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**CORPORATION OF GLASGOW**  
**PUBLIC HEALTH DEPARTMENT**

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EDUCATION HEALTH SERVICE

# REPORT

ON THE

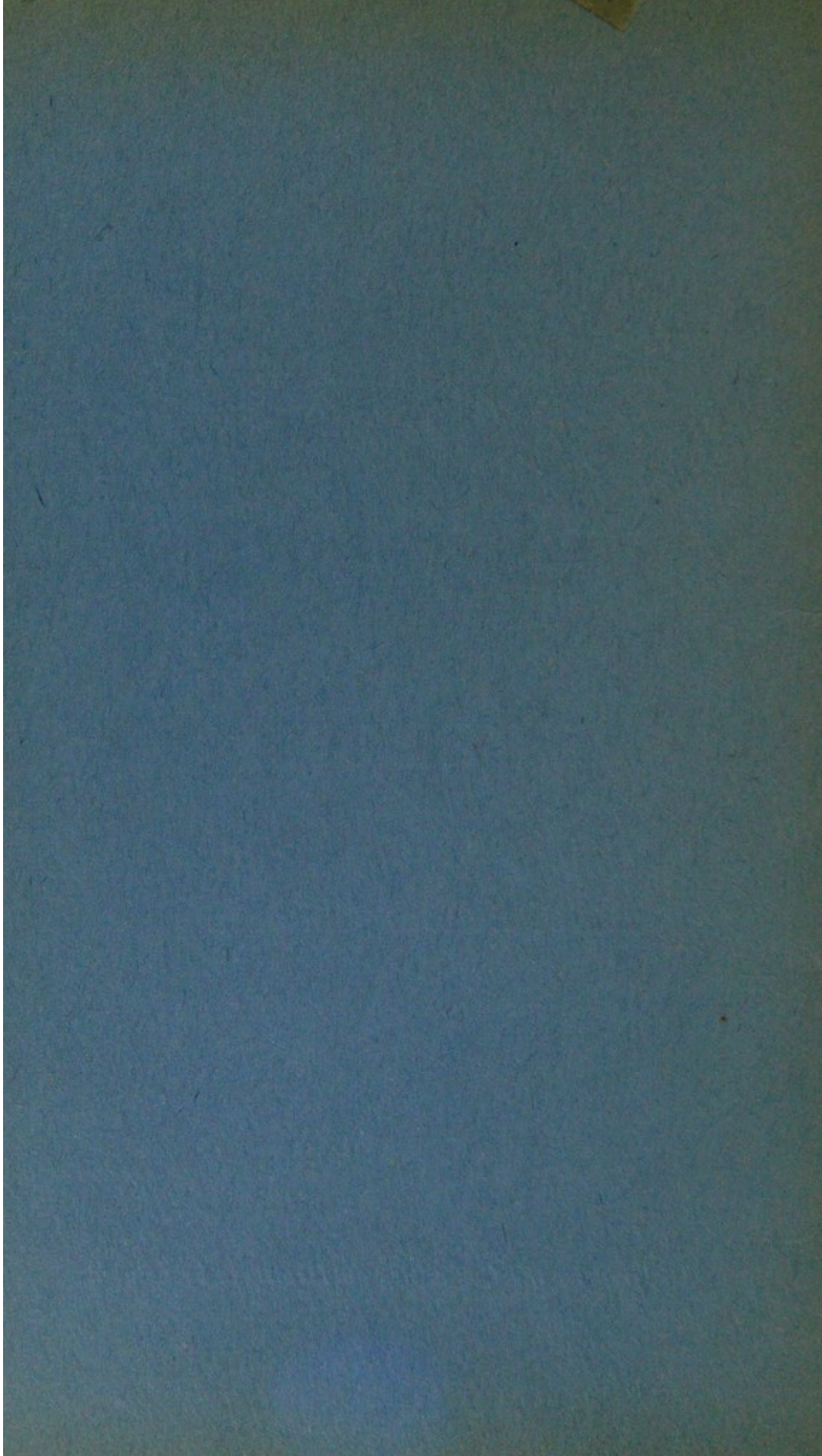
## **Medical Inspection and Treatment of School Children**

FOR THE YEAR ENDED 31<sup>ST</sup> JULY, 1935

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*Ordered by the Committee on Health to be printed*







**CORPORATION OF GLASGOW**  
**PUBLIC HEALTH DEPARTMENT**

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



## PREFACE

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In this Annual Report, which is the twenty-sixth issued since the initiation of medical inspection of school children, Dr. Arbuckle Brown deals with the work of the Education Health Service during the year ended 31st July, 1935.

The Report is based on the medical work in the schools and in the various clinics where necessitous cases are treated. In the schools themselves, about 50,000 scholars are medically examined in the course of a year, mainly at certain stated ages, i.e., five, nine and thirteen years. Apart from these routine inspections, a still larger number of examinations are made for special medical purposes, or where, for any reason, children are thought by the teaching staff and others to be in need of medical attention or appear to be ill-nourished. Co-operation between teacher and doctor is a fundamental part of the scheme.

In these ways it is possible, by means of measurements of height and weight, and by the records which are kept from year to year of ailments and departures from what may be regarded as normal health, to judge whether and to what extent the general health of the school children is improving. Taking the physical measurements of the scholars as a whole, the improvements in height and weight of each age group, which have been observed over the past twenty-five years, have continued during the year 1935. As regards the ailments and defects found on medical examination, these are shown in a series of tables in the report. It will be observed that the great majority of these, though requiring attention, are of a minor kind and easily remedied.

It is customary to pay close attention to the incidence of rickets as an index of the nutritional history of the children. During the year, 953 children had signs of rickets at the routine examination, equivalent to 1.9 per cent. of the total; in half of these the indications were slight. This figure is similar to that for 1934. In previous reports it has been shown that one of the most striking features disclosed by medical inspection has been the marked reduction in the incidence of rickets since records began in 1910.

Among the general mass of statistics of defect, it has always been difficult to assess the meaning of the data from the standpoint of fitness. For instance, many of the conditions which need attention are passing ailments of a minor kind, some are more serious, though remediable, others again are of a kind likely to leave some degree of physical disability and may be classed as irremediable. It is obviously important to know what proportion of children suffer from permanent defects, and for this purpose Dr. Arbuckle Brown introduced, three years ago, a new classification in order to ascertain the relative facts. Briefly, in 1934 the analysis showed that 4.6 per cent. of the children examined had an acquired irremediable physical defect, and 1.0 per cent. a similar congenital defect. The corresponding figures for 1935 are 3.7 and 0.6 per cent.

As regards nutrition, there has been no evidence of an increase in those conditions which are caused or aggravated by malnutrition. The average physical condition of the scholars shows signs of continuing improvement. This, of course, does not necessarily mean that individual groups of scholars in the poorer areas may not be showing signs of under-nourishment. It may be noted, however, that the numbers showing evidence of definite malnutrition have not increased. The fact that this is so is due, in large measure, to the detection of apparent under-nourishment by the teachers and to the freedom with which school meals are recommended for individual scholars.

A new factor in the nutrition of school children was introduced during the year—the issue of a milk ration of one-third of a pint per child, free or at a reduced price. This important and valuable measure came into operation in Glasgow in March, 1935. Owing to the very large number of children taking the ration, and to the consequent absence of controls, it was impossible to make anything like a scientific assessment of the results. In Appendix III of the Report, Dr Arbuckle Brown has endeavoured to make certain comparisons of the growth of children during the “milk period” with that of children during the same period of 1934, when no milk was issued. The data he has collected appear to show that the milk ration has tended to accelerate the rate of growth over the period of the observations.

Mr. William Robertson, Principal Clerk of the Education Health Staff, has as usual given much care to the preparation and arrangement of the Report, and I think it right to mention especially his valuable services and those of his staff.

I have again to acknowledge the cordial relationship which has always existed between this branch of the Department and the Director of Education and his staff. The valuable good will and co-operation of the teachers in the work of the Education Health Service are also gratefully acknowledged.

A. S. M. MACGREGOR,  
*Medical Officer of Health.*

PUBLIC HEALTH DEPARTMENT,  
GLASGOW, 13th January, 1936.

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## GENERAL INTRODUCTION

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THE Annual Report on the Medical Inspection and Treatment of School Children for 1935 is the Twenty-sixth issued since the initiation of the Education Health Service and the Fifth since the transference of the service to the Health Department of the Corporation under the Local Government (Scotland) Act, 1929.

The reports present a valuable survey of the physical condition of the children from year to year, and, in addition, they review the aims and objects of the Education Health Service in supervising the health of the children. Since the transfer of the functions of medical inspection and treatment to the Health Department in 1930, many varied co-ordinations have been effected with the other medical services of the Corporation. These co-ordinations have been developed from time to time, with the result that the Education Health Service can now provide treatment for practically any condition from which the children may suffer, ranging from the simplest to the gravest forms of disease. One of the outstanding co-ordinations effected is described on page 46, where the orthopaedic operative treatment carried out in Mearns Kirk Hospital during the year is set out in detail. Throughout the present report there is ample evidence of the continued successful working of these co-ordinating arrangements and also of their growth and development. In this connection, reference may be made to the latest development in co-ordination, by which Provan Clinic is provided for the joint use of the Maternity and Child Welfare, the Education and the Public Assistance Medical Services.

The physical condition of the school children generally shows that the gradual and consistent improvements recorded in previous years have continued during 1935. The average measurements of height and weight recorded on page 22, if allowance is made for the differences in age at the date of inspection, are higher in nearly every instance than any recorded during the past fifteen years. Because of the adverse economic conditions which have prevailed for some years, vigilant supervision has been maintained over the state of nutrition of the children, and it is gratifying to be able to report that the relative figures on page 24 are definitely the best recorded since 1919. There is also evidence that the prevalence of such a serious nutritional condition as rickets continues to diminish. The incidence of this disease in its varied manifestations is the lowest recorded during the past sixteen years.

The table recently devised, which classifies the children examined according to the severity or grade of the defects from which they suffer, also shows an improvement over the figures recorded in 1934. The promotion of one per cent. of the children from the lower and more serious categories to the higher and less severe categories of defect is an indication of satisfactory progress. The details set out

on page 27 of the children recommended for special schools do not invalidate the improvements outlined above, as the children recommended for these schools are in themselves of a distinctly better physical type than was the case in previous years.

The effect of the introduction of a daily milk ration is dealt with on page 58, and the statistical records would appear to show that the issue of milk has had a good effect on the growth of the children. It may be remarked that, while there was evidence of an increase in average height and weight prior to the introduction of the milk ration, the average rates of increase over the later periods compared in the table appear to have been augmented.

The number of children examined during 1935 was, for various reasons, fewer by almost five thousand children when compared with the total for the previous year. This fact probably accounts for the increase in the percentage of minor defects notified to parents by the school medical officers, and also for the apparently slightly increased incidence of certain nose, throat and pulmonary conditions. The greater prevalence of nits in the hair, particularly among the older girls, bears a different significance and requires another interpretation. This condition is a retrograde movement and is directly associated with the trend of fashion among girls towards wearing the hair longer and looser than was formerly the case. The attention of the Head Teachers and of the School Medical Officers has been directed to this falling off in the personal cleanliness of the children.

The records of attendances for treatment at the school clinics are summarised on page 56. They show a considerable reduction when compared with the figures for the previous year. The numbers attending for the issue of medicines for minor conditions, mainly colds and bronchial catarrhs, however, show an increase. This increase is probably due to the severe climatic conditions which prevailed towards the end of 1934 and also to the short epidemic of influenza which occurred early in 1935. These two adverse factors accounted for many cases of temporary illness, with corresponding exceptionally high percentages of absences from school during those particular periods.

This broad survey of the statistical records of the work done during the year shows that the health and well-being of the school population continue to make consistent and satisfactory progress.

## 1.—LIST OF STAFF.

## FULL-TIME STAFF.

Senior Deputy Medical Officer of Health.

Senior Assistant Medical Officer.

\*13 Assistant Medical Officers.

Senior Dentist.

5 Dentists.

\* During the year one officer retired and one was appointed.

## PART-TIME STAFF.

2 Aurists.

1 Mental Consultant.

2 Dermatologists.

1 Inspecting Medical Officer for  
Routine Inspection at Schools.

2 Dentists.

4 Oculists.

4 Local Medical Officers } for emergency duties at residential Holi-  
1 Local Dentist } day and Special Schools.

2 Medical Officers

} for residential Industrial Schools.

1 Dentist

## 2.—SCHOOLS : REGISTER : ATTENDANCE.

(a) *The number of schools* at 31st July, 1935, was 224, compared with 221 for the preceding year.

(b) *The number of children on the registers* at 18th October, 1934, was 189,426, compared with 193,277 for the preceding year.

The average number in attendance for the year 1935 was 167,039, representing 89·1 per cent. in the ordinary schools and 83·9 per cent. in the special schools. The corresponding percentages for the preceding year were 89·9 and 84·9 respectively.

In November and December, 1934, and in March, 1935, the average attendance of children at school touched particularly low levels. In November the low attendance was attributed to fog and in December to the severe climatic conditions. In March influenza was rife.

## 3.—VISITS TO SCHOOLS.

The number of visits to schools for systematic examination, in accordance with the scheme of inspection, was 2,419, as compared

with 2,663 in 1934, a decrease of 9·2 per cent. The smaller numbers for 1935 were partly due to absence of Medical Officers through illness and partly to the celebration of His Majesty's Silver Jubilee in May and June, when all school children were entertained by the Corporation in the Glasgow Parks or at Ardgoil Estate.

The average number of children examined per visit was:—

	1935	1934
Routines, ... ..	20·6	20·5
Non-routines, ... ..	5·5	5·8
Abnormals, ... ..	9·0	9·8
Totals, ... ..	<u>35·1</u>	<u>36·1</u>

#### 4.—NUMBER OF SPECIAL VISITS.

The Senior Assistant Medical Officer, in addition to his administrative and clinic duties, made the following special visits for the purpose of supervision, inquiries into cases of infectious disease, accidents, etc., viz.:—to schools, clinics, etc., 178; to homes, 14. The Assistant Medical Officers made numerous special visits and examinations, including 43 visits to homes and the following additional examinations:—

	1935	1934
Applicants for preliminary training as teachers, ...	47	41
*Applicants for licences under the Corporation's Bye-Laws for the Employment of Children:—		
Fit, ... ..	109	
Unfit, ... ..	1	
	<u>110</u>	<u>910</u>
Adult Employees of the Corporation, ... ..	104	59
**Certifications—Blind Persons Act, 1920, ... ..	29	27
Candidates for Printers' Apprenticeships, ... ..	130	—
Children as to fitness to proceed to holiday homes or camps:—		
Fit, ... ..	6,227	
Unfit, ... ..	745	
	<u>6,972</u>	<u>6,004</u>
Children as to fitness for "school journeys" abroad, etc.,	197	65
Children as to fitness for admission to holiday and other residential schools and institutions, ... ..	1,871	1,876
Special food examinations of children (for Unemployment Assistance Board), ... ..	3,440	6,885
***Juvenile Court Cases, ... ..	57	68
Other Special Cases, ... ..	100	—
Totals, ... ..	<u>13,057</u>	<u>15,935</u>

\* A considerable reduction in the number of these examinations followed upon the introduction of revised Bye-Laws in December, 1933.

\*\* These examinations are made at the Joint Clinic for the Blind at 20 Cochrane Street.

\*\*\* These examinations became the duty of the Education Health Service under Section 15(2) of the Children and Young Persons (Scotland) Act, 1932.

## 5.—SANITARY CONDITION OF SCHOOLS.

The Report for 1931 (pages 8-10) and 1932 (pages 11-12) taken together provided a summary of a complete survey of the sanitary conditions of the schools which was made by the Senior Assistant Medical Officer of the Education Health Service and the Sanitary Inspectors of the districts. Certain improvements were noted in subsequent Reports and the following additional improvements were effected during 1935:—

*Heating and Ventilation.*—The Plenum system of heating and ventilation in 4 schools was replaced by low pressure hot water heating with radiators and natural ventilation.

*Galleries, Internal Improvements, etc.*—In 18 schools galleries were removed and other internal improvements made and 52 schools were re-decorated.

\* *Playgrounds and Drinking Fountains.*—In place of the older type of drinking wells with iron cups, 48 modern bubbling drinking fountains were installed in various schools.

## 6.—ORGANISATION AND ADMINISTRATION.

## (a) SYSTEM OF MEDICAL INSPECTION.

(1) *The Staff* engaged in the work of medical inspection and treatment of school children is detailed on pages 9 and 11.

(2) *The Duties of the Assistant School Medical Officers*; (3) *The Children selected for Systematic Examination*; and (4) *The System of Inspection.*—This has been extended to include children who have attained the age of 16 years, provided inspection of the younger pupils has been completed. Otherwise the arrangements are as described in the Report for 1930, pages 9 and 10.

## (b) SCHOOL NURSES.

(1) *Number on Staff.*—Including the Supervisor, the maximum staff of nurses during the year was 68, which was the number at the close of the year. During the year 3 nurses were appointed.

The following table gives details of the working time of the nursing staff, including the Supervisor, in periods of half-days:—

	1935	1934
	Half-days.	Half-days.
Routine inspection, ... ..	2,221	2,491
Special inspection, ... ..	173	233
Treatment at clinics, ... ..	21,218	21,285
Treatment at special schools, ...	5,378	5,158
Visiting, ... ..	1,633	1,640
His Majesty's Silver Jubilee Celebrations, ... ..	152	—
	<u>30,775</u>	<u>30,807</u>
Absences from duty, ... ..	1,943 (6·3%)	2,097 (6·4%)

The visits made by the nursing staff were as follows:—

	1935	1934
To clinics, ... ..	206	272
To homes, ... ..	7,528	7,890
To schools, ... ..	549	506
To office and clinics (administrative),	1,986	2,166
	<u>10,269</u>	<u>10,834</u>

These visits were not made entirely during the "visiting" periods; many were made during periods devoted mainly to other duties detailed above.

(2) *Duties in Schools*; and (3) *Duties in Visiting*.—These were described in detail in the Report for 1930, pages 11 and 12.

(c) ARRANGEMENTS FOR "FOLLOWING UP."

These were described in detail in the Report for 1930, page 12.

(d) SUPERVISION OF INFECTIOUS DISEASE.

The arrangement was continued during the session by which the Education Health Service receives from the Divisional Medical Officers information regarding school cases of infectious disease and contacts, and transmits the information to the feeding centres and to the schools by the Attendance Officers.

Schools where infectious disease appeared to have a suggestive grouping of cases were visited by the Divisional Medical Officers. Where necessary, classes were put on special time-tables to permit of more frequent ventilation of the classrooms. Disinfection was carried out when required.

*Diphtheria*.—Eight visits were made to 5 schools, and in each school swabs were taken from the throats of all the children in the infected classes. Swabs were also obtained from those who were temporarily absent from school. Eight probable carrier cases were discovered and excluded from school for varying periods, till free from the risk of conveying infection.

*Scarlet Fever*.—Four schools were visited, and all or most of the pupils in 5 classes were examined in order to detect any source of infection. As a result, 6 children were excluded from school mainly on account of suspicious nasal or pharyngeal catarrh or other symptoms.

In no instance did any outbreak of infectious disease necessitate the closing of any ordinary or special day school during the year. On pages 28 and 29 reference is made to the presence of infectious disease in residential schools, and to the closure of one of these owing to the presence of an infectious eye condition.

## (e) CO-ORDINATION WITH PUBLIC HEALTH SERVICE.

Details of developments in this direction were given in recent Reports.

The arrangement was continued whereby information was sent from the Hospitals for Infectious Diseases to the Education Health Service regarding children who had suffered from various complications. The School Medical Officers specially inspected these children, and, if necessary, kept them under observation.

In all, 272 children were seen at the schools. The cases included 202 of scarlet fever, 48 of diphtheria, 14 of pneumonia, 3 of whooping cough, and 5 of other diseases or combinations of these conditions.

The following table summarises the reports from the School Medical Officers regarding these children:—

Conditions for Supervision.	Cured.	Improved.	Private or hospital treatment.	Treatment at School Clinic.	Total Conditions.
Adenitis, ... ..	73	17	7	6	103
Otorrhoea and mastoiditis, ...	40	1	4	5	50
Throat and nose conditions, ...	38	6	1	5	50
Cardiac conditions, Arthritis, ...	15	2	—	3	20
Nephritis and albuminuria, ...	2	—	—	1	3
Pyelitis, ... ..	28	—	1	2	31
Paralysis, ... ..	1	—	—	—	1
Chest conditions, ...	18	—	—	2	20
Skin disease, ... ..	5	—	1	1	7
Conjunctivitis, ...	5	—	1	—	6
Other diseases, ...	1	—	—	—	1
	29	—	—	2	31
Totals, ... ..	255	26	15	27	323

"Cured" in these tables indicates that the child at the time of inspection was free from the complication named; cure had usually been effected before the child was discharged from hospital. The children received school clinic treatment generally for the complication named, but in some cases for general health, etc.

All children treated in the hospitals for broncho-pneumonia or pneumonia were summoned to the school clinics after their discharge from hospital for examination with a view to admission to residential or other schools; 216 were admitted to the schools appropriate to their physical condition, this number representing about 15 per cent. of the total number of admissions to residential schools during the year. Altogether 196 children failed to appear for examination, or the parents declined to take advantage of the offer.

## (f) PARENTS PRESENT AT INSPECTION.

37,082 or 77·2 per cent. of the parents were present at routine inspections during 1935. During 1934, 39,898 or 75·4 per cent. of the parents were present. The percentage for 1935 is the highest for sixteen years.

## 7. THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

(For details see Appendix No. I.)

### A. TOTAL NUMBER OF CHILDREN EXAMINED.

(a) *At systematic (routine) examinations.* (See below for number of examinations at special schools and classes.)

#### BOYS.

Ages.	4	5	6	7	8	9	10	11	12	13	14	Totals.
Non-Transferred Schools, ...	†407	6,132	290	81	22	6,188	9	9	5	4,203	305	17,651
Transferred Schools,	128	2,404	119	31	1	2,219	23	13	2	1,637	70	6,647
Totals, 1935,	535	8,536	409	112	23	8,407	32	22	7	5,840	*375	24,298
Do., 1934,	585	9,060	373	134	11	9,102	39	25	4	6,809	308	26,450

#### GIRLS.

Ages.	4	5	6	7	8	9	10	11	12	13	14	Totals.
Non-Transferred Schools, ...	†393	5,881	240	96	10	6,028	11	13	6	4,299	311	17,288
Transferred Schools,	113	2,336	221	42	1	2,083	5	6	3	1,571	66	6,447
Totals, 1935, ...	506	8,217	461	138	11	8,111	16	19	9	5,870	*377	23,735
Do. 1934, ...	554	8,811	525	155	30	8,959	74	38	14	7,022	317	26,499

#### BOYS AND GIRLS.

Ages.	4	5	6	7	8	9	10	11	12	13	14	Totals.
Totals, 1935, ...	†1,041	16,753	870	250	34	16,518	48	41	16	11,710	*752	48,033
Totals, 1934, ...	1,139	17,871	898	289	41	18,061	113	63	18	13,831	625	52,949

† These figures include 52 nursery school children of 2, 3 and 4 years of age: the figures for 1934 included 42 children in nursery schools.

\* These figures include 10 children over 14 years of age: the figures for 1934 included 53.

In addition, the following children were examined in the course of routine inspection at special schools and classes:—

		1935		1934
		Boys.	Girls.	Totals.
Physically defective children, ...	...	570	582	1,152
Mentally defective children, ...	...	384	229	613
Totals, ...	...	<u>954</u>	<u>811</u>	<u>1,765</u>
				<u>1,758</u>

## (b) Number of special cases examined:—

" Non-Routines "—	1935	1934
In Ordinary Schools, ... ..	10,753	15,321
In Special Schools, ... ..	1,578	
" (Admissions and Dis- charges), ... ..	917	
	<u>13,248</u>	
Re-examination of " Abnormals," ...	21,785	26,194

The total number of children examined at systematic routine inspection in ordinary, special and nursery schools and classes decreased by 9·0 per cent. from 54,707 in 1934 to 49,798 in 1935, and the total numbers of " non-routines " examined and of " abnormals " re-examined showed decreases of 13·5 and 16·8 per cent. respectively, as compared with the figures for 1934.

*Details of Defects found in Children presented for Medical Inspection as " Non-routines."*—The results of the inspection of the 10,753 children in ordinary schools and of the 1,578 in special schools and classes referred to above, who were specially presented on account of disease or defect observed by the teachers, are tabulated in the following table. More than one defect was found in some cases.

Defect Found.	Ordinary Schools.		Special Schools and Classes.		All Schools.		Per-centage 1934.
	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	
Skin, ... ..	1,737	16·1	125	7·9	1,862	15·1	16·5
Eye, ... ..	539	5·0	154	9·8	693	5·6	5·9
Ear, ... ..	369	3·4	160	10·1	529	4·3	4·2
Defective vision, ...	1,314	12·2	17	1·1	1,331	10·7	11·1
Defective teeth, ...	473	4·4	16	1·0	489	4·0	3·5
Tonsils & Adenoids,	588	5·5	21	1·3	609	4·9	5·3
Orthopædic, ... ..	53	0·5	37	2·3	90	0·7	0·5
Infectious disease,	30	0·3	—	—	30	0·2	0·3
Mental, ... ..	—	—	—	—	—	—	0·1
Other diseases, ...	5,808	54·0	1,060	67·1	6,868	55·7	53·8
Nothing abnormal detected, ...	196	1·8	1	0·1	197	1·6	2·1
Totals, ... ..	11,107		1,591		12,698		

*Details of the Defects Discovered During Routine Inspection arranged in Age Groups.*—Tables will be found at the end of this Report, showing the nature of the defects found during routine inspections, also the total number of children suffering from classified defects, together with percentages in the routine age groups and the numbers " notified to parents " (Appendix I, page 51), and the total numbers of routine and other inspections (Appendix II, page 56).

## (b) NUMBER OF CHILDREN NOTIFIED TO PARENTS AS SUFFERING FROM DEFECTS.

Of 48,033 " routine " children examined in ordinary and nursery schools, 24,698 were notified as suffering from defects, representing 51·4 per cent. at all ages. At 5 years of age the percentages of defects " notified " were 56·8 and 58·7 for boys and girls respectively.

Additional general statistics as to the conditions of the children are available from the Medical Officers' reports as follows:—

	1935.		1934.	
	No.	Percentage.	No.	Percentage.
No. of parents notified of defects—				
By card, ... ..	11,575	24.1	11,013	20.8
Verbally, ... ..	13,123	27.3	14,349	27.1
No. of children excluded, ... ..	472	1.0	519	1.0
Notified for re-examination (abnormals),	23,231	48.4	24,674	46.6

#### ANALYSIS OF RECORDS OF ROUTINE MEDICAL INSPECTION IN ORDINARY SCHOOLS ACCORDING TO REMEDIABILITY OF DEFECTS.

In the Annual Reports for 1933 and 1934 analyses were given of the records of routine medical inspection in ordinary schools, according to remediability of defects—similar to those shown in Tables A and B on pages 19 and 20 of this Report.

The 1933 Report gave details (1) of an analysis of the records of eight months' medical inspection made at the end of the session, and (2) of a control analysis of the remaining two months of the session made by the Medical Officers at the time of inspection. These showed *inter alia* that, had the whole analysis been carried out by the Medical Officers at the time of inspection, about 0.3 per cent. of the cases would have been placed in other and, for the most part, better categories.

The analysis in the Report for 1934 (pages 16-19) was also made at the close of the session's work in the central office, and, therefore, did not make allowance for the departures from "standard" classification which would have occurred had the Medical Officers themselves classified the cases at the time of inspection.

For the purpose of the analyses made at the end of the session, every defect named in the standard form of report (Appendix I, page 51) was regarded as remediable with the exception of the following defects which were in *every* case regarded as *irremediable*:—

#### *Standard Classification of Irremediable Defects.*

Acquired.	Congenital.	Mental.
Corneal opacities. Otorrhoea. Marked deafness. Acquired organic heart disease. Infantile paralysis. Marked rickets. Acquired deformities.	Congenital organic heart disease. Epilepsy. Other diseases of the nervous system. Congenital deformities (non-rachitic).	Mental defect.

The further sub-classification of cases according to various combinations of defects is explained under "definition" in the tables themselves.

For 1935 provision was made for the incorporation in the daily returns of the remediability classification made by the Medical Officers at the time of inspection.

The tables presented on pages 19 and 20 of this Report, therefore, represent the summary of the Medical Officers' considered opinions as to the classification of the individual children.

In only 163 (or 0.3 per cent.) of the children inspected in session 1934-35 did the Medical Officers depart from the "standard" classification above; the following table summarises these cases:—

*Departures from "Standard" Classification.*

Cases altered from <i>remediable to acquired irremediable</i> categories:—	}	17
Angioma, blepharitis, chronic bronchitis, collapsed lung, and slight deafness, ... .. 6		
Cases altered from <i>remediable to congenital irremediable</i> categories:—	}	142
Ichthyosis, moles, naevi, and angioma, ... .. 11		
Cases transferred from <i>acquired irremediable to remediable</i> categories:—35 cases of otorrhœa (acute, slight or intermittent), 37 cases of acquired deformity (kyphosis, scoliosis, torticollis, hernia, etc.), ... .. 72	}	142
Cases transferred from <i>congenital irremediable to remediable</i> categories:—58 cases of diseases of the nervous system (nervous instability, night terrors, habit spasms, etc.), and 12 cases of congenital deformity (hernia, torticollis, etc.), ... .. 70		
Cases transferred from <i>congenital irremediable to acquired irremediable</i> categories:—diseases of the nervous system (paralysis), ... .. 4		

It will be seen that 17 cases were transferred by the Medical Officers to *lower* categories and 142 to *higher* categories, 4 being transferred from one irremediable category to another.

The Medical Officers' classification results, therefore, in an improvement of between 0.2 and 0.3 per cent. as compared with the "standard" method used in previous years; which agrees with the difference noted in the Annual Report for 1933.

If regard be given to the final column of Table B on page 20, it will be seen that, as compared with the percentages for the previous year, there has been a distinct movement *from the irremediable to the remediable classes*, and, within the remediable classes, a retrograde movement as regards cleanliness and clothing.

These movements are partly due to the improvement of between 0.2 and 0.3 per cent. resulting from the new method of direct classification by the Medical Officers at the time of examination, but mainly to the decrease in the percentage incidence of many of the irremediable conditions and the increased percentage incidence of uncleanness of the hair (nits, &c.), both shown in Appendix I, to which the movements above referred to closely conform.

Another point which has emerged as the result of the Medical Officers' classification is that visual acuity has been classified according to the vision of the better eye only, and that all defects of visual acuity were regarded as remediable. This attitude has been adhered to throughout. It, therefore, requires to be noted that, for example, Class A 1 in the following tables may contain small numbers of children in whom the vision of one eye is less than "good," and that the "remediable" categories generally may include small numbers of children with defects of vision (high myopia, &c.), which the Medical Officers might have regarded as being in fact irremediable.

TABLE A.—Analysis of Records of Routine Medical Inspection of 48,033 Children in Ordinary Schools, according to the "Remediability" of defects (if any), showing Numbers of Children of each Age and Sex in each "Class."

Remediability Classes.		Numbers coming within these classes.												Total Boys and Girls.	1934.		
		Age		5 years.		9 years.		13 years.		At all Ages.		Boys.	Girls.				
		Sex.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.							
Code.	Definition.																
A 1	No defects,	...	639	516	497	411	763	490	2,093	1,558	3,651	3,562					
2	*Clothing defect(s) only, ...	...	10	35	4	24	4	37	21	103	124	132					
3	†Remediability defect(s), ...	...	7,316	6,394	7,399	6,229	4,762	4,235	20,721	18,044	38,765	42,995					
4	Do. with *Clothing defects, ...	...	144	930	126	1,129	59	854	344	3,051	3,395	3,260					
	Total, ...	...	8,109	7,875	8,026	7,793	5,588	5,616	23,179	22,756	45,935	49,949					
B 1	Acquired Irremediable defect(s) only, ...	...	12	7	8	8	7	9	29	27	56	61					
2	Do. with *Clothing defects, ...	...	—	1	—	—	—	1	—	2	2	3					
3	Do. with †Remediability defects, ...	...	321	227	304	214	208	183	880	665	1,545	2,160					
4	Do. with †Remediability defects and *Clothing defects, ...	...	8	46	10	51	1	33	22	138	160	205					
	Total, ...	...	341	281	322	273	216	226	931	832	1,763	2,429					
C 1	Congenital Irremediable defect(s) only, ...	...	1	2	1	1	3	1	5	4	9	19					
2	Do. with *Clothing defects, ...	...	—	—	—	—	—	—	—	—	—	—					
3	Do. with †Remediability defects, ...	...	79	50	53	35	28	23	166	120	286	403					
4	Do. with †Remediability defects and *Clothing defects, ...	...	—	4	—	6	—	3	—	14	14	25					
	Total, ...	...	80	56	54	42	31	27	171	138	309	508					
D 1	Mental defect only, ...	...	—	—	1	—	—	—	1	—	1	—					
3	Do. with †Remediability defects, ...	...	3	1	—	1	1	—	4	2	6	16					
4	Do. with *Clothing defects, ...	...	—	—	—	—	—	—	—	—	—	2					
E 3	Acquired and Congenital Irremediable defects with †Remediability defects, ...	...	2	3	4	2	4	1	10	6	16	41					
4	Do. with *Clothing defects, ...	...	—	1	—	—	—	—	1	1	2	2					
F 3	Acquired and Mental Irremediable defects with †Remediability defects, ...	...	1	—	—	—	—	—	1	—	1	—					
4	Do. with *Clothing defects, ...	...	—	—	—	—	—	—	—	—	—	—					
G 3	Acquired, Congenital and Mental Irremediable defects with †Remediability defects, ...	...	—	—	—	—	—	—	—	—	—	—					
	Total, ...	...	6	5	5	3	5	1	17	9	26	63					
	GRAND TOTAL,	...	8,536	8,217	8,407	8,111	5,840	5,870	24,298	23,735	48,033	52,949					

\* "Clothing defects" = Clothing and/or Cleanliness defect(s).

† "Remediability defects" = Remediability defect(s) other than Clothing and/or Cleanliness defect(s).

TABLE B.—Analysis of Records of Routine Medical Inspection of 48,033 Children in Ordinary Schools according to "Remediability" of defects (if any), showing Percentages of Children of each Age and Sex in each "Class."

Remediability Classes.		Numbers coming within these classes.											
		Age,		5 years.		9 years.		13 years.		At all Ages		Total	
		Sex.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys and Girls.
A 1	No defects, ... ..	...	7.5	6.3	5.9	5.1	13.1	8.3	8.6	6.6	7.6	6.7	
2	*Clothing defect(s) only, ... ..	...	0.1	0.4	0.0	0.3	0.1	0.6	0.1	0.4	0.3	0.2	
3	†Remediability defect(s), ... ..	...	85.7	77.8	88.0	76.8	81.5	72.1	85.3	76.0	80.7	81.2	
4	Do. with *Clothing defects, ... ..	...	1.7	11.3	1.5	13.9	1.0	14.5	1.4	12.9	7.1	6.2	
	Total, ... ..	...	95.0	95.8	95.5	96.1	95.7	95.7	95.4	95.9	95.6	94.3	
B 1	Acquired Irremediable defect(s) only, ... ..	...	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	
2	Do. with *Clothing defects, ... ..	...	—	0.0	—	0.0	—	0.0	—	0.0	0.0	0.0	
3	Do. with †Remediability defects, ... ..	...	3.8	2.8	3.6	2.6	3.6	3.1	3.6	2.8	3.2	4.1	
4	Do. with †Remediability defects and *Clothing defects, ... ..	...	0.1	0.6	0.1	0.6	0.0	0.6	0.1	0.6	0.3	0.4	
	Total, ... ..	...	4.0	3.4	3.8	3.4	3.7	3.9	3.8	3.5	3.7	4.6	
C 1	Congenital Irremediable defect(s) only, ... ..	...	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
2	Do. with *Clothing defects, ... ..	...	—	—	—	—	—	—	—	—	—	—	
3	Do. with †Remediability defects, ... ..	...	0.9	0.6	0.6	0.4	0.5	0.4	0.7	0.5	0.6	0.9	
4	Do. with †Remediability defects and *Clothing defects, ... ..	...	—	0.0	—	0.1	—	0.1	—	0.1	0.0	0.0	
	Total, ... ..	...	0.9	0.7	0.6	0.5	0.5	0.5	0.7	0.6	0.6	1.0	
D 1	Mental defect only, ... ..	...	—	—	0.0	—	—	—	0.0	—	0.0	—	
3	Do. with †Remediability defects, ... ..	...	0.0	0.0	—	0.0	0.0	—	0.0	0.0	0.0	0.0	
4	Do. with *Clothing defects, ... ..	...	—	—	—	—	—	—	—	—	—	—	
E 3	Acquired and Congenital Irremediable defects with †Remediability defects, ... ..	...	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	
4	Do. with *Clothing defects, ... ..	...	—	0.0	—	—	—	—	0.0	0.0	0.0	0.0	
F 3	Acquired and Mental Irremediable defects with †Remediability defects, ... ..	...	0.0	—	—	—	—	—	0.0	—	0.0	—	
4	Do. with *Clothing defects, ... ..	...	—	—	—	—	—	—	—	—	—	—	
G 3	Acquired, Congenital and Mental Irremediable defects with †Remediability defects, ... ..	...	—	—	—	—	—	—	—	—	—	—	
	Total, ... ..	...	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.1	

\* "Clothing defects" = Clothing and/or Cleanliness defect(s).  
 † "Remediability defects" = Remediability defect(s) other than Clothing and/or Cleanliness defect(s).  
 N.B.—Percentages calculated to nearest first decimal place in each case. "—" = no cases. "0.0" = percentage lower than 0.05.

*(c)* NUMBER OF CHILDREN RECEIVING ATTENTION.

All children found to be suffering from the more serious defects were "followed up" until treatment was obtained from a private practitioner, a voluntary hospital, or a school treatment clinic. The numbers dealt with by the Education Health Service are shown throughout this Report.

*(d)* CLOTHING AND *(e)* FOOTGEAR.

Condition of the children respecting clothing and footgear :—

Clothing.						Footgear.			
Insufficient.		In Need of Repair.		Dirty.		Unsatisfactory.		None.	
No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
38	0·1	92	0·2	79	0·2	140	0·3	27	0·1

All of these percentages except the last are as good as or better than any since 1919.

*(f)* AVERAGE HEIGHTS AND WEIGHTS.

The following tables show the average heights and weights of the children examined during the year, compared with the Anthropometric Committee's standard and the averages for last year:—

## AVERAGE MEASUREMENTS OF BOYS.\*

Routine Age Group.	5 years			6 years			9 years			13 years		
	Age § (months)	Height ins.	Weight lbs.	Age § (months)	Height ins.	Weight lbs.	Age § (months)	Height ins.	Weight lbs.	Age § (months)	Height ins.	Weight lbs.
Averages.	?	41.0	39.9	?	44.0	44.4	?	49.7	60.4	?	56.9	88.6
Anthropometric Committee's Standard, ...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Transferred Schools, ...	3.6	41.6	39.9	4.9	44.7	45.3	3.5	49.9	58.1	5.0	57.3	82.7
Transferred Schools, ...	4.4	41.0	39.2	4.7	42.9	42.6	3.6	48.9	56.1	4.0	56.0	79.1
†Glasgow, 1935, ...	3.8	41.4	39.7	4.8	44.2	44.5	3.5	49.6	57.6	4.7	56.9	81.7
†Glasgow, 1934, ...	3.9	41.2	39.6	4.8	43.4	43.1	3.9	49.5	57.6	5.1	56.9	81.5

## AVERAGE MEASUREMENTS OF GIRLS.\*

Routine Age Group.	5 years			6 years			9 years			13 years		
	Age § (months)	Height ins.	Weight lbs.	Age § (months)	Height ins.	Weight lbs.	Age § (months)	Height ins.	Weight lbs.	Age § (months)	Height ins.	Weight lbs.
Averages.	?	40.8	39.6	?	42.6	42.4	?	48.7	55.5	?	57.8	87.0
Anthropometric Committee's Standard, ...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Transferred Schools, ...	3.7	41.3	38.4	5.1	44.4	43.3	3.6	49.6	56.1	4.8	58.1	86.7
Transferred Schools, ...	4.4	40.7	37.4	4.6	42.7	41.2	4.1	48.8	54.5	4.8	56.7	83.3
†Glasgow, 1935, ...	3.9	41.1	38.1	4.9	43.6	42.3	3.7	49.4	55.7	4.8	57.7	85.8
†Glasgow, 1934, ...	4.1	40.9	38.2	4.6	43.3	42.4	4.1	49.2	55.5	5.4	57.8	85.8

\* The numbers of children examined at other ages were relatively small; averages are, therefore, not given.

† Exclusive of Special Schools and Classes.

§ Age in months beyond the years of age given above the relative tables.

In addition to the usual records of the average measurements of children examined in the course of routine medical inspection, the table above gives fuller information than has been customary regarding the average age of the children at the date of inspection.

If regard is given only to the records relative to the three main groups (children of 5, 9, and 13 years of age), it will be seen that, although the average *ages* for "Glasgow, 1935" are uniformly lower than those for "Glasgow, 1934," nearly all of the average *measurements* for 1935 are equal to or higher than the corresponding measurements for 1934.

Even more notable is the fact that comparisons with the records of the past fifteen years show that, if due allowance is made for the slight differences of age within the main age groups, the latest *measurements* ("Glasgow, 1935," in the table) are, without exception, as high as any corresponding figure, and that nearly all of the measurements are, in fact, higher than any recorded during that period.

The records relative to children of 6 years of age are based on the inspection of smaller numbers of children, and, for this and other reasons, these measurements are not of great value for the purpose of comparison.

Appendix III on page 58 offers a further analysis of the measurements of the children inspected in 1934 and in 1935. This analysis is offered in order to show any possible effect of the supply of milk to school children.

(g) CLEANLINESS OF HEAD AND BODY.

Head.						Body.			
Dirty.		Nits.		Verminous.		Dirty.		Verminous.	
No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
33	0.1	3,253	6.8	169	0.4	217	0.4	61	0.1

Nits and vermin of the head show figures which are higher than those of recent years; the other figures are as good as or better than any since 1919.

The increased percentage of children having nits in the hair may be attributed very largely to the fact that girls are wearing the hair somewhat longer and fuller than in preceding years.

(h) CONDITION OF SKIN.

Ringworm.		Impetigo.				Favus.	Scabies.		Other Diseases not classified.	
Head.	Body.	Head.		Body.			No.	Per Cent.		
No.	No.	No.	Per Cent.	No.	Per Cent.	No.	No.	Per Cent.	No.	Per Cent.
5	8	360	0.7	169	0.4	...	92	0.2	1,204	2.5

Few more satisfactory percentages than those given above have been recorded in these Reports since 1919.

*(i)* NUTRITION.

Good.		Fair.		Bad.		Very Bad.	
No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
26,990	56.2	19,543	40.7	1,450	3.0	50	0.1

The percentage of children of "good" nutrition is the highest which has been recorded since 1919. The combined percentage of children classified as of "bad" and "very bad" nutrition—3.1 per cent.—is the lowest recorded during the same period.

*(j)* TEETH.

Sound Dentures.		One to Four Teeth decayed.		Five or more Teeth decayed.		Oral Sepsis.	
No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
8,402	17.5	33,460	69.7	6,169	12.8	3,329	6.9

The percentage of sound dentures is the highest for the past thirteen years. The percentage of children with five or more decayed teeth is higher than the corresponding figure for five of the seven preceding years, and the percentage of children with oral sepsis is the highest recorded in eleven years.

The figures are not based on the detailed examination made by the school dentist with dental probe and mirror, but on the ordinary physical examination of the child in the course of routine inspection.

*(k)* NOSE AND THROAT AND LYMPHATIC GLANDS.

The important conditions in this section are those relating to enlargement of the tonsils and the presence of adenoids. Details of the other conditions under this heading will be found in Appendix I, page 51.

Tonsils.				Adenoids.			
Slightly Enlarged.		Markedly Enlarged.		Probably Present.		Present.	
No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
5,889	12.3	1,909	4.0	1,458	3.0	564	1.2

The percentages here and those recorded in Appendix I are generally higher than the corresponding figures for the three years immediately preceding, but lower than those recorded for a few years before these three.

*(l)* EXTERNAL EYE DISEASES.

The percentages for these diseases, which will be found in Appendix I, are satisfactory. Except for strabismus (3.6 per cent.) the percentages now recorded are practically as good as any since 1919.

## (m) VISUAL ACUITY.

Good.		Fair.		Bad.	
No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
22,138	76.1	4,979	17.1	1,963	6.8

These figures do not include the infants examined during systematic inspection because of the difficulty of obtaining reliable results. As explained in last year's Report, it was found that visual acuity had been given *with* glasses in some cases. For 1935 the figures are based entirely on records of visual acuity *without* glasses. In these circumstances, it is satisfactory to note that the percentage of children having "good" visual acuity is better than any of the figures recorded from 1927 to 1932.

## (n) EARS AND (o) HEARING.

Ears.						Hearing.			
Otorrhœa.		Wax.		Others.		Slightly deaf.		Markedly deaf.	
No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
744	1.5	186	0.4		0.2	556	1.2	47	0.1

The percentage of children with otorrhœa, which last year showed the highest percentage recorded since 1919, has now fallen to a percentage which has frequently been equalled or exceeded since that year. The other percentages in the above table are not exceptional.

## (p) SPEECH.

Defective Articulation.		Stammering.	
No.	Per Cent.	No.	Per Cent.
599	1.2	198	0.4

The percentage of children returned as having defective speech is about average for recent years. This subject was dealt with more fully in the Report for 1930 (page 19). Attention is given to such cases in special classes; these were held in 8 schools after the usual day school hours; 274 pupils attended the classes for shorter or longer periods during the session. In addition, 34 pupils attended continuation classes.

## (q) MENTAL CONDITION.

204 children were classified as mentally dull or backward, representing 0.4 per cent. of the children examined, and 7 children were classified as mentally defective. The mentally defective children were nominated for detailed examination and classification for admission to special schools.

Information regarding the results of these examinations will be found on page 30.

## (r) HEART AND CIRCULATION.

Organic Disease.				Functional Conditions.		Anæmia.	
Congenital.		Acquired.					
No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
126	0·3	320	0·7	601	1·3	1,115	2·3

These figures compare favourably with those of recent years.

## (s) LUNGS.

Altogether 3,745 cases of diseases of the lungs were observed—1,138 of chronic bronchitis, equal to 2·4 per cent., and 2,607 other conditions, mostly bronchial catarrh, acute bronchitis, etc., equal to 5·4 per cent. of the children examined. This included 3 cases of clinical tuberculosis of the lungs and 14 of suspected tuberculosis. The percentage of children found to be suffering from chronic bronchitis is all but the lowest since 1919. The percentage for other lung conditions compares unfavourably with earlier figures. The combined percentage—7·8—is all but the highest recorded since 1921. Last year's percentage was the lowest since that year.

## (t) NERVOUS SYSTEM.

The important nervous conditions discovered during systematic medical inspection were—epilepsy, 25 children; chorea, 26; and infantile paralysis, 25. The other diseases include for the most part the functional manifestations exhibited by nervous highly-strung children.

## (u) TUBERCULOSIS.

A total of 91 children were found to be suffering from non-pulmonary tuberculosis—30 glandular, 27 of bones and joints, 16 abdominal, 10 of skin, and 8 of other unclassified forms.

## (v) RICKETS.

The number of children found to be suffering from slight rickets was 456, or 0·9 per cent.; those suffering from marked rickets, 497, or 1·0 per cent.; the combined figure of 953 children gives the same percentage as that for last year, the lowest recorded since 1919. A table bringing together the figures relative to cases of rickets, which appeared in the Reports since 1910, and showing the gradual and consistent fall in the percentages of cases of rickets, was given in the Report for 1931 (page 23).

## (w) DEFORMITIES.

Congenital deformities were discovered in 134 children, or 0·3 per cent. Other acquired non-rickety deformities numbered 187, or 0·4 per cent.

Information as to the treatment of deformities and other orthopædic cases by the provision of appliances, by exercises, massage, and electricity at Willowbank Orthopædic Clinic, and by operation at Mearnskirk Hospital, will be found on page 46.

## (x) INFECTIOUS OR CONTAGIOUS DISEASE.

In all, 48 cases of notifiable infectious disease were discovered. These were reported to the Medical Officer of Health.

## (y) OTHER DISEASES OR DEFECTS.

2,039, or 4·2 per cent., were classified under this heading.

## (z) VACCINATION.

34,441 children, or 71·7 per cent., were found to be vaccinated, 9 had been re-vaccinated, and 13,583 or 28·3 per cent., were unvaccinated. The corresponding percentages last year were 74·5 and 25·5 respectively.

## 8.—SPECIAL SCHOOLS AND CLASSES AND HOLIDAY SCHOOLS.

A description of the nature and purpose of these schools and classes and of the administrative arrangements will be found on page 22 of the Report for 1930.

## 1. PHYSICALLY DEFECTIVE CHILDREN.

There are 12 centres for physically defective children; at 3 of these no other classes of defective children are accommodated, but in 1 centre "sight-saving" classes are provided in addition, and in 8 centres mentally defective children are also housed. The roll of physically defective children at 30th June, 1935, was 3,667, including children at Prestwick, Mearnskirck, Robroyston, Stobhill, and Strathblane, as compared with 3,682 for the preceding year. Smyllum Special School was not open at this date (see page 29).

The numbers of children (with percentages of the total) who were recommended for admission to the classes for physically defective children were as follows:—

Disease	1935		1934	
	No.	Per Cent.	No.	Per Cent.
Rickets, ... ..	81	9·7	126	13·9
Tuberculosis (non-pulmonary), ...	119	14·3	148	16·3
Anæmia and debility, ... ..	123	14·7	85	9·3
Bronchitis and other lung diseases (non-tubercular), ... ..	119	22·2	{ 97 }	20·2
Bronchitis, with anæmia and debility,	66			
Rheumatism, ... ..	37	4·4	44	4·8
Heart disease, ... ..	40	4·8	67	7·4
Paralysis (infantile), ... ..	18	2·2	21	2·3
Do. (other forms), ... ..	16	1·9	20	2·2
Epilepsy, ... ..	26	3·1	19	2·1
Chorea, ... ..	40	4·8	29	3·2
Neurosis, ... ..	21	2·5	23	2·5
Ear disease, ... ..	20	2·4	32	3·5
Eye disease, ... ..	17	2·0	23	2·5
Skin disease, ... ..	7	0·8	9	1·0
Defective speech, ... ..	17	2·0	11	1·2
Deformities (congenital), ... ..	24	2·9	33	3·6
Do. (acquired), ... ..	12	1·4	9	1·0
Malnutrition, ... ..	19	2·3	14	1·5
Others, ... ..	12	1·4	13	1·4
Totals, ... ..	834		910	

It will be observed that the numbers of cases of rickets and of non-pulmonary tuberculosis recommended for admission to these classes show a further decrease as compared with the figures for 1934. The cases of rickets now number 81, i.e., less than one-fourth of the average number for the first four years of the Education Authority's series of reports (1920-1923). On two occasions only since 1920 (1924 and 1933) have the numbers of tuberculosis cases been lower than in 1935.

*The number admitted to the classes for physically defective children during the year was 803, as compared with 924 in the preceding year.*

*The number of children discharged during the year was:—*

	1935	1934
To ordinary school, ... ..	608	639
To M.D. classes, ... ..	46	54
Over age (or exempted), ... ..	172	159
Totals, ... ..	<u>826</u>	<u>852</u>

#### OPEN-AIR SCHOOLS.

There are 50 school buildings, ordinary and special schools, erected on "open-air" principles—of these 20 are temporary and 30 permanent. In addition, there are 22 schools, some portion of which within recent years has been erected on open-air principles. The corresponding numbers of open-air schools in 1934 were 40 buildings and, in addition, portions of 21 schools.

#### RESIDENTIAL SCHOOLS.

(a) *Biggart Memorial Home Special School, Prestwick.*—For 60 Protestant children sent by the Corporation.

	1935			1934
	Boys.	Girls.	Totals.	Totals.
Admitted, ... ..	<u>107</u>	<u>83</u>	<u>190</u>	<u>173</u>
Discharged—				
Cured or much improved, ... ..	106	74	180	} 162
Improved, ... ..	1	2	3	
No change, ... ..	2	—	2	4
To hospital (infectious disease), ... ..	3	1	4	6
Totals, ... ..	<u>112</u>	<u>77</u>	<u>189</u>	<u>172</u>
Roll at end of session, ... ..	30	32	62	61
Average number of weeks in residence, ... ..	11½	12½	12	18½

Two cases of German measles and one of chickenpox were treated in isolation at the Home; three cases of scarlet fever and one of chickenpox were removed to hospital.



The number of children specially examined and re-examined regarding mental defects during the year was:—

	1935		Totals.	1934
	Boys.	Girls.		Totals.
First examinations, ... ..	351	192	543	775
Re-examinations, ... ..	856	442	1,298	1,424
	<u>1,207</u>	<u>634</u>	<u>1,841</u>	<u>2,199</u>

As the result of these examinations, the following numbers of children were classified or re-classified as follows:—

	1935	1934
Feeble-minded, ... ..	429	556
Imbecile, ... ..	78	75
Idiot, ... ..	—	3
Dull or backward, ... ..	189	308
For institution, ... ..	45	40
For further examination, ... ..	—	10
Totals, ... ..	<u>741</u>	<u>992</u>

The number of children admitted to special classes was 480, as compared with 445 during 1933-34.

The number of children discharged during the year was:—

	1935	1934
To ordinary schools, ... ..	4	8
Certified imbecile, ... ..	48	50
Exempted or over age, ... ..	230	205
To institutions, ... ..	13	29
Left district, etc., ... ..	17	24
Died, ... ..	4	4
Totals, ... ..	<u>316</u>	<u>320</u>

The roll at the end of the session was 2,279, as compared with 2,115 at the end of the previous session.

*After-Care and Home Visitation of Mentally Defective Children.*

Summary of work done by women officers:—

	1935		Totals.	1934
	Boys.	Girls.		Totals.
Cases brought forward from previous session, ... ..	1,041	705	1,746	1,626
Added to visiting list, ... ..	166	68	234	205
	<u>1,207</u>	<u>773</u>	<u>1,980</u>	<u>1,831</u>
Taken off visiting list—				
Home conditions satisfactory, ... ..	38	20	58	52
Admitted to institutions, ... ..	5	2	7	13
Others, ... ..	18	15	33	20
	<u>61</u>	<u>37</u>	<u>98</u>	<u>85</u>
At present on visiting list, ... ..	1,146	736	1,882	1,746

## 3. DULL OR BACKWARD CHILDREN.

The tutorial classes established to provide special tuition for backward or retarded children are being continued and extended so far as accommodation and supply of teachers permit. The children admitted to these classes are not in any sense mentally defective; they are either markedly weak in one or more school subjects, but passable in others, or in need of special attention for a time in order to enable them to keep pace with a class appropriate to their age.

## 4. BLIND AND PARTIALLY BLIND CHILDREN.

(a) Instruction was given to blind children in day classes in 3 schools, and to residential and day pupils in one school. Roll, 40, of whom 13 were inmates of Woodburn House. Five children were admitted to the classes during the session, and 7 were discharged. The children in these classes are examined at least once a year by one of the School Medical Officers trained in ophthalmology. An analysis of the causes of blindness of children attending these classes will be found on page 30 of the Report for 1931.

(b) *Sight-Saving Classes.*—“Sight-saving” instruction was given in 4 special schools during the session. In these schools the whole of the teaching was given in classrooms set apart for the purpose. Roll, 253. 53 children were admitted to the classes during the session, and 81 were discharged. Fuller information regarding these classes, including a table showing an analysis of the eye conditions of the children, was given in the Report for 1931 (page 31).

The blind children, and those in the Sight-Saving Classes, are under the joint supervision of the ophthalmic surgeons of the Regional Clinic for the Blind under the Blind Persons Act, 1920, and of the ophthalmic surgeon on the Education Health Service staff.

## 5. DEAF, SEMI-DEAF, AND DEAF-MUTE CHILDREN.

Classes are provided in 1 ordinary school, in 1 special school, and in 2 residential schools, both of which had a few day pupils. Total on roll, 214. 62 children were specially examined by an aurist, 37 being recommended for admission to these classes, and 9 referred to ordinary or special schools and classes, while 3 children were “passed out” of the classes, and 13 advised regarding treatment.

(a) *Residential Schools.*

The roll at Langside School for the Deaf was 61, and at St. Vincent School 52 pupils.

	1935	1934
Classification of cases admitted and discharged during the year—		
Admitted—Deafness, congenital, ... ..	7	4
Deafness, result of illness or accident, ... ..	2	4
Semi-deaf, ... ..	6	3
	—	—
	15	11
	—	—
Discharged—Over age, ... ..	9	8
Others, ... ..	7	5
	—	—
	16	13
	—	—

*(b) Day Classes.*

The roll at Renfrew Street Special School was 77, and at Ibrox Special School 20 pupils.

	1935	1934
Classification of cases admitted and discharged during the year—		
Admitted—Semi-deaf, ... ..	12	10
Deafness, congenital, ... ..	—	2
Deafness, result of illness, ... ..	3	6
Hard of hearing, ... ..	—	5
	—	—
	15	23
	—	—
Discharged—For ordinary classes, ... ..	2	2
Exempted, ... ..	3	8
Transferred, ... ..	1	—
Over age, ... ..	1	5
Others, ... ..	4	9
	—	—
	11	24
	—	—

#### 9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE OF CHILDREN.

*(a) Physical Exercises.*—The specialist staff consists of the Superintendent of Physical Education assisted by 2 senior supervisors—1 man and 1 woman—74 men instructors (including 1 part-time teacher), and 76 women (including 5 medical gymnasts engaged at the Orthopædic Clinic). In the primary departments of the elementary schools physical exercises are, for the most part, conducted by the class teachers. In the post-qualifying stages (and in the primary departments of some of the secondary schools) physical instruction is given by the specialist teachers.

Playing field facilities were provided for 95 schools on grounds belonging to the Parks Department, or on grounds owned or rented by the Education Committee.

*(b) Baths.*—15 Corporation public and 7 school baths were utilised for swimming practice and the instruction of beginners during the session. The weekly attendance averaged 17,759 during the months of September and October, 1934, and May and June, 1935, and 6,101 during the months November, 1934, to April, 1935. The number of children who learned to swim during the year was 7,114.

Spray baths are now installed in 34 schools.

*(c) Practical Instruction in Personal Hygiene.*—Instruction in simple personal hygiene was given by the class teachers, and by the physical training instructors, and was also included in the domestic science courses as part of the curriculum.

## 10.—ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN.

(a) ADMINISTRATION.—With the exception of 31,691 meals prepared at certain special schools, all the meals referred to below were cooked at the Central Cooking Depot at 548, Scotland Street.

(b) NATURE OF MEALS.—The detailed menus of the meals supplied were given in the Report for 1929 (page 20). On page 58 reference is made to the conditions under which a daily milk ration was added to the diet of all children attending ordinary schools, whose parents so desired.

(c) NUMBER AND COST OF MEALS, ETC.—The number of children reported as being in need of food, boots, and clothing was:—

			1935	1934
Non-transferred schools,	...	...	36,214	43,790
Transferred schools,	...	...	25,433	29,418
Totals,			61,647	73,208

*Meals supplied during the Year ended 15th May, 1935, were:—*

- A. Paid for by parents—for children in special schools or classes.
- B. Paid for by parents—for children in school hostels.
- C. Supplied to necessitous children.
- D. Paid for by Public Assistance Department.

		1935			1934		
		Break-fasts.	Dinners.	Teas.	Break-fasts.	Dinners.	Teas.
A.,	...	—	268,464	—	256,269	—	
B.,	...	112,399	188,321	101,348	128,316	200,842	113,870
C.,	...	24,042	1,143,846	20,383	26,606	1,355,354	22,348
D.,	...	321,090	615,800	291,738	250,331	441,865	218,743
Totals, ...		457,531	2,216,431	413,469	405,253	2,254,330	354,961
Total Number of Meals, 3,087,431 in 1935.				3,014,544 in 1934.			

*The average cost per meal, exclusive of the daily milk ration, was 2·6d. for 1935, and 2·5d. for 1934.*

The charges to parents for meals supplied in special schools for physically and mentally defective children were 1s 3d. per week, or 1s 5½d. per week when milk and biscuits were included.

In 1935 there were 1,701 children on the rolls of the 26 hostels and 147 in the nursery schools. The corresponding figures for 1934 were 1,709 children in 26 hostels and 127 in nursery schools.

The average number of necessitous children on the free meals register was 3,973 in 1935, and 4,871 in 1934.

The dinners paid for by the Public Assistance Department include those for certain pupils in special schools and classes for defective children.

(d) **BOOTS AND CLOTHING.**—Boots or clothing, or both, were supplied to 48,256 children, as compared with 52,574 in 1934. In 3,632 cases, involving 6,207 children, the parents were found to be able to make the necessary provision, and, after they had been warned in terms of the Education (Scotland) Act, 1908, they provided what was necessary. The corresponding figures for 1934 were 2,793 cases, involving 4,779 children.

#### 11.—ARRANGEMENTS FOR MEDICAL TREATMENT.

On 17th October, 1935, Provan Clinic was opened. This building which is situated in Glenbarr Street, off Garngad Road, N., is unique in that it is the first of the Corporation Clinics in which provision is made not only for the Education Health Service but also for the Maternity and Child Welfare Services and for the Outdoor Medical Services.

The main axis of the building runs north and south and, as the site slopes downwards to the north, the northern half is three storeys in height and the southern half two. The plan is in the form of a letter E, with corridors running the length of the ground and upper flats.

On the ground floor the centre arm of the E forms a large waiting and recreation hall, with adjacent offices, dispensary, kitchen, demonstration and staff rooms. The Maternity and Child Welfare Services are housed in the northern part of the ground flat. The southern portion accommodates two dental surgeries, with recovery and waiting rooms and a dental workshop, for the joint use of the Maternity and the Education Health Services.

The northern part of the upper floor provides for the Education Health Service a large waiting room, from which open to the east rooms for medical inspection and refraction, and to the west three rooms for the treatment of ear, eye and skin diseases. A complete suite of rooms for artificial light treatment is provided on this floor, comprising waiting, dressing, spray bath and light treatment rooms for the use of children of all ages. Provision is made in the southern arm of the upper storey for orthopædic treatment—remedial exercises, massage and various forms of electrical and other treatment.

In the semi-basement at the northern end, a suite of rooms for the Public Assistance Medical Service has been provided.

After the opening of Provan Clinic, the semi-permanent building in the playground of St. Rollox School and the room in Martyr's School, which served as school clinics for many years, were no longer used for that purpose.

The only other changes in school clinic arrangements which fall to be recorded are—(1) that Sir John Maxwell School Clinic has now been equipped for refraction work and also as a general diseases clinic; and (2) that x-ray work at Govan Road Clinic has been suspended.

The list of clinics is now as follows:—

Clinic.	Address.	Treatment Given.								
		Skin, Eye and Ear	Refraction	Dental	X-Ray	Ultra-Violet Ray	Tonsils and Adenoids (Operations)	Orthopaedic	Scabies Baths	Other Diseases
Blawarthill, ... ..	Langholm Street, W.4, ... ..	1	1	—	—	—	—	—	—	—
Partick, ... ..	2 Sandy Road, W.1, ... ..	1	1	1	—	—	—	—	—	1
William Street, ... ..	130 William Street, C.3, ... ..	1	1	1	1	1	—	—	—	1
Shakespeare, ... ..	Shakespeare School, N.W., ... ..	1	—	—	—	—	—	—	—	1
Eastpark, ... ..	Eastpark School, Avenue Park Street, N.W., ... ..	—	—	1	—	—	—	—	—	—
Western District Hospital, Henderson Street, ... ..	Baird's Brae, C.4, ... ..	—	—	—	—	—	1	—	—	—
Willowbank, ... ..	Henderson Street School, N.W., ... ..	1	—	—	—	—	—	—	—	1
Dobbie's Loan, ... ..	Ashley Street Annexe, C.3, ... ..	—	—	—	—	—	—	1	—	—
Springburn, ... ..	Dobbie's Loan School, C.4, ... ..	1	—	—	—	—	—	—	—	1
Provan, ... ..	194 Fernbank Street, N., ... ..	1	—	—	—	—	—	—	—	1
Wellshot, ... ..	Glenbarr Street, N., ... ..	1	1	1	—	1	—	1	—	1
Crail Street, ... ..	150 Wellshot Road, E.2, ... ..	—	—	1	—	—	—	—	—	—
Calton, ... ..	Crail Street, E.1, ... ..	1	1	1	—	—	—	—	—	1
Rumford Street, ... ..	Calton School Annexe, Dornoch Street, S.E., ... ..	1	1	1	—	—	—	—	—	1
Mathieson Street, ... ..	Rumford Street School, S.E., ... ..	1	—	—	—	—	—	—	—	1
Calder Street, ... ..	Mathieson Street School, C.5, ... ..	1	—	—	—	—	—	—	—	1
Cleland Street, ... ..	Calder Street School, S.2, ... ..	—	—	1	—	—	—	—	—	—
Gorbals, ... ..	70 Cleland Street, Gorbals, C.5, ... ..	—	—	1	—	—	—	—	—	—
Sir John Maxwell, ... ..	Gorbals School, Oxford Street, C.5, ... ..	1	1	—	—	—	—	—	—	1
Govan Road, ... ..	Sir John Maxwell School, Bengal Street, S.3, ... ..	1	1	—	—	—	—	—	—	1
Broomloan Road, ... ..	27 Govan Road, Paisley Road Toll, S.W.1, ... ..	1	1	1	—	—	—	—	1	1
	Broomloan Road School, S.W.1, ... ..	1	—	—	—	—	—	—	—	1

#### STATISTICS OF MEDICAL TREATMENT.

The statistics of medical treatment are summarised in Section B of Appendix II (page 56).

In the Report for 1932 (page 34) an estimate of the number of individual children receiving treatment at school clinics is compared with the number of cases or reports (not individuals) dealt with during the year.

## (a) MINOR AILMENTS.

(1) *Diseases of the Ear, Nose, and Throat.*

Details of new cases—	1935			1934
	Boys.	Girls.	Totals.	Totals.
Chronic suppurative inflammation (otorrhœa), ... ..	464	331	795	856
Results of above disease, ... ..	82	77	159	331
Retracted membrane, ... ..	96	84	180	257
Chronic aural catarrh, ... ..	—	—	—	2
Ceruminous collection (wax), ... ..	108	86	194	282
Nasal catarrh, ... ..	70	40	110	95
Other diseases, ... ..	61	59	120	84
	<u>881</u>	<u>677</u>	<u>1,558</u>	<u>1,907</u>
Cases brought forward from previous session, ... ..	889	734	1,623	1,706
Totals, ... ..	<u>1,770</u>	<u>1,411</u>	<u>3,181</u>	<u>3,613</u>

The following cases of ear disease were also examined, with the result shown:—

Recommended operation for tonsils and/or adenoids, ... ..	1935			1934
	Boys.	Girls.	Totals.	Totals.
Other operations recommended, ... ..	17	12	29	11
Referred to hospitals, ... ..	9	9	18	32
No apparent disease, ... ..	340	286	626	796
Totals, ... ..	<u>623</u>	<u>554</u>	<u>1,177</u>	<u>1,304</u>
Clinic attendances of above cases, ... ..	60,463	45,279	105,742	118,392
Cases of chronic otorrhœa treated by ionisation (new cases, 3 ; brought forward from last session, 13), ... ..			16	56
Clinic attendances for ionisation, ... ..			196	493

As compared with the corresponding figures for last year, the total number of children treated on account of Ear Diseases during the year showed a reduction of 432, or 12 per cent., a decrease of 349, or 18 per cent. in numbers of "new cases" being mainly responsible for this result; the number of "cases brought forward," however, also showed a decrease, being 83, or 5 per cent. fewer; clinic attendances of children for treatment showed a decrease of 12,650, or 11 per cent.; the average number of clinic attendances made per child was 33.2, as compared with 32.8 in 1933 and 1934, these being the highest averages since 1920. The numbers of children treated and the clinic attendances were the lowest recorded for the past five years.

(2) *Diseases of the Eye.*

	1935		1934	
	Boys.	Girls.	Totals.	Totals.
Details of new cases—				
Blepharitis, ... ..	480	438	918	860
Hordeolum (stye), ... ..	131	171	302	407
Conjunctivitis, catarrhal, ... ..	914	871	1,785	2,265
do. muco-purulent, ... ..	234	208	442	570
Ophthalmia, strumous (includes phlyctenular conjunctivitis and keratitis), ... ..	66	81	147	220
Keratitis (interstitial), ... ..	13	20	33	31
Corneal ulcers, ... ..	46	35	81	89
Corneal opacities, ... ..	6	6	12	5
Trachoma, ... ..	—	—	—	1
Dacryocystitis, ... ..	3	1	4	4
Epiphora, ... ..	3	4	7	8
Injuries, ... ..	25	17	42	40
Other diseases, ... ..	15	21	36	31
No apparent disease, ... ..	146	121	267	277
	<u>2,082</u>	<u>1,994</u>	<u>4,076</u>	<u>4,808</u>
Cases brought forward from previous session, ... ..	341	290	631	603
Totals, ... ..	<u>2,423</u>	<u>2,284</u>	<u>4,707</u>	<u>5,411</u>
Clinic attendances of above cases, ... ..	29,408	26,990	56,398	62,611

As compared with the corresponding figures for the previous year, the above table shows a decrease of 704, or 13 per cent., in the number of children treated in the clinics, this result being due mainly to a reduction of 608, or 20 per cent., in the number of children treated for conjunctivitis. Clinic attendances showed a decrease of 6,213, or 10 per cent., from the corresponding figures for 1934. The average number of attendances made per child was 12, a comparatively low figure.

In only four of the past sixteen years has the number of children treated been lower than in 1935, and in only two have the numbers of clinic attendances made by the children been lower.

(3) *Diseases of the Skin* (not including Ringworm or Favus).

Details of new cases—	1935			1934
	Boys.	Girls.	Totals.	Totals.
Scabies, ... ..	569	595	1,164	1,309
Pediculosis capitis and impetigo contagiosa, ... ..	57	199	256	321
Pediculosis capitis, ... ..	1	10	11	9
Impetigo contagiosa, ... ..	3,666	2,474	6,140	6,356
Ecthyma, ... ..	237	140	377	510
Dermatitis seborrhœica, ... ..	307	264	571	678
Eczema, ... ..	169	133	302	402
Alopecia areata, ... ..	43	44	87	120
Psoriasis, ... ..	25	34	59	90
Herpes zoster (shingles), ... ..	86	67	153	184
Lupus, ... ..	1	1	2	3
Wounds and ulcers, ... ..	1,465	643	2,108	2,399
Abscesses, ... ..	1,557	931	2,488	2,792
Burns and scalds, ... ..	168	105	273	329
Urticaria, ... ..	65	65	130	133
Warts, ... ..	94	115	209	190
Other skin diseases, ... ..	119	106	225	207
No apparent disease, ... ..	323	244	567	681
	8,952	6,170	15,122	16,713
Cases brought forward from previous session, ... ..	677	486	1,163	1,386
Totals, ... ..	9,629	6,656	16,285	18,099
Clinic attendances of cases of skin disease, including ringworm and favus, ... ..	80,301	58,503	138,804	152,810

Practically every figure in the preceding table shows a decrease as compared with the corresponding figure for 1934. "New cases," total numbers of children treated, and clinic attendances for treatment all show decreases of between 9 and 10 per cent. The total numbers of children treated and of clinic attendances are alike in respect that the figures were exceeded in all of the five preceding years. The average number of clinic attendances made per child, 8.5, has only once been lower, i.e., in 1934, when the average was 8.4.

The numbers on treatment on account of scabies fell during the period 1920 to 1926, but thereafter rose to the peak year, 1932. Since 1932 the numbers have fallen by 383 cases.

*Bath Treatment of Scabies, etc.*

Cases receiving baths, ... ..	1935			1934
	Boys.	Girls.	Totals.	Totals.
Cases receiving baths, ... ..	180	137	317	322
Baths given, ... ..	1,532	1,266	2,798*	2,731*

\* These are included as attendances above.

It will be noted that baths were given to 27 per cent. of the cases on treatment.



(5) *Other Diseases.*(a) *Cases dealt with at the regular clinics for "Other Diseases."*—

	1935			1934
	Boys.	Girls.	Totals.	Totals.
Bronchitis and bronchial catarrh, ...	1,202	1,057	2,259	2,039
Anæmia and/or debility, ... ..	974	1,139	2,113	2,012
Rickets, ... ..	34	40	74	99
Tubercular conditions, pulmonary, ...	7	13	20	14
Do. non-pulmonary, ...	78	42	120	129
Paralysis, ... ..	16	16	32	26
Heart disease, ... ..	73	84	157	155
Chorea, ... ..	49	79	128	126
Enlarged tonsils and/or adenoids, ...	161	186	347	376
Adenitis, ... ..	109	102	211	293
Rheumatism, ... ..	86	165	251	250
Enuresis, ... ..	111	272	383	383
Malnutrition, ... ..	37	15	52	52
Epilepsy, ... ..	42	33	75	68
Digestive disorders, ... ..	275	267	542	615
Infectious diseases, ... ..	71	90	161	230
Mental deficiency, ... ..	9	12	21	31
Others, ... ..	216	204	420	607
No apparent disease, ... ..	198	245	443	603
Totals, ... ..	<u>3,748</u>	<u>4,061</u>	<u>7,809</u>	<u>8,108</u>
Clinic attendances of above cases, ...	9,059	9,350	18,409	18,839
Additional attendances for the supply of cod liver oil emulsion and other medicines, ... ..	14,245	13,241	27,486	25,661

(b) *Cases of "Other Diseases" seen at school inspections, etc., and recommended for immediate supply of medicine:—*

	1935	1934
Found to be "necessitous" and instructed to attend clinic for further supplies, ... ..	2,591	2,475
Found to be "non-necessitous" and parents warned to provide medicines, ... ..	57	43
Totals, ... ..	<u>2,648</u>	<u>2,518</u>

(c) *The cases on treatment at clinics for diseases of skin, eye, or ear, who were given medicines for "other diseases" at these clinics numbered 2,455—1,293 boys and 1,162 girls—as compared with 2,409 in the preceding year.*

The most significant figure in this section of the work is the total number of children dealt with under sections (a), (b) and (c) above; this total, at a figure of 12,912 cases in 1935, is the lowest for the past five years.

The figures for additional attendances of children at clinics for the supply of medicines increased by 1,827, or 7 per cent. Both 1934 and 1935, however, showed figures lower than any for the preceding nine years—1925 to 1933.

(6) *Artificial Light Treatment.*

Details of cases treated—	1935				1934	
	Mercury Vapour Lamp.		Carbon Arc Lamp.		Totals.	Totals.
	Boys.	Girls.	Boys.	Girls.		
Rickets, ... ..	20	29	—	—	49	46
Anæmia and/or debility, ... ..	47	54	5	4	110	121
Nervous diseases, ... ..	18	23	3	3	47	72
Enlarged glands, ... ..	4	6	8	20	38	38
Chronic bronchitis, ... ..	20	23	25	19	87	78
Rheumatism, ... ..	4	14	5	8	31	27
Alopecia areata, ... ..	7	7	3	—	17	19
Psoriasis, ... ..	—	—	—	—	—	2
Lichen urticatus, ... ..	3	2	—	—	5	1
Abscesses, ... ..	1	2	—	—	3	1
Other skin diseases, ... ..	9	13	1	2	25	23
Otorrhœa, ... ..	3	2	5	6	16	17
Corneal ulcers, ... ..	4	7	—	—	11	4
Blepharitis, ... ..	2	5	1	1	9	18
Conjunctivitis and keratitis, ... ..	3	6	2	—	11	8
Strumous ophthalmia, ... ..	—	5	—	—	5	6
Throat diseases, ... ..	1	3	3	1	8	31
Other diseases, ... ..	11	11	6	3	31	
	<u>157</u>	<u>212</u>	<u>67</u>	<u>67</u>	<u>503</u>	<u>512</u>
Cases brought forward from previous session, ... ..	25	19	17	15	76	52
Totals, ... ..	<u>182</u>	<u>231</u>	<u>84</u>	<u>82</u>	<u>579</u>	<u>564</u>

Clinic attendances of above cases, ...	1935			1934
	Boys.	Girls.	Totals.	Totals.
	6,672	7,970	14,642	14,714

The following numbers of younger children residing in the Govan area received artificial light treatment at the Child Welfare Clinic at Summerton Road:—

	1935			1934
	Boys.	Girls.	Totals.	Totals.
Rickets, ... ..	3	2	5	11
Anaemia and/or debility, ... ..	1	2	3	11
Others, ... ..	2	1	3	9
Totals, ... ..	<u>6</u>	<u>5</u>	<u>11</u>	<u>31</u>

Good results were again obtained at this clinic. Anæmia, debility, rickets, nervous conditions, muscular rheumatism, eye conditions such as corneal ulcers and chronic catarrhal conjunctivitis were the conditions in which the most successful results were obtained. Chest conditions like bronchitis and bronchial catarrh, especially the latter, were benefited. In respect of these lung conditions, parents reported improved school attendance and lasting benefit in health following a course of treatment.

The following is a summary of results obtained in some of the more common conditions treated:—

	No Change.	Improved.	Much Improved.	Cured.	Totals.
Anaemia, ... ..	2	8	14	58	82
Bronchitis, ... ..	9	11	9	6	35
Bronchial catarrh, ... ..	—	3	5	12	20
Muscular rheumatism, ... ..	—	—	5	18	23
Nervous Instability, ... ..	3	4	9	20	36
Rickets, ... ..	—	4	23	—	27
Totals, ... ..	14	30	65	114	223

(b) DEFECTIVE VISION.

*Cases dealt with at Refraction Clinics.*

	1935			1934
	Boys.	Girls.	Totals.	Totals.
Subjected to refraction—				
Spectacles prescribed, ...	3,033	3,098	6,131	6,809
Spectacles not prescribed—				
For further treatment, ...	...	...	1,007	1,143
No treatment required, ...	...	...	2,105	2,324
			9,243	10,276
Not subjected to refraction—				
For further treatment, ...	...	...	67	134
No treatment required, ...	...	...	304	395
Spectacles checked, ...	...	...	500	596
Postponed, ...	...	...	909	1,095
			1,780	2,220
Totals, ... ..			11,023	12,496
Number of clinics held, ... ..			1,155	1,304½
Average number of children per clinic, ... ..			9.5	9.6
Average number subjected to refraction at each clinic, ... ..			8.0	7.9

The number of clinics held for refraction purposes decreased by 11.5 per cent., the number of children refracted decreased by 10.1 per cent., and the number of cases for whom spectacles were prescribed decreased by 10 per cent. as compared with the previous year's figure.

*Analysis of Refraction Errors.*

The following table shows the percentages of boys and girls who were suffering from the defect named, and for whom spectacles were prescribed:—

	1935			1934
	Boys. Per cent.	Girls. Per cent.	Totals. Per cent.	Totals. Per cent.
Hypermetropia, ... ..	26.4	19.9	23.2	23.6
Hypermetropic astigmatism, ... ..	49.3	47.2	48.2	48.6
Myopia, ... ..	8.7	10.5	9.6	8.9
Myopic astigmatism, ... ..	7.8	11.2	9.6	9.8
Mixed astigmatism, ... ..	5.5	8.5	7.0	6.9
Anisometropia, ... ..	2.3	2.7	2.5	2.1

The term "anisometropia" is used in this table to indicate cases having myopia in one eye and hypermetropia in the other.

*Provision of Spectacles by the Corporation at Contract Rates.*

	1935	1934
Full cost charged to the parents, ... ..	1,260 (29%)	1,180 (24%)
Half cost charged to the parents ("partly necessitous" cases), ... ..	760 (18%)	979 (20%)
Spectacles provided free of cost ("necessitous" cases), ... ..	2,314 (53%)	2,723 (56%)
Totals, ... ..	<u>4,334</u>	<u>4,882</u>
Spectacles repaired, ... ..	1,631	1,811

In addition to those supplied free of cost through the Education Health Service, children whose parents were on the ordinary roll of the Public Assistance Committee were referred to that Committee for provision of spectacles.

(c) DEFECTIVE TEETH.

(a) *Dental Inspection.*

22 visits were made to 21 schools for this purpose, the average number of children examined per visit being 318.

	1935			Percentage.	1934
	Boys.	Girls.	Totals.		
Number of children examined, ...	3,125	3,877	7,002	—	15,020
Treatment required—					
" Insist," ... ..	8	12	20	0.3	1.0
" Follow up," ... ..	614	861	1,475	21.1	26.1
" Offer," ... ..	2,124	2,554	4,678	66.8	59.9
Treatment not required, ...	379	450	829	11.8	13.0

No special significance attaches to the percentages in the above table, as the numbers of children who were examined were relatively small, and the work was mainly confined to the younger children in poorer schools.

In order to arrive at an estimate of the proportion of parents who would take advantage of regular and continuous supervision of the dental condition of their children from the time of enrolment to the age of leaving school, an experiment is being carried out in a limited group of schools.

(b) *Treatment at Dental Clinics.*

	1935			1934	
	Without anæsthetic.	With local anæsthetic.	With general anæsthetic.	Totals.	Totals.
Extractions—					
Temporary teeth—					
Boys, ... ..	349	19,959	25	20,333	21,260
Girls, ... ..	300	18,737	25	19,062	19,133
Totals, ... ..	<u>649</u>	<u>38,696</u>	<u>50</u>	<u>39,395</u>	<u>40,393</u>
Permanent teeth—					
Boys, ... ..	8	4,102	61	4,171	4,264
Girls, ... ..	1	4,660	66	4,727	4,126
Totals, ... ..	<u>9</u>	<u>8,762</u>	<u>127</u>	<u>8,898</u>	<u>8,390</u>
Fillings—					
			1935		1934
			Boys.	Girls.	Totals.
Temporary teeth, ... ..	...	...	205	235	440
Permanent teeth, ... ..	...	...	1,580	1,872	3,452
Scalings, ... ..	...	...	318	376	694
Gum treatment, ... ..	...	...	375	402	777
Dressings, ... ..	...	...	1,667	1,839	3,506
Number of attendances—					
First treatment, ... ..	...	...	8,378	8,331	16,709
Further treatment, ... ..	...	...	7,468	7,581	15,049
No treatment, ... ..	...	...	*	*	3,030
Total attendances, ... ..	...	...	...	...	<u>34,788</u>
					<u>35,382</u>
* Not available.					
Number of clinics held, ... ..	...	...	...	...	2,825
Average number of children treated per clinic, ... ..	...	...	...	...	11·3
					10·9

The number of children who attended the dental clinics during the year for "first treatment" decreased by 1,752 (9·5 per cent.), but the number who attended for "further treatment" increased by 1,331 (9·7 per cent.); the total number of attendances for treatment was lower than last year by 421 (1·3 per cent.). Extractions and fillings of temporary teeth decreased by 998 (2·5 per cent.) and 135 (23·5 per cent.) respectively. Extractions and fillings of permanent teeth increased by 508 (6·0 per cent.) and 513 (17·4 per cent.) respectively.

The ratio of fillings to extractions (permanent teeth only) in the last three years was as follows:—

	1933	1934	1935
Extractions, ... ..	8,436	8,390	8,898
Fillings, ... ..	4,035	2,939	3,452
Ratio of fillings to extractions, ... ..	48 : 100	35 : 100	39 : 100

## (d) OPERATIONS FOR THE REMOVAL OF ADENOIDS AND ENLARGED TONSILS, &amp;c.

Nature of Operation—	1935		1934	
	Boys.	Girls.	Totals.	Totals.
Tonsils removed, ... ..	—	—	—	4
Adenoids removed, ... ..	65	36	101	110
Tonsils and adenoids removed, ...	640	671	1,311	1,303
Others (cauterised, 4; reduction, 1; ear, 6; others, 3), ... ..	8	6	14	6
Totals, ... ..	<u>713</u>	<u>713</u>	<u>1,426</u>	<u>1,423</u>

Additional work done in cases detailed under the first three headings above:—

	1935		1934	
	Boys.	Girls.	Totals.	Totals.
Cauterisation of turbinals, ... ..	75	39	114	83
Turbinals reduced, 22: ear (aural granulations, polypi, etc.), 29; others, 7, ...	34	24	58	51
Totals, ... ..	<u>109</u>	<u>63</u>	<u>172</u>	<u>134</u>

Number of periods in which operations were carried through, ... ..	130	130
Average number of cases dealt with per period, ... ..	11.0	10.9
Clinic (including hospital) attendances of above cases, ... ..	5,001	5,209

In the course of the session 42 children were detained in Oakbank Hospital beyond the normal period—19 for 24 hours, 18 for 48 hours, and 5 children for periods of 3 to 4 days. 28 of the children were detained on account of more or less severe hæmorrhage following operations, and 14 on account of other conditions.

A visiting nurse calls to see the children at home within 48 hours after the operation unless the patient is an inmate of a residential institution, or will otherwise receive adequate after-care. 1,419 children were visited, 1,264 being found satisfactory at the first visit. In 67 cases private medical attendance was advised. 23 cases were found to be satisfactory at a subsequent visit, and 4 were re-admitted to hospital. In 61 cases admittance to the house could not be obtained, or the children were not at home.

The co-ordinating arrangements whereby children attending the school clinics for ear treatment are referred to the general hospitals of the Corporation for operative treatment were continued. 13 children (10 boys and 3 girls) were treated under these arrangements on the recommendation of School Medical Officers; 6 of these were operated on for mastoid disease, 1 for antral disease, and 6 children had operations or treatment for other aural or nasal conditions.

Extended notes regarding "The Method of Selection of Children for Tonsils and Adenoids Operation," and regarding "The Value of the Operation for the removal of Tonsils and Adenoids," will be found in the Report for 1932 (pages 44-49).

## (e) ORTHOPÆDIC TREATMENT.

(a) *Deformities Treated in Hospital.*

The institutional treatment of orthopædic conditions occurring among school children was continued at Mearnskirk Hospital. On 1st August, 1934, there were 35 patients resident in hospital, during the school year 48 were admitted and 64 were dismissed, leaving 19 patients still in residence on 31st July, 1935. The average duration of residence was 170 days.

Of the 64 patients dismissed, 59 had been referred to Mearnskirk Hospital from Willowbank Clinic, 3 from other Corporation hospitals, and 2 from outside sources.

The following table shows the age distribution of the dismissed patients, the cause of disability, the degree of deformity, the treatment given, and the result thereof:—

AGE DISTRIBUTION.	CAUSE OF DISABILITY.							DEFORMITY.				TREATMENT.			RESULT.					Appliances Fitted.	Boots altered.			
	Rickets.	Infantile Paralysis. (2nd Stage).	Infantile Paralysis. (3rd Stage).	Spastic Paralysis.	Congenital.	Tuberculosis.	Others.	None.	Slight.	Moderate.	Gross.	Operative.	Manipulative.	General Physical.	Deformity Corrected.	Much Improved.	Improved.	Not Improved.	Irregularly Dismissed.			Died.		
— 5 years,	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	
—10 years,	7	—	13	2	5	1	3	—	5	15	11	24	4	3	7	19	5	—	—	—	—	—	8	13
—15 years,	6	—	13	—	4	1	4	—	2	14	12	20	7	1	7	12	6	—	2	1	—	—	8	12
+15 years,	—	1	2	—	—	—	1	—	1	1	2	3	—	1	3	1	—	—	—	—	—	—	1	2
Totals, 1935,	13	1	28	2	9	2	9	1	8	30	25	47	11	6	17	32	11	—	2	2*	—	—	17	27
Totals, 1934,	13	3	15	5	13	2	4	3	5	24	23	31	11	13	12	30	6	5	2	—	—	—	22	15

\* 1 generalised tuberculosis, 1 acute encephalitis.

*Causes of Disability and Degree of Deformity.*—Of the 13 cases of rickety deformity—2 suffered from coxa vara, 2 from scoliosis, and 9 from marked deformity of the lower limbs. Gross deformity was present in 5 cases.

Of the 29 patients who were treated for infantile paralysis, 3 had extensive loss of power of the muscles of both lower extremities and trunk with associated scoliosis; 1 had a completely flail leg; 1 had a flail knee; and 1 had paralytic scoliosis. The remaining 23 suffered from various deformities of the foot, classified as follows:—Flail foot, 5; talipes equino varus, 7; talipes valgus 5; talipes equinus, 2; talipes equino valgus, 2; talipes calcaneo cavus, 2. There were 2 cases of talipes equinus due to spastic paralysis.

The deformities of congenital origin included:—Torticollis, 4; club foot, 2; scoliosis, 2; supernumerary metatarsals, 1.

One of the cases of tuberculosis suffered from periostitis, and the other had a gross flexion and adduction deformity of the hip. The former died in hospital of generalised tuberculosis.

The conditions appearing under the heading "Other" included 2 cases of encephalitis, 2 of rigid flat foot, 2 of contractures following injury to the soft tissues, and single cases of osteomyelitis, rheumatoid arthritis, and hæmophilia.

*Treatment.*—Operative treatment was required by 47 patients, of whom 20 had more than one operation, and 20 had one or more subsequent manipulations under general anæsthesia. In all 70 operations and 32 manipulations were performed. In addition, 16 manipulations were required by 11 patients, who received manipulative treatment only. In one case of hæmophilia, treatment took the form of immobilisation of the affected joint. Five patients received general or physical treatment only. These latter included single cases of encephalitis, polio-encephalitis, infantile paralysis (second stage), infantile paralysis with a flail leg in a patient too young for operation, and one case dismissed irregularly after twelve days in hospital.

The nature of the operative procedures undertaken is indicated in the following table:—

	1935	1934
Osteotomy, ... ..	21	16
Tenotomy, ... ..	15	8
Tendon lengthening, ... ..	—	4
Tendon transplantation, ... ..	7	5
Muscle-slide operation, ... ..	1	3
Arthrodesis (fixation of joints), ... ..	18	20
Manipulation under anæsthesia, ... ..	48	13
Others, ... ..	8	2
Total, ... ..	<u>118</u>	<u>71</u>

"Others" included drilling of bone for chronic osteomyelitis, amputation of leg, reconstruction of foot, skin grafting, reduction of dislocated hip and arthrotomy.

Fifty-eight of the total of 64 patients received physical treatment in addition to manipulative or operative measures.

Plaster of Paris appliances to the number of 124 were made, including 5 plaster spicæ and 5 Abbott's jackets. Most of the other appliances were leg plasters, and to these Bohler's stirrups were fitted to facilitate walking in 12 cases. Sundry appliances were used during the course of treatment, and more permanent splints were supplied as follows:—8 walking calipers, 6 scoliosis jackets, and 3 other certalmid splints. In 27 cases boots were altered, soles were raised or tilted, heels crooked, and metatarsal bars or pattens fitted as required.

*Results of Treatment.*—As will be seen in the preceding table, in 17 cases the deformity present was completely corrected; in 32 the condition was much improved, and in 11 improved.

As indicated in last year's Report, many operation results classified in the table as "improved" or "much improved" represent relatively more gratifying results than do the simpler deformities, which, after operation, are classified as having been completely "corrected." For example, one patient who had suffered from gross deformities due to rheumatoid arthritis, and who had been bed-ridden for eleven years, left the hospital walking. This patient, who could not be regarded as having been restored to normal, showed the most outstanding result of surgical treatment achieved during the year.

The rickets cases had the alignment of their deformed bones corrected by multiple osteotomies. One of the patients in the second stage of infantile paralysis showed a remarkable power of recovery under treatment. In many cases of infantile paralysis a more or less useless foot was stabilised and rendered useful for walking, while in other cases re-distribution of the available power by muscle-transplantation greatly improved the utility of the foot. In one of the cases of congenital origin a foot was reconstructed, and the patient was able for the first time to wear a boot. In one of the tuberculosis cases the deformity of the hip was corrected, and the joints fused with the aid of extra-articular bone graft.

*After-care of Patients.*—Patients who received treatment in hospital (including many tubercular cases) and new patients seeking admission were examined at regular intervals at Willowbank Clinic. A splintmaker attended weekly to repair and adjust splints and to alter boots. Where major repairs or renewals were required, the patients were referred to the hospital splint department. The splint work carried out in the clinic during the year included raising of boot soles, 120; pattens fitted, 34; heel tubes fitted, 46; crutch soles fitted, 28; and general repairs to splints, 195. At the hospital splint department the following work was undertaken in connection with the clinic:—20 new certalmid splints, 9 walking calipers, 5 other splints, and 1 new peg leg were made, and 22 boots were raised on high wooden soles.

(b) *Deformities treated by Exercise, Massage, Electrical Treatment, &c., at Willowbank Orthopædic Clinic.*

	1935			1934
	Boys.	Girls.	Totals.	Totals.
Number of children examined, ... ..	644	590	1,234	1,134
Number of attendances of "old" cases reporting for observation, ... ..	158	195	353	348



The Corporation also accepted financial responsibility for full or part cost (according to family income) of appliances provided by the Royal Hospital for Sick Children:—

	1935		1934	
	Boys.	Girls.	Totals.	Totals.
Special boots or overshoes with steel or other supports, ... ..	7	3	10	8
Special boots or overshoes, ... ..	—	3	3	3
Steel or other supports, ... ..	6	6	12	7
Spinal jackets, ... ..	—	1	1	5
Repairs, ... ..	8	4	12	17
Totals, ... ..	<u>21</u>	<u>17</u>	<u>38</u>	<u>40</u>

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155 BATH STREET,  
GLASGOW, C.2, 7th January, 1936.

**APPENDIX I—THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.  
SYSTEMATIC ROUTINE INSPECTION.**

Table showing (1) the nature of the defects found; (2) the total number of children examined in each age group; (3) the total number of children discovered to be suffering from the classified defects; (4) the percentages in each age group; (5) the total number of children notified to parents as suffering from defects, with relative percentages.

	Total Number at all Ages.	Percentages of Children suffering from Defects.										Total 1935.	Total 1934.
		At 5 years.		At 9 years.		At 13 years.		At all Ages.		Boys.	Girls.		
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.				
7. A. Routine examinations, ...	48,033	8,536	8,217	8,407	8,111	5,840	5,870	24,298	23,735	48,033	52,949		
Number of parents present at inspection, ...	37,082	97.2	96.9	82.6	85.6	32.8	46.6	75.2	79.3	77.2	75.4		
B. Number of children notified to parents as suffering from defects, ...	24,698	56.8	58.7	48.2	55.3	35.7	48.8	48.2	54.7	51.4	47.9		
C. Number of children receiving attention, ...		All children requiring attention are dealt with in the various methods explained throughout these reports.											
D. Clothing—Insufficient, ...	38	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1		
In need of repair, ...	92	0.1	0.1	0.1	0.2	0.2	0.3	0.1	0.2	0.2	0.3		
Dirty, ...	79	0.1	0.2	0.1	0.2	0.1	0.2	0.1	0.2	0.2	0.2		
E. Footgear—Unsatisfactory, ...	140	0.4	0.4	0.4	0.1	0.4	0.1	0.4	0.2	0.3	0.4		
None, ...	27	0.1	0.0	0.1	0.0	0.0	—	0.1	0.0	0.1	0.0		
F. Average Heights and Weights, ...		See page 22.											
G. Cleanliness—													
Of Head—Dirty, ...	33	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1		
Nits, ...	3,253	0.8	11.6	0.5	14.3	0.2	14.9	0.6	13.1	6.8	5.9		
Verminous, ...	169	0.2	0.6	0.1	0.6	0.0	0.6	0.1	0.6	0.4	0.3		
Of Body—Dirty, ...	217	0.4	0.5	0.4	0.4	0.3	0.7	0.4	0.5	0.4	0.4		
Verminous, ...	61	0.2	0.1	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.2		

## APPENDIX I—Continued.

	Total Number at all Ages.	Percentages of Children suffering from Defects.									
		At 5 years.		At 9 years.		At 13 years.		At all Ages.		Total 1935.	Total 1934.
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		
<b>7. H. Condition of Skin—</b>											
Head—Ringworm, ...	5	0.0	0.0	—	—	—	—	0.0	0.0	0.0	0.0
Impetigo, ...	360	1.4	1.0	0.5	0.4	0.2	0.2	0.6	0.7	0.8	
Favus, ...	—	—	—	—	—	—	—	—	—	—	
Other Diseases, ...	312	0.7	0.5	0.6	0.9	0.8	0.8	0.7	0.6	0.7	
<b>Body—Ringworm, ...</b>											
Impetigo, ...	8	0.0	0.0	0.0	—	—	—	0.0	0.0	0.0	
Scabies, ...	169	0.6	0.4	0.3	0.2	0.2	0.2	0.4	0.4	0.3	
Other Diseases, ...	92	0.2	0.1	0.2	0.1	0.2	0.2	0.2	0.2	0.2	
...	892	2.4	1.7	1.8	1.5	1.8	1.8	1.9	1.8	2.0	
<b>I. Nutrition—Good, ...</b>											
Fair, ...	26,990	62.7	52.7	49.4	59.2	61.9	61.9	57.8	54.6	54.3	
Bad, ...	19,543	35.1	43.3	46.4	38.4	34.3	34.3	39.9	41.4	42.4	
Very Bad, ...	1,450	2.1	3.8	4.0	2.5	3.6	3.6	2.2	3.8	3.2	
...	50	0.0	0.2	0.2	—	0.1	0.1	0.0	0.2	0.1	
<b>J. Teeth—Sound, ...</b>											
One to four decayed, ...	8,402	16.7	15.8	13.0	26.3	20.2	20.2	18.8	16.2	16.9	
Five or more decayed, ...	33,460	64.1	65.1	75.9	69.0	72.7	72.7	68.6	70.8	72.2	
Oral sepsis, ...	6,169	19.2	19.1	11.1	4.1	7.1	7.1	12.6	13.1	10.9	
...	3,329	10.5	11.2	5.1	3.7	3.8	3.8	7.2	6.7	5.0	
<b>K. (a) Nose—Catarrh, ...</b>											
Obstruction, ...	1,638	4.2	3.5	3.0	3.3	1.8	1.8	4.0	2.8	3.1	
Other Diseases, ...	401	0.9	0.5	0.7	1.3	0.4	0.4	1.1	0.6	0.9	
...	238	0.5	0.1	0.5	1.1	0.3	0.3	0.7	0.3	0.5	
<b>(b) Throat—</b>											
(1) Tonsils—											
Slightly enlarged, ...	5,889	13.8	14.3	12.6	10.0	9.2	9.2	12.2	12.3	10.2	
Markedly enlarged, ...	1,909	5.4	5.3	4.0	1.9	3.1	3.1	3.7	4.3	3.9	

APPENDIX I—Continued.

	Total Number at all Ages.	Percentages of Children suffering from Defects.								Total 1935.	Total 1934.
		At 5 years.		At 9 years.		At 13 years.		At all Ages.			
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		
7. (2) Adenoids— Probably present, ... Present, ...	1,458 564	4.8 2.2	4.3 1.6	2.9 1.0	2.5 0.9	1.3 0.2	1.1 0.4	3.2 1.2	2.9 1.1	3.0 1.2	2.7 1.2
(3) Other Diseases, ...	320	0.8	0.5	0.8	0.7	0.3	0.9	0.7	0.7	0.7	0.5
(c) Lymphatic Glands—											
(1) Submaxillary—											
Palpably enlarged, ...	4,544	13.2	11.5	11.3	8.6	7.1	3.5	10.7	8.2	9.5	8.3
Markedly enlarged, ...	59	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Suppurating, ...	7	0.0	0.0	0.0	0.0	—	—	0.0	0.0	0.0	0.0
Cicatrices, ...	67	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.1	0.1	0.2
(2) Cervical—											
Palpably enlarged, ...	3,348	10.4	8.2	8.1	6.6	3.7	2.6	7.8	6.1	7.0	4.5
Markedly enlarged, ...	99	0.4	0.3	0.2	0.1	0.0	0.1	0.2	0.2	0.2	0.2
Suppurating, ...	3	—	0.0	0.0	—	0.0	—	0.0	0.0	0.0	0.0
Cicatrices, ...	143	0.2	0.2	0.2	0.4	0.4	0.4	0.3	0.3	0.3	0.4
L. External Eye Disease—											
Blepharitis, ...	529	1.3	1.5	1.0	1.2	0.8	0.7	1.0	1.2	1.1	1.1
Conjunctivitis, ...	207	0.5	0.7	0.4	0.4	0.2	0.3	0.4	0.5	0.4	0.5
Corneal opacities, ...	88	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Strabismus (squint), ...	1,734	4.0	4.0	3.9	3.6	3.2	2.9	3.7	3.6	3.6	3.7
Other Diseases, ...	278	0.6	0.7	0.5	0.5	0.5	0.6	0.6	0.6	0.6	0.6
M. † Visual Acuity—Good, 6/6, ...	22,138*	*	*	77.3	75.6	77.6	73.3	77.5*	74.7*	76.1*	78.2*
Fair, 6/9, 6/12, ...	4,979*	*	*	17.0	18.4	15.6	17.5	16.3*	18.0*	17.1*	16.5*
Bad, 6/18 or worse	1,963*	*	*	5.7	6.0	6.8	9.1	6.2*	7.3*	6.8*	5.3*

† The record of visual acuity given here is *without glasses*. See note on page 25.

\* As the infants cannot be examined by means of test types, these figures do not include infants.

APPENDIX I—Continued.

Total Number at all Ages.	Percentages of Children suffering from Defects.										Total 1934.	Total 1935.
	At 5 years.		At 9 years.		At 13 years.		At all Ages.		Boys.	Girls.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.				
744	1.7	1.4	1.8	1.3	1.7	1.4	1.7	1.4	1.7	1.4	1.5	1.7
186	0.4	0.5	0.6	0.3	0.4	0.1	0.5	0.3	0.4	0.3	0.4	0.4
96	0.2	0.4	0.2	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.2
556	1.0	1.0	1.4	0.9	1.4	1.2	1.3	1.0	1.2	1.0	1.2	1.1
47	0.0	0.0	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1
599	2.8	1.5	1.1	0.5	0.7	0.3	1.6	0.8	1.2	0.8	1.2	1.4
198	0.5	0.2	0.6	0.1	1.0	0.1	0.7	0.2	0.4	0.2	0.4	0.4
204	0.4	0.3	0.7	0.3	0.5	0.2	0.5	0.3	0.4	0.3	0.4	0.5
7	0.0	0.0	0.0	0.0	—	—	0.0	—	0.0	0.0	0.0	0.0
126	0.4	0.3	0.2	0.1	0.2	0.2	0.3	0.2	0.3	0.2	0.3	0.3
320	0.6	0.5	0.7	0.6	0.6	1.3	0.6	0.7	0.6	0.7	0.7	0.8
601	1.6	1.1	1.3	1.1	1.1	1.3	1.4	1.1	1.4	1.1	1.3	1.3
1,115	2.7	2.6	2.6	2.2	1.2	2.3	2.2	2.4	2.2	2.4	2.3	2.2
1,138	4.6	3.9	2.1	1.2	0.7	0.6	2.7	2.0	2.4	2.0	2.4	2.2
3	—	0.0	0.0	—	—	—	0.0	0.0	0.0	0.0	0.0	0.0
14	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
2,590	9.0	8.0	4.2	3.4	3.6	2.5	5.9	4.9	5.4	3.8	5.4	3.8
25	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.1	0.0
26	—	0.0	0.1	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.1
25	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.1
82	0.2	0.3	0.2	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.4

## APPENDIX I—Continued.

	Total Number at all Ages.	Percentages of Children Suffering from Defects.									
		At 5 years.		At 9 years.		At 13 years.		At all Ages.		Total 1935.	Total 1934.
		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		
7. U. Tuberculosis (Non-Pulmonary)—											
Glandular, ...	30	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.0	0.1	0.1
Bones and Joints, ...	27	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Abdominal, ...	16	0.0	0.0	0.1	0.0	—	0.1	0.0	0.0	0.0	0.0
Skin, ...	10	0.0	0.0	0.1	0.0	0.0	—	0.0	0.0	0.0	0.0
Other forms, ...	8	0.0	—	0.0	—	—	0.0	0.0	0.0	0.0	0.0
V. Rickets—(1) Slight, ...	456	0.8	0.9	1.0	1.0	1.3	0.9	1.0	0.9	0.9	0.8
(2) Marked—											
Individuals, ...	497	1.4	1.3	1.1	0.8	0.9	0.6	0.9	0.9	1.0	1.2
Knock knees, ...	166	0.4	0.5	0.2	0.4	0.2	0.3	0.3	0.4	0.3	0.4
Bow legs, ...	238	0.7	0.8	0.7	0.3	0.3	0.2	0.6	0.4	0.5	0.5
Curved tibiae, ...	179	0.5	0.4	0.4	0.3	0.4	0.2	0.4	0.3	0.4	0.3
Pigeon breast, ...	82	0.3	0.1	0.3	0.1	0.2	—	0.3	0.1	0.2	0.2
W. Deformities—Congenital, ...	134	0.4	0.2	0.3	0.3	0.3	0.2	0.3	0.2	0.3	0.4
Acquired (Non-Rachitic), ...	187	0.4	0.2	0.3	0.4	0.7	0.5	0.4	0.4	0.4	0.7
X. Infectious or Contagious Disease, ...	48	0.3	0.2	0.0	0.0	0.0	—	0.1	0.1	0.1	0.1
Y. Other Diseases or Defects, ...	2,039	4.4	5.3	4.2	4.8	2.5	3.9	3.8	4.7	4.2	3.4
Rheumatism, ...	231	0.2	0.2	0.4	0.8	0.4	1.1	0.3	0.7	0.5	0.5
Z. Vaccination—Vaccinated, ...	34,441	64.4	66.1	74.3	73.9	77.9	77.8	71.5	71.9	71.7	74.5
Re-vaccinated, ...	9	0.0	—	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Unvaccinated, ...	13,583	35.6	33.9	25.7	26.1	22.0	22.2	28.5	28.1	28.3	25.5

## APPENDIX II.

## SUMMARY OF MEDICAL INSPECTION AND TREATMENT STATISTICS

(of which details are given throughout Report)

Showing Variations from Statistics for previous year.

## A. INSPECTION.

	Cases 1935.	Cases 1934.	Variation from Previous Year. Cases.
At Schools—" Routine " inspection, ... ..	48,033	52,949	-4,916 ( 9.3%)
Do. do. in Special Schools, ... ..	1,765	1,758	+ 7 ( 0.4%)
Do. " Non-routine " inspection, ... ..	13,248	15,321	-2,073 (13.5%)
Do. Re-examination of Abnormals, ... ..	21,785	26,194	-4,409 (16.8%)
Do. Dental inspection, ... ..	7,002	15,020	-8,018 (53.4%)
At Clinics—Special examinations (see page 10), ... ..	13,057	15,935	-2,878 (18.1%)
Special inspections, Mental Defect, ... ..	543	775	- 232 (29.9%)
Do. do. Re-examinations, ... ..	1,298	1,424	- 126 ( 8.9%)
Total, ... ..	106,731	129,376	-22,645 (17.5%)

## B. TREATMENT.

Disease, &c.	Cases 1935.	Cases 1934.	Variation from Previous Year.	Attend- ances 1935.	Attend- ances 1934.	Variation from Previous Year.
Ear, ... ..	3,181	3,613	- 432 (12.0%)	105,742	118,392	-12,650 (10.7%)
Do. examined only, ... ..	1,177	1,304	- 127 ( 9.7%)		(Included above.)	
Do. ionisation, ... ..		(Included above.)		196	493	- 297 (60.2%)
	4,358	4,917	- 559 (11.4%)	105,938	118,885	-12,947 (10.9%)
Eye, ... ..	4,707	5,411	- 704 (13.0%)	56,398	62,611	- 6,213 ( 9.9%)
Skin, ... ..	16,285	18,099	-1,814 (10.0%)	138,804	152,810	-14,006 ( 9.2%)
Do. ringworm and favus, ... ..	268	316	- 48 (15.2%)		(Included above.)	
Do. x-ray treatment, ... ..		(Included above.)		80	145	- 65 (44.8%)
	16,553	18,415	-1,862 (10.1%)	138,884	152,955	-14,071 ( 9.2%)
Other Diseases, ... ..	7,809	8,108	- 299 ( 3.7%)	18,409	18,839	- 430 ( 2.3%)
Do. prescribed for at schools, ... ..	2,648	2,518	+ 130 ( 5.2%)		(Included below.)	
Do. prescribed for at skin, &c., clinics, ... ..	2,455	2,409	+ 46 ( 1.9%)		(Included below.)	
Do. attendances for medicines, ... ..		(Included above.)		27,486	25,661	+ 1,825 ( 7.1%)
	12,912	13,035	- 123 (0.9%)	45,895	44,500	+ 1,395 ( 3.1%)
Do. artificial light treat- ment, ... ..	579	564	+ 15 ( 2.7%)	14,642	14,714	- 72 ( 0.5%)
Defective vision, ... ..	9,614	10,805	-1,191 (11.0%)	11,023	12,496	- 1,473 (11.8%)
Defective teeth, ... ..	16,709	18,461	-1,752 ( 9.5%)	34,788	35,382	- 594 ( 1.7%)
Do. examined only, ... ..	3,030	3,203	- 173 ( 5.4%)		(Included above.)	
Tonsils and adenoids, ... ..	1,426	1,423	+ 3 ( 0.2%)	5,001	5,209	- 208 ( 4.0%)
Deformities (exercises, &c.), ... ..	304	342	- 38 (11.1%)	10,319	10,920	- 601 ( 5.5%)
Do. examined only, ... ..	1,029	878	+ 151 (17.2%)	1,029	878	+ 151 (17.2%)
Do. appliances, ... ..	50	68	- 18 (26.5%)	50	68	- 18 (26.5%)
	32,741	35,744	-3,003 ( 8.4%)	76,852	79,667	- 2,815 ( 3.5%)
GRAND TOTAL, ... ..	71,271	77,522	-6,251 ( 8.1%)	423,967	458,618	-34,651 ( 7.6%)

## APPENDIX III.

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Milk Supply to School  
Children

## MILK SUPPLY TO SCHOOL CHILDREN.

In the month of March the issue of a milk ration to school children was initiated in the schools. This provision was made in accordance with the National Scheme of the Scottish Milk Marketing Board as approved by the Secretary of State for Scotland. As part of the scheme, School Medical Officers were requested to observe carefully the effect of the milk ration on the children and to include a general statement on the subject in their annual reports. The issue of milk began on 4th March, so that the period of observation extended from that date until the closing of the schools at the end of June. During the forenoon session of each school day one-third of a pint of high quality pasteurised milk is issued to each child at the reduced price of one halfpenny. Children on the Education Department's Free Meals Register receive the milk free of cost.

Samples of the milk supplied to the schools are taken at intervals by the food inspectors of the Health Department and are submitted to chemical and bacteriological analysis. The results of the analyses are carefully scrutinised and have been uniformly good.

In the special schools and in the schools provided with luncheon departments the need for the milk ration does not arise, as additional milk has been provided in these schools for many years. The records of height and weight of the children in these schools are not included in the averages referred to later.

The following table shows the daily average number of children who received milk:—

	Average Number of Children per Day.				
March, ... ..	...	...	...	...	138,536
April, ... ..	...	...	...	...	144,232
May, ... ..	...	...	...	...	138,071
June, ... ..	...	...	...	...	126,509

During the period in question the average roll of the schools in which the milk scheme and the routine medical inspection scheme were operative was about 175,000 children. The average daily number of children who received milk was almost 137,000, or approximately 78 per cent. of those on the roll.

*The Effect of the Milk Ration.*

During the school year 1933-34, a comprehensive study was undertaken respecting the growth of children at different periods of the year. The average heights and weights were taken out for each month of the school year, and also for each month of age of the children examined by the School Medical Officers at 5, 9 and 13 years. From this investigation was obtained a series of measurements related to each calendar month and to the age in months of the children examined during 1933-34, the year immediately preceding the

introduction of the milk ration. By comparing the averages for 1933-34 with similar averages obtained for the school year 1934-35, the effect of the milk upon the height and weight of the children inspected could be studied.

For the purposes of this comparison the records for each of the six age-sex groups for the two years were totalled and averaged in three main groups of months—(1) August to February, (2) March, and (3) April to June; these averages are given at "A" and "B" respectively in the tables on pages 60 and 61.

Before making the final comparisons the original figures for 1934-35 (at "B" in the tables) were adjusted so as to allow for differences in the average ages of the children—to make them comparable with the previous year's figures. These adjustments were made on the basis of the undernoted table, which shows the average monthly rate of increase in height and weight calculated for each age-sex group from the data obtained from the school year immediately preceding the introduction of the milk scheme. The adjusted figures are given at "C" in the tables on pages 60 and 61.

*Average Rate of Increase in Measurements per Month of Age of Glasgow School Children Medically Inspected in Ordinary Schools—  
School Year—1933-34.*

Routine Age Group, Sex,	5 years.		9 years.		13 years.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Increase in Height in inches, ...	0·132	0·159	0·188	0·181	0·219	0·150
Increase in Weight in pounds, ...	0·189	0·220	0·462	0·493	0·818	0·855

In the lines "D" in the tables on the following pages the movement of the adjusted averages for 1935 from those of 1934 are shown.

Table showing Numbers of Glasgow Children in Ordinary Schools, together with Average Heights and Weights and Average Ages at Date of Measurement for School Years 1933-34 and 1934-35, arranged in three corresponding Groups.

## BOYS.

Group.	5 years.				9 years.				13 years.			
	No. of Children.	Average		No. of Children.	Average		No. of Children.	Average		No. of Children.	Average	
		Age.*	Height.		Weight.	Age.*		Height.	Weight.		Age.*	Height.
August to February.	A. 1933-34, ... ..	6,338	ins. 41.20	lbs. 39.65	5,707	ins. 49.55	lbs. 57.71	4,074	ins. 56.87	lbs. 81.51	...	...
	B. 1934-35, ... ..	5,925	41.42	39.71	5,275	49.65	57.64	3,555	56.89	81.63	...	...
	C. Adjusted 1935 Averages,	3.97	41.43	39.73	4.27	49.76	57.91	5.39	57.01	82.07	...	...
	D. Movement of C from A, ...	+0.23	+0.08	+0.20	+0.21	+0.14	+0.56	...	...	...	...	...
March.	A. 1933-34, ... ..	848	40.90	39.28	932	49.45	57.52	540	57.42	83.68	...	...
	B. 1934-35, ... ..	773	41.36	39.81	952	49.43	57.46	644	57.28	82.93	...	...
	C. Adjusted 1935 Averages,	3.77	41.38	39.84	3.89	49.51	57.64	5.47	57.50	83.76	...	...
	D. Movement of C from A, ...	+0.48	+0.56	+0.12	+0.06	+0.08	+0.08	...	...	...	...	...
April to June.	A. 1933-34, ... ..	1,872	41.20	39.50	2,459	49.45	57.23	2,195	56.81	80.95	...	...
	B. 1934-35, ... ..	1,838	41.34	39.65	2,175	49.66	57.60	1,641	56.78	81.26	...	...
	C. Adjusted 1935 Averages,	3.65	41.33	39.63	3.22	49.68	57.64	4.45	56.75	81.15	...	...
	D. Movement of C from A, ...	+0.13	+0.13	+0.13	+0.23	+0.41	+0.20	...	...	...	...	...

\* Age in months beyond the years of age given above the relative table.

Table showing Numbers of Glasgow Children in Ordinary Schools, together with Average Heights and Weights and Average Ages at Date of Measurement for School Years 1933-34 and 1934-35, arranged in three corresponding Groups—Continued.

GIRLS.

Group.	5 years.				9 years.				13 years.			
	No. of Children.	Average		No. of Children.	Average		No. of Children.	Average		No. of Children.	Average	
		Age.*	Height.		Height.	Weight.		Age.*	Height.		Height.	Weight.
August to February.	A. 1933-34, ... ..	6,181	ins. 40.97	lbs. 38.30	5,384	ins. 49.22	lbs. 55.69	3,934	ins. 57.81	lbs. 86.05		
	B. 1934-35, ... ..	5,596	41.08	38.08	4,895	49.38	55.83	3,580	57.59	85.32		
	C. Adjusted 1935 Averages.		41.12	38.14		49.48	56.11		57.69	85.88		
	D. Movement of C from A, ...		+0.15	-0.16		+0.26	+0.42		-0.12	-0.17		
March.	A. 1933-34, ... ..	797	40.52	37.60	968	49.25	55.81	894	58.11	87.46		
	B. 1934-35, ... ..	832	41.04	38.22	1,078	49.30	55.59	592	58.11	86.94		
	C. Adjusted 1935 Averages.		41.06	38.24		49.30	55.59		58.28	87.93		
	D. Movement of C from A, ...		+0.54	+0.64		+0.05	-0.22		+0.17	+0.47		
April to June.	A. 1933-34, ... ..	1,803	40.98	38.03	2,602	49.17	54.93	2,193	57.57	84.63		
	B. 1934-35, ... ..	1,789	41.10	38.76	2,129	49.43	55.51	1,698	57.84	86.25		
	C. Adjusted 1935 Averages.		41.12	38.78		49.48	55.63		57.87	86.43		
	D. Movement of C from A, ...		+0.14	+0.75		+0.31	+0.70		+0.30	+1.80		

\* Age in months beyond the years of age given above the relative table.

The differences, noted at "D" in the tables, in the measurements of the children inspected in Session 1934-35 (adjusted figures shown at "C") as compared with the corresponding groups of children examined in 1934 (shown at "A") may be summarised as follows:—

- I. The average measurements for the months from August to February inclusive (no milk ration in either year) were *higher* in 1934-35 in nine out of twelve instances, the exceptions being the weights of girls of 5 and the heights and weights of girls of 13 years of age.
- II. The average measurements for March were *higher* in 1935 when the milk ration commenced, in eleven out of twelve instances, the only exception being the weights of girls of 9 years. Six of the increases were greater than the increases for the August to February period; these were the heights and weights of both boys and girls of 5 years of age and the and weights of girls of 13 years of age.
- III. The average measurements for the months April, May and June, 1935 (when the milk ration was in full operation), were higher in eleven out of twelve instances, the only exception being the average heights of boys of 13 years. Eight of these eleven higher measurements show increases which were greater than the increases recorded for the period August to February, viz., five of the six weights recorded (the exception being weights of boys of 13), and three of the six heights (the exceptions being the heights of 5-year-old children of both sexes and of boys of 13).

The above summary indicates that there was, generally speaking, an acceleration of growth in the last four months of the school year when milk was supplied, as compared with the average rate of growth in the previous year. The comparisons for March are probably less reliable than those for the other two periods because of the smaller number of children examined. The almost uniform increase in the measurements for the April to June period, together with the greater extent of many of the increases when compared with those for the August to February period, are noteworthy.

The only new and additional influence which became operative during the period under review, likely to influence the growth of the children, was the introduction of the milk ration. It is therefore reasonable to infer that the accelerated rate of growth of the children was due to the issue of milk during the four concluding months of the school year.

An obvious criticism of this inference is that the figures for the year 1933-34, which formed the basis of comparison of the average rate of growth after the introduction of milk, might be so exceptional as to favour the figures for 1934-35. This criticism was examined from various angles but it was found that the minor variations which occurred did not invalidate the conclusions recorded above.

