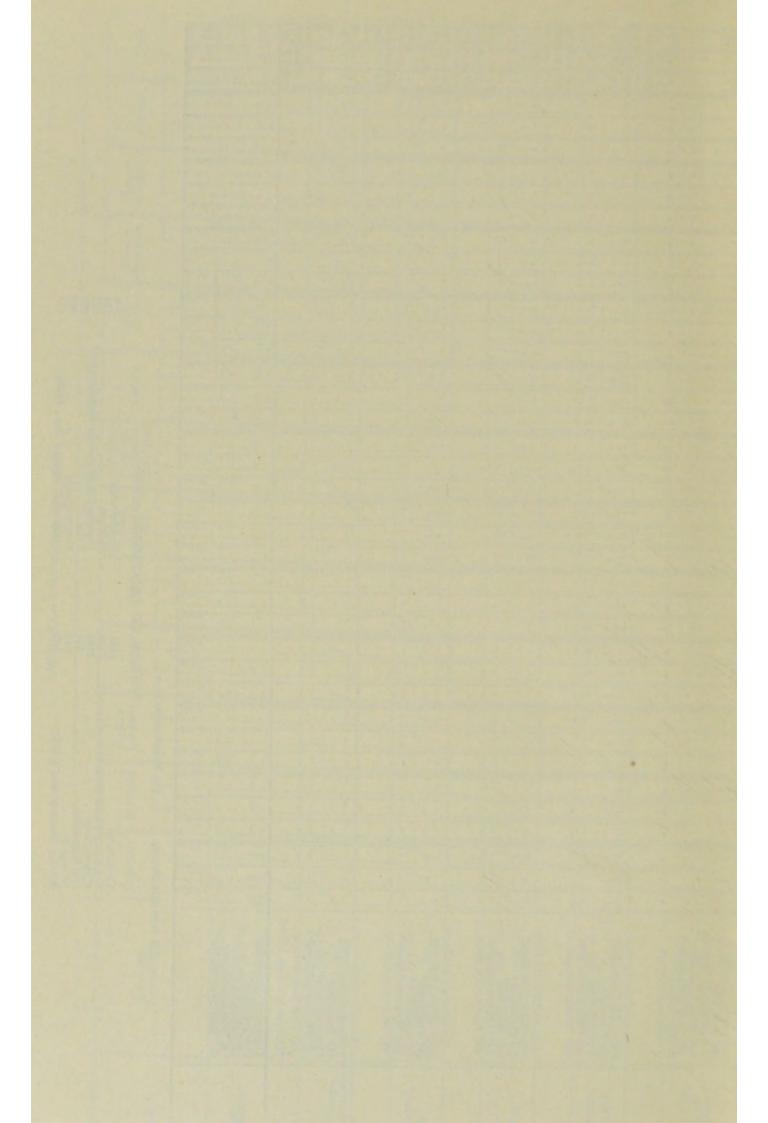
		Lorel	32	P 1	90	00.00	9-	-	Tan	7-1	101	l no co				-	-				
	Total	shio	25 4	m 1	-	100	CI I	3 31	22	1-	42	28	- 1	34	40	41	133	11-	11	7	100
	F	Boys	-	41	5 43	101	7-	-	5 2 2	11	18	t-m	11	10	Lu	-1	2	1m	11	m	m.
					45		-	18	179	1-	24	=2	-1	25		-1	15	14	1.1	4	10,0
	Others	IntoT	-4	1.1		11	- 1		101	11			1.1		101	11		1-	4.4		1
	90	strio		1 1		111	11		1-	11		11	1.1		1.1	1.1		11	11		1
		Boys	1-	11		111			1-	1.1			1.1		101	11		1-	1.1		1
	-na ism	IntoT	11	1.1		111	1.1		1-1	11		11	11		11	11		11	1.1		1
	Rheu- matism	Girls	11	11		111	1.1		1.1	11		1.1	1.1		11	1.1		11	1.1		1
		Boys	11	1.1		111	11		1.1	1.1		1.1	1.1		1.1	1.1		11	1.1		1
	uth hers	IntoT	001	- 1		-4	11		CI I	1-		011	11		11	11		11	1.1		
1	Mouth	ShiD	4-	1.1		110	11		-1	11		01 1	11		1.1	1.1		11	11		1
	В	Boys	40	- 1			64.1		- 1	1-		1.1	11		11	11		TT	11		
	- 8	IntoT	8 4	m 1			1.1		NN	11			1.1		11	11		11	11	-	-
	Bron- chitis	Girls		61		11	1.1		-1	11		1-	11		1.1	11		11	1.1		01
		Boys	3	-1			1.1		-8	11		-1	11		1.1	11		11	11		1
SE	na	IntoT	10	-1			- 1		57	11		c1-	11		-1	- 1		1-			
DISEASE	Asthma	Girls	5-	11		1-	1.1			11		1.1	1.1		11	11		1.1	11		1
DIS		Boys	24	-1		- 1	- 1		41	1.1		-12	11		-1	-1		1-			1
OR	tile sis sis	Total	mm	11		- 6	1-		1-	11			1.1			_			11		1.
	Infantile Paralysis & Spastic Paralysis	Girls	100	11		1-	11		1-	11		11	1.1		14	11		110	11		
DEFORMITY	Pa Pa	Boys		11		-7	1-		11	1.1			11		14	11		16	11		1-
OR	·	IntoI	20	11		250	011		mw	1.1	-	000		-			-	101	11		
DEF	Foot Deform- ities	ShiD	24	11		3-	01		-0	11	-	22	-1		NUS		_	11	11		-
	DO	Boys	7-	1.1		-2	1.1		cim	11	-	N 00		-	-17			11	11		-
		IntoT	11			11	11				-		- 1	-	E-	11		1.1	11		1
	Chest	Girls	11	1.1	-	1.1	1.1		- 1	11	-	11	11	-	1	11		11	11		-
	0	Boys	1.1		-	11	11		11	11	-	11	11	-	11	11		11	11		1
	S	Total	11	11	-			-		11	-	11	11	1	-1	11		1.1	1.1		-
	Scoliosis	ciris	1.1	11	-	11	11	-	11	11	-	11	11		- 1	1.1		11	11		1-
	Sco	Boys	11	11	-		11		11	11	-	1-1	1.1	-	- 1	11		11	11	1	1 1
1 1	. 97	IntoT	1 m		+	11	11	-	11	1 1	1	1.1	11	_	1 1	1.1		1.1	11		1-
	Kypho- Lordosis	ShiD	101	11	-	11	11	-	200	1 1	1	11	1.1	1	m 1	11		1.1	11		1 1
	Lox	Boys	1-	11	-	1.1	11			11	1	1.1	1.1	1	01	11		1.1	1.1		1 2
1						11	1.1	1	11	11		1.1	11		- 1	1.1		1 1	11		1.1
	Lordosis	IntoT	11	- 1		1 1	LE	1	1.1	1.1		1.1	11	1	11	1.1		11	11:	1	13
	Lord	Boys	11	- 1	-	11	11	-	11	11		1.1	11		11	1.1		1.1	11	-	1.1
1			11	11		1.1	11			11		11	11		1.1	1.1		1.1	11	1	11
	iosis	IstoT	CI CO	11	1	44	1.1		1.5	1.1			11		m-	11	1	11	11	1	1 1
	Kyphosis	Girls	- ~	1.1	1		11	1	-1	11	1	1.1	11	1	~-	1.1	1	11	11	1	11
	4	Boys	-1	11			1.1		00 1	1.1	1		11	1	- 1	1.1		1.1	1.1	-	1.1
	Response To treatment		Treatment Completed On Treatment Unsatisfactory due to-	(a) Non-attendance		Treatment Completed On Freatment Unsatisfactory due to-	(a) Non-attendance		Treatment Completed On Treatment Unsatisfactory due to-	(b) Non-cooperative			(b) Non-co-operative		Ireatment Completed On Treatment Unsatisfactory due to—	(b) Non-attendance		Treatment Completed On Treatment Unsatisfactory due to—	(b) Non-attendance		Treatment Completed
	Clinic		Dumbarton			Vale of Leven	at Dumbarton		Hillfoot			Milngavie			Helensburgh				Handicapped		

IE IS	24 6 1 5	19	905 6	11 1 1 23	130	100 11 00	27 27 1
	40 01 4	25 6	14 14 3	6 1 2 2 1 9 1 9 3	44 1 8	100	20 11 2
F	200 -1 00	36	141 2 1 29	0 1 1 5	96 11 8	10 11 0	13
	NI 11 -		11 11	11	11 11	11 11	14 11
	11 11 1		11 11	1- 11	11 11	11 11	11 11
	NI 11 H		11 11	-1 11	11 11	11 11	10 11
	11 11 1		11 11	11 11	11 11	11 11	11 11
	11 11 1		11 11	11 11	11 11	11 11	11 11
	11 11 1		11 11	11 11	11 11	11 11	1.1 1.1
	21 11 1		41	m 1 1 1	11 11	14 11	11 20
	-1 11 1		-1 11	-1 11	11 11	1- 11	-1 11
	NI II I		m1	N1 11	1 11	Im 11	-2 11
	- 110 100		5e 11	wm 11	-0 11	11 11	11
	111		D= 11	4 11	11	11 11	11 11
-	01-		11 190	-4 11	1- 11	11 11	11
	nin 11 m		I∞ +1	46 11	14 11	1- 11	19 -1
-	11		04 11	-4 11	11 11	11 11	10 11
-	t + 01		04 -1	m- 11	14 11	1- 11	I m I
	9 11 9		-4 11	-011	11	101 11	11- 11
	NO 11 00		-0 11	11	11 11	14 11	14 11
	10 11 0		14 11	1- 11	11	11 11	1 m 1 l
	-1 11 1		12 6	w- 11	04 11	11 11	1- 11
	01 11 1			m- 11	m- 11	11 11	1- 11
	# 1 1 1 I		Te 11	41 11	mm	11 11	1.1 1.1
-	-1 11		mm -1	11 11	11 11	11 11	11.11
-	-1 11 1		0- 11	11 11	11 11	11 11	1 1 1 1
	11 11 -		-01 -1	11 11	11 11	11 11	1.1-1.1
	1 1 1		W4 41	11 11	11 11	1- 11	11 11
-	41 -1 1		01	11 11	11 11	11 11	11 11
	11 11 1		1	11 11	11 11 .	1- 11	11 11
-	11 1		4- 11	11 11	-1 11	11 11-	1 1 1 1
	-1 11 1		w- 11	11 11	11 11	11 11	11 11
	1- 11 1		-1 11	11.11	-1 11	11 11	11 11
-	-1 11 1		-1 11	11 11	11 11	11 11	11 11
	-1 11 1		-1 11	EL EL	11 11	11 11	11 11
	11 11 1		11 11	11 11	11 11	11 11	11 11
	n		44 -1	4- 11	-01 11	11 11	-m
	N- 11 1		w- 11	01 11	14 11	11 11	11
	-1 11 1		01	11	-1 11	11 11	1011
3	On Treatment Completed On Treatment Unsatisfactory due to— (a) Non-attendance (b) Non-co-operative Transferred to Goldenhill 22/2/60		Treatment Completed On Treatment Unsatisfactory due to— (a) Non-attendance (b) Non-co-operative	Treatment Completed On Treatment Unsatisfactory due to— (a) Non-attendance (b) Non-co-operative	Treatment Completed On Treatment Unsatisfactory due to— (a) Non-attendance (b) Non-co-operative	Treatment Completed On Treatment Unsatisfactory due to— (a) Non-attendance (b) Non-co-operative *Discontinued on 1/4/60	Treatment Completed On Treatment Unsatisfactory due to (a) Non-attendance (b) Non-co-operative
	Clydebank		Kirkintilloch	Croy	Cumbernauld	•Milton	Goldenhill

(a) Non-attendance, (b) Non-co-operative

NUMBER OF TREATMENTS GIVEN

	574 734 163 879 469 413
	cally Handicapped
011111	Helensburgh Hillfoot Dumbarton Physicall Croy Cumbernauld Goldenhill (opened J
TOTAL OF INCAMINATION OF THE	Helen Hillfon Dumb Croy Cumb Gumb
TO WHOM	2209 2154 305 511 152
101	lydebank Jumbarton (including Vale of Leven) irkintilloch Milipatrick fillngavie filton (discontinued 1/4/60)
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