

[Report 1951] / School Medical Officer of Health, Glasgow.

Contributors

Glasgow (Scotland)

Publication/Creation

1951.

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CORPORATION OF GLASGOW

Health and Welfare Department

EDUCATION HEALTH SERVICE

REPORT

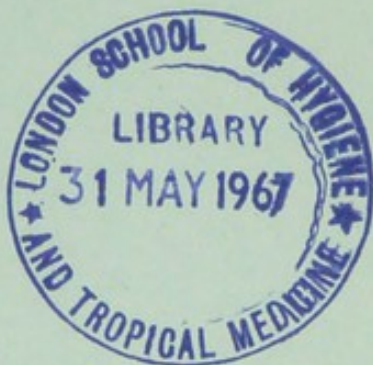
ON THE

**Medical Inspection and Treatment
of School Children**

FOR THE YEAR ENDED 31st JULY, 1951

Ordered by the Committee on Health and Welfare to be printed

65148



*J. L. Auld,
10/7/51*



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GENERAL INTRODUCTION.

This REPORT is the forty-second since the establishment of medical inspection in Glasgow in the year 1909, the twenty-first since the transfer to the Health Department in 1930, and the thirteenth since the form of report desired by the Department of Health for Scotland was recast in 1939.

A feature of the session was the apparent return to popularity of the school clinic after two years of partial decline following inauguration of the National Health Service. The diminishing attendances at the various school clinics had been ascribed to the novel situation in which many parents found themselves of having to choose between obtaining free medical treatment for their children through the school health service or from their new "private" doctor—a choice which was considered to have been exercised frequently to the detriment of the former.

It seems probable that more parents are now beginning to realise the benefits accruing from the interrelationship of the educational and health organisations; that the welfare of their children from entry and during school life is taken care of, even to the extent of providing treatment for the restoration of health under the aegis of the school health service, whether the ailment is of a type which can be dealt with at an ordinary clinic, or of a nature requiring specialist treatment, or is perhaps a defect which can more readily be cured by a sojourn in hospital or other institution. Moreover, the number of inquiries and requests from medical practitioners outside local authority service, from almoners of various public institutions and from other sources interested in child health, indicates that the extensive treatment facilities available through the school health service are becoming more widely known. This co-operation with other branches of the health and social services, private and public, is of inestimable value in co-ordinating the efforts of all imbued with the common aim—the continued well-being of the children—an aim in furtherance of which the school health service takes no small part.

The scheme of work was broadly similar to that obtaining in the previous year. Additional information was, however, procured by school medical officers at routine inspection—details of the vaccinal state and the housing conditions of each child examined. Several changes in personnel occurred during the school session and increased work caused some modification of the programme. General inspection

of schools had again to be reduced in order to find extra periods for the examination of children being considered for admission to residential schools—these examinations have increased enormously of late owing to the provision of more of such institutions.

Pupils on the register of all schools were fewer and, in consequence, the number of children presented for routine medical inspection was smaller than usual. The standard of health of the pupils remained at a comparatively high level and the general physique, as represented in the average measurements of the various age-groups, was found to be of a high standard also, in spite of the inevitable fluctuations recorded. In the Table below is set out the increase in the average heights and weights at 1951 compared with those in 1932 for both sexes in the three groups. The tendency of the average measurements since 1910, the first year of routine medical inspection in the School Board of Glasgow, is illustrated by graphs in another part of this Report.

		Increase at 1951 compared with 1932.	
		Boys.	Girls.
<i>5-year-old</i>	...	1.30 ins., 2.65 lbs.	1.33 ins., 2.78 lbs.
<i>9-year-old</i>	...	1.85 ins., 4.82 lbs.	1.52 ins., 4.71 lbs.
<i>13-year-old</i>	...	2.49 ins., 9.58 lbs.	1.85 ins., 9.76 lbs.

Other projects initiated in 1950 were continued during the year 1951—these included the weekly visitation of nursery schools, the medical supervision of kitchen staffs preparing and handling meals for school children and the examination of pre-vocational students. The audiometric survey scheme was re-organised; two skilled audiometricians were appointed under the supervision of the consulting aurist, and children with defective hearing were examined, as before, by specialists who recommended the appropriate treatment.

A special investigation of the so-called Hygiene Units was undertaken and favourable reports were obtained regarding the operation of these for which the Senior Woman Assistant is in each case responsible. The main objective of this scheme is to encourage the children to keep themselves clean without the threat of repressive measures being employed.

Another investigation of a very different type was that made possible by collation of the housing details obtained by school medical officers in the course of routine medical inspection. Analysis of these figures and comparison with similar data of other years produced a mass of useful information. The population was revealed to be moving steadily

from the smaller to the larger house; but one-apartment houses, although becoming fewer, were seen to be occupied by more inmates on an average in the year 1951 than in 1936 or 1944, the last two years for which relative details are available. Other notable facts observed were (1) average heights and weights of children examined tended to rise as the number of *apartments* increased and to fall as the number of *inmates* increased; and (2) the less remediable type of defect noted in the children examined tended to appear less frequently as the number of *apartments* increased and more frequently as *overcrowding* increased or, in other words, as the number of apartments increased or the degree of overcrowding decreased, freedom from defect (or the incidence of minor defects only) tended to increase.

On the treatment side, the increased attendances have already been alluded to and particular attention need only be drawn to the continued success of the efforts directed against scabies and the satisfactory position of the ophthalmic service. With regard to the former, only 276 new cases of scabies were treated during 1951 compared with 17,393 in the "peak" year of 1943; and the total of 10,583 cases dealt with at refraction clinics compared with 12,284 in the record year of 1948, while the supply of 5,446 pairs of new spectacles in 1951 was just short of the figure (5,577) for 1948.

Increased dental staff enabled more schools to be included in the routine inspection scheme and consequently for more patients to be treated at the school clinics. A general anaesthetic clinic was established during the year, specialist surgery and gold-filling treatment were given where deemed necessary and the X-ray unit, the orthodontic and the emergency clinics were continued as before. As a result, the dental service for school children had become almost self-sufficient and the need to refer patients outside the service for specialist work was likely to become increasingly rare.

In addition to the usual information, abridged where full details were previously given, this Report contains (a) graphs of the average heights and weights since 1910; (b) records of housing conditions; and (c) a table showing the causes of death of children of school age.

I should like to express my gratitude and appreciation to the Conveners and members of the Health and Welfare and Education Committees for their support and encouragement in the promotion of an efficient School Health Service; to the Director of Education and

officials of the Education Department, Head Teachers and Class Teachers, for their co-operation and assistance in the discharge of the manifold administrative and other duties associated with the school health service.

My appreciation and thanks are due to the Medical, Dental, Nursing, and Clerical staffs for the efficient and conscientious manner in which they have carried out their duties during the year, and especially to Mr. James A. Stewart, Chief Administrative Clerk, for the collation and method of presentation of the statistical matter included within these pages.

JAMES EWAN,
M.B., Ch.B., D.P.H., D.P.A.,
Principal Medical Officer.

155 BATH STREET,
GLASGOW, C.2.

19th January, 1952.

1.—LIST OF STAFF

(a) *WHOLE-TIME STAFF.*

1 Principal Medical Officer ; 2 Assistant Principal Medical Officers (1 for Child Guidance Work) ; 19 School Medical Officers ⁽¹⁾ ; 1 Chief Dental Officer ; 16 School Dental Officers ⁽²⁾ ; 1 Supervisor of Nurses ; 73 Nurses (including 13 temporary nurses, 7 of whom are employed as cleanliness inspectresses)⁽³⁾ ; 4 Speech Therapists ⁽⁴⁾ ; 2 Audiometricians ⁽⁵⁾ ; 1 Chief Clerk ; 35 Clerks ⁽⁶⁾ ; 1 Default Officer ; 16 Dental Attendants ⁽⁷⁾.

- (1) *Dr. Daniel Jackson resigned from the staff on 31-8-50 and Dr. Alfred G. Shanks resigned on 24-2-51. Dr. Margaret E. Chapman was appointed on 16-4-51, and Dr. Andrew D. Chisholm was appointed to the permanent staff on 26-4-51.*
- (2) *Mrs. Mary Macdonald, Miss Elizabeth Scanlan and Mrs. Dorothy McDiarmid were appointed to the full-time staff on 12-10-50, 2-1-51 and 19-2-51 respectively.*
- (3) *During the session 9 nurses resigned and 8 nurses were appointed.*
- (4) *Miss Effie Davidson and Mrs. Myra Graydon were appointed on 1-9-50 and 26-2-51 respectively.*
- (5) *Miss Ann Bancroft and Miss Marjory G. Cripps were appointed on 5-3-51 and 13-3-51 respectively.*
- (6) *3 Clerks resigned during the session and 3 were appointed.*
- (7) *1 Attendant resigned in the course of the session and 1 was appointed.*

(b) *PART-TIME STAFF.*

2 Dentists ⁽¹⁾ ; 11 Consultants ⁽²⁾ ; 1 Dental Attendant.

- (1) *Mrs. Mary Macdonald was appointed to full-time staff (see above).*
- (2) *Engaged on school health work by arrangement with the Western Regional Hospital Board (3 Aurists, 1 Dermatologist, 4 Oculists, 1 Heart Specialist, 1 Orthopaedic Surgeon, 1 Anaesthetist).*

Local doctors and dentists undertook emergency duties at the residential schools and at Mossbank approved school in accordance with separate arrangements made with the local Executive Councils.

Supplementary to the foregoing are the following members of the staff who are employed in connection with the dental treatment of ante-natal and nursing mothers, but most of whom also take a small part in school dental work.

*ANTE-NATAL DENTAL STAFF.**Whole-time.*

1 Dental Officer ; 2 Nurses ; 5 Workshop Technicians.

Part-time.

1 Dental Officer.

Of the total of 10,279 periods (half-days) worked by the School Medical Officers, 8,868 were devoted to the work of Medical Inspection and Treatment and 1,411 periods were devoted to other work as follows:—residential school examinations, 270; junior club and school camp examinations, 299; holidays abroad, 22; harvesters' examinations, 129; diphtheria immunisation, 503; general inspection of schools, 83; examinations of school meals' service staff, 80; and 25 periods to examinations of pre-vocational and nursing students and printers' apprentices.

Of the total of 8,183 working periods, School Dental Officers devoted 8,026 periods to the normal work of Dental Inspection and Treatment, and 157 periods to duties (including holiday relief) in the Ante-Natal section.

Included in the working periods shown above is the time spent on administrative duties by the Principal Medical Officer, the Assistant Principal Medical Officer and the Chief Dental Officer, as well as the half-days allocated to the meetings of both medical and dental staffs.

2.—GENERAL STATISTICS

Area of City in acres	39,725
Population of the area (1951 Census)	1,089,555
Density of Population per acre ...	28
Number of Schools—	
(a) Primary	157
(b) Junior Secondary	48
(c) Senior Secondary	29
(d) Schools for Handicapped Children	23
(e) Approved Schools	1
(f) Residential Schools	12
(g) Nursery Schools	37
(h) Hospital Schools	4
(i) Agricultural Schools	1
(j) Gardening Schools	1
(k) Occupational Centres	9
<hr/>	
Total Schools Under Education Authority	322
(l) Schools in receipt of grant and under medical inspection	4
<hr/>	
	326
Average number of children on register ...	172,382
Average number of children in attendance ...	153,266 (88.9%)

3.—SANITARY CONDITION OF SCHOOLS

By reason of increased demands on the services of School Medical Officers for other work, fewer periods than usual could be devoted to carrying out the duties imposed by Section 20 (4) of the Education (Scotland) Act, 1946 (as amended by the Act of 1949). A total of 66 visits was paid to 64 schools (including nursery and residential schools) and general inspection of the premises with particular reference to lighting, heating, ventilation and sanitary arrangements was made. On the occasion of each visit, the Head Teacher and class teachers were interviewed by the School Medical Officer who took the opportunity of discussing with them the well-being of their pupils and giving advice, when necessary.

Of the schools visited, 20 were returned as "nothing to report" and, with regard to the remainder, the Medical Officers reported upon various defects, the information being subsequently passed to the appropriate section of the Education Department for consideration and, if practicable, necessary action. The principal defects were— inadequate washing facilities, including the absence of hot water (15), the absence or inadequacy of a medical inspection room (14) and the disrepair of playground surfaces and lack of sufficient shelters (13). Other complaints included the disrepair of drinking fountains (6) and lavatories (7), the insufficiency of cloakroom (5) and classroom (6) accommodation; and defects of lighting and heating (7). In some instances, the defects were attributed to the age of the buildings and could not easily be rectified.

From a report supplied by the Property Section of the Education Department, the following is a summary of the work wholly completed during the year ended 31st July, 1951 (exclusive of work carried out on a jobbing basis) in schools and other educational establishments—the number of establishments affected in each case is shown in parenthesis.

Heating. Installation or overhauling of boilers; new radiators; insulation of piping; installation or alteration of heating system. (45).

Lighting. Installation of and alterations to electric lighting. (29).

Washing facilities. Baths; shower fittings; wash-hand basins; sinks; water heaters; hot water supplies. (27).

Water supply. Drinking fountains; storage cisterns and tanks; installations of and alterations to supplies; renewal of supply pipes and water main. (55).

Lavatories. New W.C.s and cisterns ; renewal of and repair to existing latrines. (29).

Playgrounds, etc. Provision of and repairs to playgrounds, footpaths and boundary walls. (63).

New accommodation and alterations. Cloakrooms ; classrooms ; staffrooms ; janitors' houses ; medical inspection room ; bathrooms ; new building. (63).

Floors and stairs. New flooring or re-surfacing of halls and classrooms ; re-sanding ; tiling. (25).

Roofs, walls, ceilings, etc. Providing, repairing or renewing chimneys, roofs, gutters, conductors, and walls. (74).

Other work. Fencing, railings and gates provided or renewed, (21) ; linoleum and furnishings (exclusive of supplies by requisition), (56) ; wireguards or panels for windows, radiators and heaters (59) ; fire extinguishers, (53) ; cookers and cooking equipment, (11). New Dining Centres or Kitchens, (25), were opened during the year and there were some alterations and improvements made to existing centres. (43).

4.—ORGANISATION AND ADMINISTRATION

A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

See report for 1950, page 11.

INSPECTION.

The scheme of inspection in Session 1950-51 was carried out in accordance with the requirements of the Secretary of State for Scotland as set out in D.H.S. Circular No. 73/1950, dated 1st August, 1950, and is shown below. Statistical and other details are given elsewhere in this Report. Arrangements in connection with Nursery Schools will be found in Appendix VII, page 79.

In *ordinary* schools the systematic (routine) medical inspection was as follows :—

- (a) Children in the Infant Department who had not hitherto been medically examined (" Entrants—Infants ").
- (b) Children born in 1937 (" Leavers ").
- (c) Children born in 1941 (" Intermediates ").
- (d) Children born in 1934 (" Secondary Pupils ").
- (e) Children born in 1943 (Vision and hearing only).

Groups (a), (b), (c) and (d) were presented in the order stated above and on the whole the inspection of each routine age-group was completed throughout the City before proceeding to the next group. Examination of the children in group (e) was undertaken by Nurses who made their own arrangements with Head Teachers.

Other inspections made were :—

(a) Pupils outwith the groups already named who were specially presented at any inspection on account of disease or defect observed by teacher ; and

(b) Pupils approaching "fixed dates" for leaving school presented for "Leaving Interviews."

In addition, pupils found at previous inspection to be suffering from disease or defect were presented for re-examination at intervals determined by the School Medical Officer.

In schools and classes for *physically* and *mentally handicapped* children routine medical inspection was also provided ; the groups examined were : "entrants" (which included children of any age who had not previously been examined), "intermediates" and "leavers" (pupils approaching 15 or 16 years of age). In addition, *physically handicapped* pupils were specially examined twice annually with a view to fitness for ordinary school, on approaching 12 years of age as to secondary education and at intervals before leaving with regard to fitness to enter employment. *Mentally handicapped* pupils were examined biennially with regard to fitness for ordinary school and at intervals as required and before leaving by the visiting Psychiatrist.

Other arrangements made throughout the Session included Routine Dental Inspection by dental officers of pupils in selected schools, Cleanliness Inspection by nurses, Diphtheria Immunisation (including an annual campaign in schools), Mass Radiography of children (generally of 13 years of age and over) when the Unit was available, and the General Inspection of schools by medical officers.

TREATMENT.

The list of the clinics and the medical services provided are shown in the following table :—

CLINIC	Skin, Eye, Ear and other minor diseases	Refraction	Dental	X-Ray (Skin treatment)	Ultra-violet Ray	Orthopaedic	Scabies Baths
18 Plean Street, W.4.	1	1	1	—	—	—	—
4 Sandy Road, W.1	1	1	1	—	—	—	—
130 William Street, C.3	1	1	1	1	1	—	—
60 Avenuepark Street, N.W.	1	1	1	—	—	1	—
Henderson Street School, N.W.	1	—	—	—	—	—	—
Dobbie's Loan School, C.4	1	—	—	—	—	—	—
91 Denmark Street, N.	1	1	1	—	—	—	—
Hyde Park School, 70 Mollinsburn Street, N.	1	1	1	—	—	—	—
15 Glenbarr Street, N.	1	1	4	—	1	1	1
155 Crail Street, E.1	1	1	1	—	—	—	—
Calton School, 18 Dornoch Street, S.E.	1	1	1	—	—	—	—
10 Redan Street, S.E.	—	—	1	—	—	—	—
Rumford Street School, S.E.	1	1	—	—	—	—	—
Calder Street School, S.2	—	—	1	—	—	—	—
26 Florence Street, C.5.	1	1	2	—	1	1	1
20 Harriet Street, S.3	1	1	1	—	—	—	—
29 Govan Road, S.W.1	1	1	1	—	—	—	—
Broomloan Road School, S.W.1	1	—	—	—	—	—	—
Fairfield School, Fairfield Street, S.W.1	—	—	1	—	—	—	—

Glenbarr Street and Florence Street Ante-Natal Dental Clinics used part-time for E.H.S. work from beginning of session.

Crail Street "A" Dental Clinic has not functioned since 28.2.51.

Florence Street Dental "Gas" Clinic instituted 20.1.51.

Additional medical facilities were again available for school children in hospitals administered by the Western Regional Hospital Board. Arrangements for tonsils and adenoids operations were continued in the various hospitals as well as facilities for X-ray examination and for operative and other treatment of children referred from the school clinics for ear disease. Heart and orthopaedic cases were admitted to hospital as and when advised by the respective consultants.

All treatment at clinics or in hospital was provided free of charge, an application signed by the parent being necessary in all cases.

B. SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

See reports for 1949 (page 14) and 1950 (page 14).

The scheme of inspection and treatment in the period under review was similar to that introduced in 1949 and continued in 1950, but more schools came under Routine Dental Inspection.

An innovation was the establishment in January, 1951, of a general anaesthetic clinic. In addition, there were instituted during the session (a) facilities for performing operations not normally dealt with in the ordinary dental clinic, and (b) provision for gold filling in specified cases.

Details of the year's work, including extracts from the report of the Chief Dental Officer, are given on page 35 and in Table V, pages 73 to 75.

C. SCHOOL NURSING AND ARRANGEMENTS FOR FOLLOWING UP.

See report for 1949, page 15.

The "nursing" staff, including supervisor, temporary nurses, cleanliness inspectresses and dental attendants, devoted 41,230 working periods (half-day) to the work of medical inspection and treatment of school children (including home visitation), 270 to examinations of children proposed for admission to residential schools, 440 to examinations in connection with holidays abroad, junior club and school camps and harvesting, 550 to diphtheria immunisation, 80 to examinations of school meals' staff, and 25 periods to examinations of pre-vocational and nursing students and printers' apprentices—total periods, 42,595. Home and other visits totalled 1,547 and nurse inspectresses from the Sanitary Divisions also visited the homes in connection with cases of uncleanliness discovered in the schools.

D. CO-ORDINATION WITH THE PUBLIC HEALTH SERVICE AND WITH OTHER DEPARTMENTS OF THE AUTHORITY WHICH RENDER SERVICES TO CHILDREN.

See reports for 1949 (page 16) and 1950 (page 15).

Co-operation with the Child Welfare section in connection with the *Diphtheria Immunisation ad hoc* clinics was continued throughout the Session. In Appendix X, page 83, details of the Annual Campaign in Schools are given.

Visits to the number of 100, approximately, were made to the homes of patients, mostly children and young persons who were so severely handicapped either *mentally* or *mentally and physically* combined as to prevent them from travelling to a suitable centre for examination.

The medical examination of students attending pre-vocational courses was continued and 495 of these students were examined during the Session.

School Meals Staff Examinations. During the year 755 employees in school meals kitchens were examined by School Medical Officers; this was a continuation of the scheme introduced last year. The results of the examinations were as follows:—

	<i>New Staff.</i>	<i>Old Staff.</i>	<i>Total.</i>
Number certified fit	194	529	723
Number failed to attend	1	—	1
Number certified unfit	30	1	31
	225	530	755

The diseases or defects which caused rejection were:—

<i>Old Staff</i>	Otorrhoea, 1 (now fit and returned to duty).
<i>New Staff</i>	Tuberculosis, 5; varicose veins, 3; uncleanliness (including nits, vermin) 6; heart conditions, 3; high blood pressure, 3; ear conditions, 5; anaemia, 1; albuminuria, 2; palatal and oral hygiene, 1; chronic throat condition, 1.

The scheme will be extended to include the medical examination of *dining room* personnel when additional medical staff is obtainable.

E. CO-OPERATION WITH OTHER OUTSIDE AGENCIES.

See Reports for 1949 (page 19) and 1950 (page 18).

The Education Health Service co-operated with the University of Glasgow in connection with the curriculum for the Diploma in Public Health—arrangements were made for 28 students to visit various schools and school clinics. The Service also co-operated with Professor Ferguson of Glasgow University in connection with two enquiries: (1) an investigation into the health of surviving *premature children* born in the years 1943 and 1944—altogether 550 medical record extracts

of pupils were forwarded to the University; and (2) a follow-up of a previous Mental Survey (June 1947) of all children, 11 years of age at that time, who were taking an educational test in the schools. This involved sending approximately 300 medical records to the University and the following-up of these children to their homes by school nurses.

The infectious diseases hospitals referred 139 school children (post-pneumonia cases) to Education Health Service clinics for examination and after-care. Of the number reported, 31 failed to appear or intimated that they were receiving private treatment, 3 were found to be requiring no further attention and 26 were dealt with at the "general" school clinics. The remaining 79 were referred for special forms of treatment, including courses of artificial light therapy in 72 cases.

School clinics referred 293 school children (184 boys and 109 girls) to hospitals during the session. The ailments from which they suffered were as follows:—

<i>Skin—</i>	Boys.	Girls.
Wounds, etc. (minor injuries) ...	106	57
Fractures	28	13
Other skin conditions	30	22
<i>General</i>	9	9
<i>Eye</i>	5	3
<i>Ear, nose and throat</i>	6	5
	184	109

Biggart Hospital Home, Prestwick, continued to allocate 40 beds for Glasgow school children selected by the Education Health Service. During the year, 273 children were summoned to school clinics for preliminary medical examination; of the 214 who attended, 205 were considered suitable for admission to the Home.

Medical examination of 6 children going to the Children's Village, Humbie, was undertaken at the request of the *Invalid Children's Aid Association*.

Many children who have been convicted of an offence are remanded for a special psychiatric examination, and suitable reports are made out for the information of the Court and of the Probation Department. It is intended that, as a routine procedure, all children who are being detained in the Remand Home for an approved school report, and who are known or suspected to be mentally handicapped, be examined by

one of the Certifying Medical Officers and a report forwarded to the Court regarding their mental condition.

Private medical practitioners were communicated with on no fewer than 50 occasions regarding children who had been absent from school for long periods and were informed of the special treatment facilities available through the Education Health Service. The ailments from which these children suffered were :—skin diseases (8), pulmonary conditions (15), ear, nose and throat defects (5), eye conditions (3), other diseases (19).

F. *CO-OPERATION WITH TEACHERS AND PARENTS, WITH SPECIAL REFERENCE TO THE ATTENDANCE OF PARENTS AT INSPECTION.*

As in former years, the co-operation of the teaching staffs has been invaluable not only in facilitating the work of Routine Medical Inspection but in connection with the other schemes which aim at the promotion of health and well-being among the school population. The assistance given by teachers during the Diphtheria Immunisation campaign merits special mention, since without their encouragement of the children, the scheme would not be the success it now is.

The attendance of parents at the routine medical inspection of their children fell to the lowest point (59·9%) ever recorded in these Reports. This apparent disinclination on the part of parents to accompany their children has been deprecated on previous occasions but without success. However, the attendance of parents with their *infant* children continues to remain at a high level and was even increased slightly in the 1951 session over the percentage for 1950.

Many lectures bearing on the health of school children were given by School Medical Officers and Dental Officers to parents', teachers' and other organisations during the year.

5.—THE FINDINGS OF MEDICAL INSPECTION

GENERAL REVIEW.

(Detailed statistics on pages 45 to 68).

Table I (pages 45 and 46) gives particulars of the numbers of school children examined during the year ended 31st July, 1951. These are shown in the various groups and are compared with the relative statistics for the two previous years. The average number on the register of all schools during 1951 was 172,382 compared with 173,306 in 1950 and 174,328 in 1949.

In the period under review, 47,646 pupils attending "ordinary" schools were systematically examined—a total which was the lowest since 1947. During the session, also, 1,182 children in schools for the handicapped were examined, the lowest number since 1946. Other systematic examinations were, however, greatly increased; particularly the number of re-inspections, leaving interviews and examinations for mental defect. Examinations *mainly at clinics* were again increased, children for holidays at school camps and for admission to residential schools being more numerous than before. Cleanliness inspections at schools by nurses were increased by reason of the inclusion of those specially examined in the Hygiene Units, details of which are given elsewhere in this Report. Altogether, the total numbers inspected were the highest since the year 1940 when War emergency examinations for the evacuation of children from the City were organised.

Appendix Ia, page 47, gives the numbers and percentages of children in the routine age-groups who were notified to parents as requiring treatment for defects observed by the School Medical Officer. Further information regarding notification to parents will be found in Appendix IIa, page 56. The age distribution of children at the date of systematic examination is shown in Appendix Ib, page 48.

In Table II, page 50, the results of medical inspection are arranged according to the numbers and percentages of children in the various age-groups who were found to be suffering from defects. Analysis of particular defects brings out the following points:—

Unsatisfactory clothing was again at the same low percentage (0·2) as had been returned for some years past and *unsatisfactory footgear* (0·2), although not so good as in 1950, was otherwise the lowest recorded since 1939. Assessment of these conditions is however, dependent on the judgment of individual medical officers whose standards may vary.

Uncleanliness showed some deterioration but the percentage (9·8) was better than that in 1949. Nits of head accounted for the increased percentage, verminous conditions showing some improvement.

Skin conditions (2·0%) were more numerous than in 1950 or 1949 but were fewer than in any other year back to 1939. The increase was due to impetigo of the head and 'others,' but the continued improvement of scabies was worthy of note.

Defective nutrition was slightly increased compared with similar figures for 1950 and 1949, although less than in any other year to 1939. The increased percentage (6.0) was due to the recording of more "slightly defective" cases, but here again varying standards of the officers were probably responsible.

Mouth and teeth unhealthy (2.2%) exhibited a slight deterioration from the previous best of 1950. This is a gross condition for which, like defects of clothing, footgear and nutrition, there is no precise standard.

Naso-pharyngeal defects increased by 1% but with the exception of 1950 and 1949, the percentage of 10.3 in 1951 was the best since 1939 (the first year of these Reports in the present form). Nasal obstruction, catarrh and enlarged tonsils were the conditions responsible for the increase.

External eye diseases were also slightly more numerous than in 1950 and in 1949, but at 4.4% were better than in any other year since 1944; the increased incidence of blepharitis was responsible but this was offset by a slight reduction in the number of cases of strabismus.

Defective eyesight showed an almost negligible increase to 15.0%—"bad" sight actually being improved—except for 1950 and 1949, the percentage was the best since 1939. *Ear defects* (otorrhoea being responsible) and *speech defects* (articulation) increased slightly but had lower percentages than in any year prior to 1949; this applied also to *lung diseases*, where catarrh was mainly responsible for the increase, and to *other diseases*.

Mental and nervous conditions and *diseases of the circulatory system* reached the lowest percentage, in each case, ever recorded in these Reports; *deformities* were slightly more numerous than in the previous three years and *infectious disease* was almost negligible.

Additional information compiled from the records of routine inspection may be found in Appendix IIa, page 56. The *attendance of parents* at the routine inspection of their children was smaller than ever before but there was a slight improvement where infant/entrants were concerned. More parents were notified of conditions requiring treatment and more children were noted for re-inspection. Exclusions from school were the smallest for many years. The percentage of children with *no recorded defects* dropped below the 1950 and 1949

figures but was superior to that of any other year. *Sound teeth* was recorded less frequently than in 1950 but the percentage (63·0) was superior to that in any other year. *Visual acuity* of children wearing glasses was the best for many years and of those not wearing glasses, it was the best since 1946. The percentage of children (84·2) reported to be completely immunised against diphtheria was lower than that in 1950 but was otherwise the best for many years. Information regarding the vaccinal state of school children was recorded for the first time and it was found that 82·4% had been successfully vaccinated or re-vaccinated—the smaller percentage of entrants with protection against smallpox being significant in view of the suspension of compulsory vaccination.

Details of the partial examination of children born in 1943 are given in Appendix IIb, page 58, and totals for 1950 and 1949 have been supplied for comparison. The percentages of these children with good eyesight and good hearing were again improved. In Appendix IIc, page 59, the average heights and weights of school children are shown. The results were somewhat variable—girls showed consistent increases for height and weight in the 5 and 9 year-old groups and for weight but not for height at 13 years. Boys continued to show increase at 13 years for both height and weight but the only other improvement was in height at 9 years of age.

Table III on page 64 classifies the children seen at routine medical inspection according to the considered remediability of the major defects observed. As a result of the increased incidence of defects noted in Table II, the percentage (64·0) of children free from defects (other than clothing, cleanliness or minor dental defects) dropped below the 1950 figure which had itself fallen below the 1949 percentage, the highest previously recorded. For the same reason, the percentages of the less remediable defects were also increased.

6.—MEDICAL TREATMENT

Increased attendances at school clinics were reported during the year 1951, in most instances the number of new cases exceeding those treated in either of the two previous years. Full details of the work accomplished during the period will be found in the following pages and some brief comments thereon are offered below.

Minor injuries treated at clinics during 1951 were again increased and were, in fact, more numerous than in any other year since 1939. The tendency for reliance to be placed on the school clinic for the

treatment of the more superficial type of ailment appears, therefore, to be more pronounced.

New *ear* cases, on the decline since 1949 were again fewer in 1951. Examinations by aurists were much reduced owing to shortage of staff but slightly more children than in 1950 were presented to the certifying aurist for classification as to degree of deafness. In Appendix XII, page 88, are given the results of the otological examinations undertaken in connection with the audiometric survey of certain groups of school children.

Eye diseases were more numerous than in 1950 and, although fewer than in either 1949 or 1948, were superior in numbers to those treated in any year prior to the latter since 1939. The actual defects mainly responsible for the increase were :—blepharitis, hordeolum and catarrhal conjunctivitis ; corneal ulcers continued to be less frequently seen, as noted in 1950.

More new cases of *skin disease* were treated during the year, after steadily decreasing since 1948—ecthyma, warts, ulcers and abscesses supplied the principal increases, impetigo and urticaria the decreases ; while scabies in its continued decline reached the phenomenally low total of 276 cases. Special treatment cases—ringworm, pediculosis and, of course, baths for scabies—were also fewer.

Increased numbers of *defective vision* cases were treated at the refraction clinics and the total pairs of new spectacles (5,446) supplied during 1951 almost reached the record figure of 1948 (the year immediately preceding the introduction of the National Health Service scheme).

Operations for ear, nose and throat defects were again fewer, chiefly by reason of the scarcity of specialists available for this work.

Mearns Kirk Hospital admitted greater numbers of *orthopaedic* cases during the session, fewer were examined by school medical officers, but there was a considerable increase in the numbers seen by the consultant at the clinics. More new cases were put on treatment than in the previous year ; plaster cases treated at Avenuepark Street were doubled, and the all-over attendances were correspondingly increased.

" *Other diseases* " treated at school clinics were more numerous in 1951 than in the two preceding years—mainly responsible were : bronchitis and bronchial catarrh, anaemia and/or debility, and enuresis. *Medicine* was supplied more frequently than in 1950. *Artificial light treatment* cases increased beyond those of 1950 and 1949 and of the

usual ailments dealt with, only rickets and/or debility cases were reduced. More new cases of *cardiac disease* were examined by the specialist but there were fewer re-examinations. The new scheme for placing suitable heart cases in selected employment was continued successfully throughout the year.

CONCLUSION.

The gradual decline in school clinic attendances since the introduction of the National Health Service scheme was arrested during the period under review. Anticipation of a resurgence would be premature at this stage but there appears to be an increasing tendency for patients to make fuller use of the treatment facilities available through the school health service.

(A) MINOR AILMENTS.

Throughout the treatment tables, "Single visit cases" includes those treated and disposed of at first visit, cases not for treatment, and cases without apparent disease.

(1) CUTS, BRUISES, SPRAINS, MINOR INJURIES, ETC.

Details of new cases—	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Cuts, bruises, sprains, etc.	1,846	903	2,749	2,715	2,548
Burns and scalds ...	237	162	399	329	375
Totals	<u>2,083</u>	<u>1,065</u>	<u>3,148</u>	<u>3,044</u>	<u>2,923</u>

The attendances are included with those for skin conditions (page 25).

(2a) DISEASES OF THE EAR.

Examined only.

	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Recommended operation for tonsils and/or adenoids ...	260	293	553	622	519
Other operations recommended	9	—	9	2	4
Referred to Hospitals ...	1	1	2	—	3
Single visit cases	435	403	838	909	1,182
Totals	<u>705</u>	<u>697</u>	<u>1,402</u>	<u>1,533</u>	<u>1,708</u>

Treated at clinics.

Details of new cases—	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Chronic suppurative inflammation (otorrhoea)—Single ...	212	150	362	449	525
Double ...	35	34	69	99	157
Results of above disease ...	54	32	86	73	39
Retracted membrane ...	33	28	61	55	40
Chronic aural catarrh ...	—	—	—	6	—
Ceruminous collection (wax) ...	131	157	288	301	264
Nasal catarrh ...	25	16	41	74	54
Laryngitis ...	3	2	5	—	2
Polypus ...	1	—	1	1	1
Other diseases ...	98	75	173	187	131
	592	494	1,086	1,245	1,213
Cases from previous session ...	632	521	1,153	1,030	1,171
Totals ...	1,224	1,015	2,239	2,275	2,384
Clinic attendances of above cases ...	32,942	23,177	56,119	57,139	57,018

Examinations by Specialists.

In addition to the foregoing, 1,048 cases (619 boys and 429 girls) were summoned for examination by aurists: 275 (158 boys and 117 girls) failed to attend and the remainder were dealt with as under:—

	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Recommended operation for tonsils and/or adenoids ...	52	35	87	84	133
Other operations recommended	10	9	19	31	75
Referred to Hospitals ...	27	20	47	74	82
For X-ray ...	15	10	25	60	86
Others ...	357	238	595	670	908
Totals ...	461	312	773	919	1,284

X-ray Examinations.

The number of cases referred by the specialists during the year for X-ray investigation (including children from the audiometric surveys) are shown below.

	Stobhill Hospital.		Southern General Hospital.		Totals.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Sinuses	20	14	26	17	46	31
Mastoids	1	—	5	2	6	2
Sinuses and Mastoids	—	—	1	—	1	—
Sinuses and Chest	—	4	1	—	1	4
Sinuses and Nasal Bones	1	—	—	—	1	—
Totals	22	18	33	19	55	37

(2b) DEFECTIVE HEARING.

As in former years, the services of an aurist were retained for the purpose of classifying children with hearing difficulties and assessing their ability to take advantage of the educational facilities available to them. A total of 94 examinations was given and 78 children were graded as follows :—school for deaf, 10 ; semi-deaf classes or to remain therein, 9 ; ordinary school or to remain therein, 5 ; the remainder were not graded pending review.

Hospital treatment was advised for 21 children (including 13 for tonsils and/or adenoids operation), 34 were referred for treatment at clinic or school, and a hearing aid was recommended in 9 instances. The remainder were referred for special investigation or other forms of treatment.

Hearing Aids. At 1st August, 1950, 20 children (15 boys and 5 girls) were awaiting hearing aids and during the session, another 27 (19 boys and 8 girls) were added to the list of recommended cases. During the year, 14 children (11 boys and 3 girls) obtained instruments and at 31st July, 1951, 33 (23 boys and 10 girls) were still not supplied.

Audiograms. 129 children were referred, during the session, for test of hearing by audiogram. Up to 31st July, 1951, 52 boys and 51 girls had been tested.

A total of 138 (71 boys and 67 girls) including 28 cases referred in the previous session, were tested during the year.

Audiometric Surveys. Details of these, including the findings of the aurist and the treatments given, will be found in Appendix XII, page 86.

(3) DISEASES OF THE EYE, EXCLUDING DEFECTIVE VISION.

Details of new cases—				1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.	Totals.	Totals.	
Blepharitis	318	301	619	547	611			
Hordeolum (stye)	189	262	451	413	400			
Conjunctivitis, catarrhal ...	295	327	622	573	705			
Conjunctivitis, muco-purulent	6	6	12	8	9			
Ophthalmia, strumous (includes phlyctenular conjunctivitis and keratitis)	19	20	39	25	—			
Keratitis (interstitial) ...	—	1	1	4	4			
Corneal ulcers	16	12	28	43	73			
Corneal opacities	1	4	5	5	1			
Dacrocystitis	1	—	1	1	1			
Epiphora	2	2	4	1	—			
Injuries	48	21	69	57	77			
Other diseases	20	18	38	48	49			
Single visit cases	98	132	230	192	196			
	<u>1,013</u>	<u>1,106</u>	<u>2,119</u>	<u>1,917</u>	<u>2,126</u>			
Cases from previous session ...	80	81	161	239	280			
Totals	<u>1,093</u>	<u>1,187</u>	<u>2,280</u>	<u>2,156</u>	<u>2,406</u>			
Clinic attendances of above cases ...	10,582	9,832	20,414	19,857	22,559			

(4a) DISEASES OF THE SKIN, EXCLUDING RINGWORM AND FAVUS.

Details of new cases—				1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.	Totals.	Totals.	
Scabies	138	138	276	426	751			
Pediculosis capitis	7	6	13	11	7			
Impetigo contagiosa	1,419	737	2,156	2,281	2,600			
Ped. cap. and imp. cont. ...	12	15	27	23	18			
Ecthyma	106	31	137	50	73			
Dermatitis seborrhoeica ...	195	194	389	361	414			
Eczema	114	93	207	189	217			
Alopecia areata	25	23	48	39	39			
Psoriasis	19	28	47	37	61			
Herpes zoster (shingles) ...	102	87	189	170	178			
Lupus	—	2	2	—	—			
Ulcers and abscesses	2,408	1,177	3,585	3,165	3,292			
Urticaria	42	55	97	157	129			
Warts	311	336	647	502	387			
Other skin diseases	213	258	471	463	483			
Single visit cases	1,666	1,192	2,858	2,691	2,242			
	<u>6,777</u>	<u>4,372</u>	<u>11,149</u>	<u>10,565</u>	<u>10,891</u>			
Cases from previous session ...	310	223	533	691	977			
Totals	<u>7,087</u>	<u>4,595</u>	<u>11,682</u>	<u>11,256</u>	<u>11,868</u>			
Clinic attendances of above and ringworm cases	65,081	41,226	106,307	102,727	108,423			

Special Cleansing Clinics—

				1951.	1950.	1949.
New cases	...	...	...	386	520	423
Attendances	...	...	...	603	900	695

(4b) RINGWORM.

Drug Treatment—

Details of new cases—				1951.		1950.	1949.
		Boys.	Girls.	Totals.	Totals.	Totals.	
Ringworm (head)	...	14	9	23	74	99	
Ringworm (body)	...	82	61	143	174	201	
Totals	...	96	70	166	248	300	

X-ray Treatment—

43 children (20 boys and 23 girls) were given X-ray treatment for ringworm of the scalp, making 43 attendances for radiation, and receiving 191 X-ray exposures (generally 5 exposures per child).

Other skin conditions were also treated by X-ray, 3 boys making 5 attendances and receiving 12 exposures, and 3 girls making 6 attendances and receiving 16 exposures.

(4c) BATH TREATMENT OF SCABIES.

				1951.		1950.	1949.
		Boys.	Girls.	Totals.	Totals.	Totals.	
Cases receiving baths	...	143	122	265	377	708	
Baths given	...	886	839	1,725	2,285	4,015	

(B) DEFECTIVE VISION.

The School Eye Service continued to function successfully throughout the year, although the departure, in February, 1951, of one School Medical Officer, whose time was mostly devoted to refraction work, was responsible at first for a considerable diminution in the number of cases which could be dealt with at clinics. The position, however, was eased by the appointment, in April, 1951, of three Oculists who were allocated part-time to school clinics by the Western Regional Hospital Board.

Advantage was also taken of the reduction in routine school health work during the summer vacation to arrange extra clinic sessions for refraction. In consequence, it was found possible to summon many old cases for re-testing and so effect a considerable reduction in the numbers of such on the waiting list.

Over the whole period more cases were summoned per clinic session than ever before and the average number examined was correspondingly increased. The cases seen at the clinics during the year were the most numerous since 1948 (the last year before the introduction of the National Health Service) and the total of new spectacles supplied (5,446) almost equalled the 1948 figure (5,577) which was the highest previously since the year 1939.

Towards the end of the school year a new range of spectacles was introduced providing a choice of six varieties of nickel frame and two of cellulose acetate (artificial shell). The nickel types were obtainable in sizes suitable for all ages and free of cost to parents, while the shell makes were available for older children *only* at the request of parents and on payment by them of a specified sum as a proportion of the cost.

Below are given the figures relating to (a) the cases dealt with at refraction clinics during the year and (b) the provision of glasses prescribed by School Medical Officers.

(a) CASES DEALT WITH AT REFRACTION CLINICS.

	1951.		Totals.	1950.	1949.
	Boys.	Girls.		Totals.	Totals.
Subjected to refraction —					
Spectacles prescribed	2,667	2,759	5,426	4,529	2,907
Spectacles not prescribed—					
For further treatment ... ..	...	...	1,175	933	826
No treatment required ... ..	...	...	1,200	859	597
			<u>7,801</u>	<u>6,321</u>	<u>4,330</u>
Not subjected to refraction—					
For further treatment ... ..	...	...	1,039	1,195	691
No treatment required ... ..	...	...	448	550	345
Spectacles checked ... ..	...	...	80	59	6
Postponed ... ..	...	...	1,215	776	427
			<u>2,782</u>	<u>2,580</u>	<u>1,469</u>
Total number dealt with at refraction clinics			<u>10,583</u>	<u>8,901</u>	<u>5,799</u>
Number of clinics held ... ..	...	...	1,057	919	688
Average number of children per clinic ... ..	...	...	10.0	9.7	8.4
Average number subjected to refraction at each clinic ... ..	...	...	7.4	6.9	6.3

At the occlusion clinics 61 new cases were put on treatment and an additional 96 were kept under observation. Children to the number of 40 were put off treatment and 19 were referred to hospitals for further treatment.

Approximately 1,820 children at the end of the school session were awaiting refraction, distributed as follows:—New cases—50; “failed to attend”—470; re-tests—1,300.

(b) PROVISION OF SPECTACLES.

New cases totalling 5,446 were supplied with spectacles, the cellulose acetate type being chosen in 4,144 (76%) and nickel in 1,302 (24%) instances.

Replacements or repairs amounting to 1,709 were as follows:—new lenses, 83; replaced lenses, 530; frames, sides, etc., 1,096 (cellulose acetate, 899; gold-filled, 41; nickel, 156).

(C) EAR NOSE, AND THROAT OPERATIVE TREATMENT.

(i) TONSILS AND ADENOIDS OPERATIONS.

	Boys.	1951. Girls.	Totals.	1950. Totals.	1949. Totals.
Tonsils removed—					
Western District Hospital ...	4	1	5	5	1
Mearnskirk Hospital ...	1	1	2	1	2
Adenoids removed—					
Western District Hospital ...	8	1	9	9	21
Mearnskirk Hospital ...	26	10	36	67	58
Stobhill Hospital ...	—	—	—	3	1
Southern General Hospital ...	—	—	—	2	1
Tonsils and Adenoids removed—					
Western District Hospital ...	434	432	866	1,191	1,471
Stobhill Hospital ...	—	1	1	63	91
Mearnskirk Hospital ...	47	50	97	182	318
Southern General Hospital ...	1	—	1	—	2
	<u>521</u>	<u>496</u>	<u>1,017</u>	<u>1,532</u>	<u>1,966</u>
Number of operation periods ...	...	...	*79	*114	*133
Average number of cases per period ...	...	...	*11	*11	*11
Clinic (including hospital) attendances ...	...	...	3,297	5,053	6,184

* These figures relate only to the Western District Hospital.

In addition to the above, 41 children (17 boys and 24 girls) were admitted to hospital during the year, 14 (4 boys and 10 girls) of these being discharged without operation for various reasons, mostly medical, and 15 (8 boys and 7 girls) remaining in hospital on 31st July, 1951, awaiting operation.

Other forms of treatment were also given to children receiving tonsils and adenoids operation, and a few patients were detained in hospital for more than the normal period before and after operation for medical reasons.

All children were instructed to report to the school clinic two weeks after dismissal from hospital for post-operative examination.

The number of cases on the waiting list at 31st July, 1951, was approximately 2,500.

(ii) OTHER EAR, NOSE AND THROAT OPERATIONS.

In addition to those treated for tonsils and/or adenoids, children to the number of 38 were admitted to hospital during the year for operative and other treatment of various ear, nose and throat conditions. Some of the patients underwent treatment for more than one defect. Treatments were given for the following, either singly or in combination—mastoid, 15; other ear conditions, 12; and nasal defects, 11.

The number of cases on the waiting list for hospital treatment at 31st July, 1951, was approximately 100.

(D) *ORTHOPAEDIC AND POSTURAL DEFECTS.*

The Orthopaedic Surgeon continued his regular visits to Education Health Service orthopaedic clinics and made arrangements, when considered necessary by him, to admit cases to Mearns Kirk Hospital.

During the year, the Orthopaedic Unit at Mearns Kirk Hospital had to deal with a large number of cases of poliomyelitis occurring in Glasgow. The admission of patients from the school orthopaedic clinics was stopped for several months, but during the last few months of the school Session the intake from the clinics was greatly increased and it was anticipated that this satisfactory state of affairs would continue.

On the other hand, because of the two large outbreaks of poliomyelitis that had occurred in Glasgow—in 1947 and 1950—over 250 children with varying degrees of paralysis had come under medical care. The supervision of these by the school orthopaedic clinics, besides throwing a great strain upon the physiotherapy staff and the clinic accommodation, would eventually lead to a large increase in the number of children requiring operation. Of the cases admitted to Mearns Kirk for operation in the year under review, nearly half were disabled through poliomyelitis. The regular supervision of these cases

at the school clinics was of great value in preventing or minimising deformity and disability, and helped to shorten the time spent in hospital.

The equipping of a plaster room at Avenuepark Street had been of considerable help in the early treatment of these deformities and had saved parent and child a long journey out to Mearnskirk and back to have a plaster applied as an out-patient.

During the year, 101 patients with poliomyelitis were discharged to the school clinics for continuation of treatment.

(a) DEFORMITIES TREATED IN MEARNSKIRK HOSPITAL.

Cases in hospital at 1-8-50	...	...	...	7
Number admitted during session			...	64
				<hr/> 71
Number dismissed during session	...	...	...	52
Number still in hospital at 31-7-51	...	...	...	<hr/>19

All the above cases had been selected at the Education Health Service orthopaedic clinics by the visiting Orthopaedic Surgeon. Of the 52 patients dismissed, the causes of disability were as shown in the following table:—

Foot Deformities—				
Congenital	...	...	...	7
Post-Poliomyelitis	...	...	...	22
Others	...	...	...	9
Scoliosis	...	...	...	1
Cerebral Palsy	...	...	...	4
Congenital Dislocation of Hip Joint	...	...	...	1
Torticollis	...	...	...	4
Miscellaneous	...	...	...	4
				<hr/> 52

5 of the above cases were treated by splinting and exercises, and general physical measures; upon the remaining 47 a total of 68 operations was performed as follows:—

Foot Operations—Tenotomy of plantar fascia and wrenching of foot, 27; manipulation and plaster, 9; arthrodesis, 6; tendon transplants, 12; tenotomy of tendo Achilles, 7; Keller's operation for hallux valgus, 2.

Other Operations—For torticollis (tenotomy), 3; excision of coccyx, 1; lateral menisectomy, 1.

The average stay in hospital of these 52 cases was 73·7 days.

On 31st July, 1951, the number of patients on the waiting list for admission to hospital was 76.

(b) DEFORMITIES TREATED BY EXERCISE, MASSAGE, ELECTRICAL TREATMENT, ETC., AT AVENUEPARK STREET, FLORENCE STREET AND GLENBARR STREET ORTHOPAEDIC CLINICS.

	Boys.	1951. Girls.	Totals.	1950. Totals.	1949. Totals.
Number of children examined by—					
School Medical Officers ...	368	485	853	933	940
Orthopaedic Surgeon ...	502	495	997	677	798
Number of attendances of "old" cases reporting for observation	566	632	1,198	1,046	1,229
Number of Plaster cases (Avenuepark Street Clinic) ...	146	89	235	117	—

The staff of seven physiotherapists carried out treatment for the following cases :—

	Boys.	1951. Girls.	Totals.	1950. Totals.	1949. Totals.
Details of new cases put on treatment at Clinics—					
Deformities of spine (kyphosis lordosis, scoliosis) ...	70	118	188	239	225
Paralysis, infantile and other	94	79	173	70	94
Flat-foot and other deformities of the foot ...	72	94	166	176	201
Wry-neck (torticollis) ...	3	3	6	7	24
Fracture (result of), sprains and dislocations ...	1	4	5	4	6
Deformities of chest ...	15	8	23	32	40
Knock-knees ...	12	13	25	37	51
Others ...	14	28	42	38	45
	<u>281</u>	<u>347</u>	<u>628</u>	<u>603</u>	<u>686</u>
Cases from previous session ...	66	112	178	171	173
Totals ...	<u>347</u>	<u>459</u>	<u>806</u>	<u>774</u>	<u>859</u>
Discharged from Orthopaedic Clinics—					
Fit ...	158	251	409	374	485
For hospital treatment ...	14	15	29	10	18
To Convalescent Homes ...	—	—	—	7	3
Transferred to other clinics or treated by appliances ...	30	26	56	40	49
For other reasons (leaving school, etc.) ...	32	38	70	165	132
Totals ...	<u>234</u>	<u>330</u>	<u>564</u>	<u>596</u>	<u>687</u>
Number still on treatment ...	113	129	242	178	172
Number of attendances made by children for treatment ...	...	...	15,258	14,584	16,356

(c) DEFORMITIES TREATED BY EXERCISE AND MASSAGE OUTWITH THE ABOVE NAMED CLINICS.

Other children were dealt with at special and nursery schools, visits being made for this purpose by physiotherapists. Details of the numbers treated are given below.

	Special Schools.	Nursery Schools.	Totals.
Number of cases treated individually	40	87	127
Number of treatments given	733	302	1,035
Number of classes held	513	4	517

(E) OTHER DISEASES

(a) CASES DEALT WITH AT THE REGULAR CLINICS FOR "GENERAL" DISEASES.

	1951.			1950.	1949.
Details of new cases—	Boys.	Girls.	Totals.	Totals.	Totals.
Bronchitis and bronchial catarrh	495	395	890	732	974
Anaemia and/or debility	774	899	1,673	1,507	1,462
Rickets	3	3	6	13	7
Tubercular conditions—					
Pulmonary (including contacts)	96	97	193	147	182
Non-pulmonary	4	5	9	11	16
Paralysis	2	2	4	5	6
Heart disease	24	46	70	102	39
Chorea	15	10	25	38	48
Enlarged tonsils and/or adenoids	89	94	183	243	278
Adenitis	23	34	57	75	71
Rheumatism	39	111	150	143	172
Enuresis	308	360	668	581	688
Malnutrition	13	17	30	33	39
Epilepsy	10	10	20	18	23
Digestive disorders	91	103	194	168	276
Infectious diseases	28	26	54	71	71
Mental deficiency	1	—	1	1	2
Nervous disorders	30	27	57	45	55
Others	179	190	369	380	392
Single visit cases	733	761	1,494	1,311	1,271
Totals	<u>2,957</u>	<u>3,190</u>	<u>6,147</u>	<u>5,624</u>	<u>6,072</u>
Clinic attendances of above cases ...	9,409	9,134	18,543	16,704	18,113

(b) SUPPLY OF MEDICINES.

	1951.			1950.	1949.
Details of new cases seen elsewhere than at "General" Clinics—	Boys.	Girls.	Totals.	Totals.	Totals.
Sent from school inspection for immediate supply	624	707	1,331	955	1,005
Sent from skin, eye and ear clinics	355	428	783	705	797
Additional attendances at "General" clinics for medicine	8,374	7,623	15,997	15,080	17,799
Totals	<u>9,353</u>	<u>8,758</u>	<u>18,111</u>	<u>16,740</u>	<u>19,601</u>

(c) ARTIFICIAL LIGHT TREATMENT.

Details of new cases—	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Rickets	13	11	24	31	19
Anaemia and/or debility ...	375	446	821	831	765
Nervous disorders	3	1	4	1	4
Enlarged glands	7	15	22	16	24
Chronic bronchitis	228	261	489	398	454
Rheumatism	25	65	90	107	77
Skin conditions	23	32	55	37	31
Eye conditions	10	20	30	4	2
Ear conditions	26	13	39	18	13
Other diseases	71	31	102	50	79
Single visit cases	53	68	121	71	157
Totals	834	963	1,797	1,564	1,625
Clinic attendances of above cases ...	10,215	12,884	23,099	21,148	21,323

(d) CASES SEEN AT CARDIAC CLINICS.

The heart specialist from Stobhill Hospital again attended school clinics for the purpose of examining school children specially referred by School Medical Officers, and recommending any necessary treatment. During the session, 491 children (228 boys and 263 girls) were summoned, of whom 109 (50 boys and 59 girls) failed to attend. The remainder reported as follows :—

New Cases.		Re-examinations.		Totals.	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
114	130	64	74	178	204

The specialist referred 14 children (7 boys and 7 girls) for electrocardiogram or X-ray investigation and 13 (3 boys and 10 girls) for admission to hospital. In 20 instances (8 boys and 12 girls) he advised that they should be passed out to ordinary school suitably graded as regards physical training, and recommended 3 children (2 boys and 1 girl) for special school. In addition, 21 children (6 boys and 15 girls) were recommended other forms of specialist and school clinic treatment and there were 13 (7 boys and 6 girls) who attended for report only.

The numbers of children interviewed at special clinics and assessed as to their capabilities for employment in suitable posts are given below with the numbers summoned in parentheses.

June, 1950, 3 (4) ; December, 1950, 8 (8) ; March, 1951, 5 (7) ;
June, 1951, 21 (21).

In his report the specialist stated that the clinics were now running along fairly well-established lines. The main purpose of the scheme was to make as accurate a diagnosis as possible in each individual case with the minimum of inconvenience to the child and the parent. All efforts were made to reach an accurate diagnosis by clinical methods alone, and only if this was not possible was the child referred to hospital for special investigation.

In the attempt to limit hospital attendances, sedimentation rate examinations had been introduced at the clinics. These demanded the withdrawal of a small amount of blood and they indicated the presence of active disease if such existed. Such patients were then referred for early hospital admission.

Physical training was still graded according to a plan agreed upon with the superintendent of physical training, and the special clinics organised with the co-operation of Professor Ferguson had proved of great value. At these clinics, suitable employment was offered to children about to leave school, taking into account the heart condition and the intellectual capacity as given in a report from the headmaster of the child's school. A recent follow-up of the children so placed in employment had underlined its value; all except one were happy and had remained in the posts offered them.

(e) ASTHMA INVESTIGATION.

Since January, 1950, one of the School Medical Officers (Dr. Thos. W. Gemmell) has been investigating and treating various allergic conditions with Multiple Protein Test Solutions and the injection of the appropriate desensitising solutions. Up to the end of July, 1951, he had dealt with 31 patients, most of whom were asthmatics, and the following is a summary of his findings:—

(i) *Severe Urticaria*—Of the 4 cases dealt with, 2 in the test showed allergic reaction to various foods and diet instructions were followed with success. In the other 2 cases the tests were of no value.

(ii) *Infantile Eczema*—Only 1 case was treated but without a satisfactory response.

(iii) *Hay Fever*—2 cases were treated; one gave very strong reactions to all the pollen tests and a course of desensitising injections resulted in apparently complete cure. The remaining patient was still under treatment at the end of the year.

(iv) *Asthma*—A total of 24 cases gave varying results. In 8 cases, the tests showed no satisfactorily positive reactions and injections

were not considered advisable. A course of injections was advised for another 2 cases but they did not attend for treatment. The remainder, however, 14 cases, had treatment by injections with the following results :—

- (1) 1 patient showed no improvement but his attendance was very irregular—only 11 injections had been given over a period of 17 weeks—and treatment was stopped.
- (2) 3 patients showed only slight improvement and although attacks of asthma were less severe and of shorter duration, there was little change in the frequency.
- (3) 10 patients showed very marked improvement. Several had had no sign of asthma for six months or more and the others had only had very slight attacks insufficient to warrant absence from school.

The average number of injections for each patient was 18.

In the new school session arrangements have been made for increased facilities to be given for continuing this useful work.

7.—DENTAL INSPECTION AND TREATMENT

During the session there was an increase in the number of Dentists as detailed in the List of Staff on page 8, and consequent increases of over 60 periods at inspection, 480 at ordinary treatment and 200 at orthodontic clinics.

Routine Dental Inspection (R.D.I.). In the period under review, 22 more schools were inspected than in the previous session, the children from all remaining schools being listed as "Others." In practice, "R.D.I." children are those who are regularly inspected and sought out, "Others" being those who themselves seek treatment; the aim of the Service must, of course, be to include all schools in the former category. With the greatly increased number of schools now included in the scheme, alteration in the statistical trend concerning the treatment found necessary may be expected. Some aspects of this matter are mentioned below, with several points of interest extracted from Table V on page 73.

10,000 more children were *examined* and the numbers found to require treatment varied by only 0·2%, the higher percentage of treatment required in the new cases brought into the scheme probably counterbalancing any increase in sound teeth in the old schools. There

was a decrease of 2.8% in those accepting the offer of clinic treatment and an almost corresponding increase in the numbers promising private treatment. The total number of children *treated* rose by almost 6,000, mostly in the "R.D.I." scheme. For the past three years the "Others" treated have totalled 11,000—12,000 and, if this figure remains constant, any increase in dental man-hours should mean an increase in the number of children included in the "R.D.I." scheme.

Orthodontic Clinic. The statistics on page 75 concerning the work of this clinic refer to the period from 1st November, 1950, on which date a new statistical return was introduced, although the clinic was actually in operation all session. The total number of attendances for the session was 3,606. Cases treated included protrusion of upper front teeth, protruding lower jaw, overcrowding and narrow palates due to underdevelopment, twisted teeth due to habits such as thumb-sucking, etc., and to *too early loss of temporary teeth*. (It was mainly in the hope of reducing this last factor that the prophylaxis investigation mentioned below was carried out.) 411 orthodontic appliances were made and inserted and the time required for each of the 58 completed cases varied from one to nineteen months; most patients, however, required treatments from one to two years.

Arrangements have now been made for certain of these "regulation" cases to have treatment at the local clinics under the advice of the Orthodontist whose time can thus be devoted to the more complicated cases.

Artificial Dentures were supplied to 102 children, about 60% of them being for "space retention" to avoid orthodontic complications at a later date, and they were in addition to the 411 appliances mentioned above.

Prophylaxis Investigation. An inquiry was made, with the assistance of 60 nursery school children, into the claims that an ammoniated dentifrice containing Synthetic Urea reduced the incidence of dental disease. In September, 1949, ten children from each of six nursery schools were examined and any dental cavities carefully "charted." Specimens of their saliva were submitted to the Bacteriological Laboratory for reports on the presence of those bacteria usually associated with dental decay. This was repeated at approximately six-monthly intervals, three schools being used as "test" schools and three as "controls," the former group using the special dentifrice supplied, the latter any dentifrice of their choice, and all toothbrush drill was supervised by the nursery school staff. The final examination

was conducted in May, 1951, and, although the investigation was probably on too meagre a scale to justify dogmatic assertions, the results definitely proved to be significant.

<i>Results.</i>	<i>Increase in number of cavities.</i>
Test Group	71%
Control Group	161%

Emergency Clinic. This clinic continued to cater for "toothache" cases, its function being the relief of pain without prior appointment. Any child is guaranteed treatment on the day of request, and the returns showed that 4,431 children were so treated in 1951 compared with 3,041 in 1950.

Specialist Surgery was now available at Glenbarr Street Clinic where operations not normally dealt with in the ordinary surgery (e.g. cysts, impactions, apicectomy, etc.), could be performed; 15 such cases were completed during the session.

X-ray Unit. Increasing use was being made of this service and it was being found indispensable in the specialist work mentioned in previous paragraphs.

General Anaesthetic Clinic. This was established in January, 1951, a Specialist Anaesthetist supplied by the Western Regional Hospital Board being in attendance on Saturday forenoons. School Dental Officers recommended selected patients for treatment; 205 cases were treated by the end of the session.

Gold Fillings. So that no child need be denied treatment equal in scope to that provided by the National Health Service, gold inlays, where no alternative filling would function, could now be inserted. All such cases were, of course, carefully "screened" before work was commenced.

Dental Propaganda. Lecturers from the staff were always available for Mothers' Clubs, Youth Organisations, and wherever a suitable opportunity for helpful propaganda might occur.

Study Circle. An evening "Study Circle" had been established, so that all Dental Officers could have the opportunity of keeping abreast of the latest advances in technique, anaesthetics and other features of dental interest.

8.—SPECIAL SCHOOLS AND CLASSES AND RESIDENTIAL SCHOOLS

(a) FOR HANDICAPPED CHILDREN.

The following table gives the number of pupils in the various categories who were, at 30th June, 1951, attending day schools, combined day and boarding schools, hospital schools and residential schools for physically handicapped and convalescent children.

CLASSIFICATION.	(1) Day Schools in City.		(2) Combined Day and Boarding Schools in City.		(3) Residential and Hospital Schools outwith the City.	
	No. of Schools.	No. of Pupils.	No. of Schools.	No. of Pupils.	No. of Schools.	No. of Pupils.
Physically Handicapped						
General	11	1,045	—	—	10	572
Deaf	1	39	2	216	—	—
Partially Deaf	1	68	1	30	—	—
Partially Sighted	1	76	—	—	—	—
Blind	—	—	1	24	—	—
Mentally Handicapped						
In Special Schools	18	2,941	—	—	—	—
In Occupational Centres	9	386	—	—	—	—
Totals	(30)	4,555	(2)	270	10	572

It should be noted that 11 of the schools listed in Column (1) deal with both physically and mentally handicapped children; 1 of the schools in Col. (2) makes provision for deaf, partially deaf and blind children; and in Col. (3) no figures are included for accommodation in 1 residential school which is closed temporarily for structural alterations. The total of 5,397 pupils shown above compares with a total of 5,445 in 1950 and with 5,815 pupils of similar categories receiving special instruction in 1949.

The policy of the Corporation is to make separate provision for Roman Catholic children, to house physically handicapped and mentally handicapped children in separate wings of the same school, and to make special arrangements for older physically or mentally handicapped pupils to have a more practical type of curriculum from the age of 13 years. It may also be observed that although the statutory school age is 5 to 16 years for children requiring special educational treatment, provision is made in the case of blind, deaf and partially deaf children from the age of 3 years.

In September, 1950, special arrangements were made at Rottenrow School for the education of mentally handicapped children who were also deaf.

The Residential Centres outwith the City are now as follows :—

Hospital Schools—Victoria Auxiliary Infirmary, Philipshill; Strathblane Home; Mearnskirk Hospital; and Stobhill Hospital (including Lenzie Annexe).

Residential Schools—

Caol Ruadh, Colintrave ...	36	Protestant P.H. boys.
Southpark, Ascog ...	24	Protestant P.H. girls.
Craig, Kilmarnock ...	48	Roman Catholic P.H. and convalescent boys.
Lumsden, Maybole ...	23	Roman Catholic P.H. and convalescent girls.
Hillfoot, Bearsden ...	65	Protestant convalescent girls.
Seafield, Ardrossan ...	64	Protestant convalescent boys.

There is also a residential school at Nerston, East Kilbride, having accommodation for 40 "maladjusted" children.

Periods of residence vary according to the needs of the individual child, averaging from three to six months for physically handicapped children, about six weeks for convalescents and from three to nine months for patients admitted to Nerston.

EXAMINATION AND AFTER-CARE OF MENTALLY HANDICAPPED CHILDREN.

The number of children specially examined by the School Medical Officers during the year regarding *mental defects* was as follows :—

	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
First examinations ...	379	270	649	578	619
Re-examinations ...	1,072	825	1,897	1,573	1,757
	<u>1,451</u>	<u>1,095</u>	<u>2,546</u>	<u>2,151</u>	<u>2,376</u>

Provision for After-Care, in terms of the National Health Service (Scotland) Act, 1947, was continued throughout the year by the Health and Welfare Department.

HOME TUITION SCHEME.

This scheme, set up in May, 1947, continued to provide for the education of children of normal intelligence who, even with the provision of transport, were unable to attend school because of severe physical disability. Suitable cases were included in the scheme on the recommendation of the Principal School Medical Officer. Certificated teachers visited the children in their homes for one hour on two evenings

per week and during session 1950-51 a total of 97 children participated in the scheme. Of these, 2 returned to hospital for further treatment, 21 were eventually able to return to school, 2 died and 11 reached school leaving age and tuition was discontinued.

During the year, 5 children were permitted to attempt the Calibration Test which was conducted under supervision in their own homes. Every endeavour was made to provide pupils at the secondary stage with a course to suit their educational attainments and abilities.

Detailed below are the main causes of incapacity from which children included in the scheme suffered and the figures for the year 1950 are shown in parentheses.

Chronic heart disease, 18 (13); non-pulmonary tuberculosis, 11 (10), spina bifida, 5 (5); post-infantile paralysis, 7 (6); post-meningitis with deafness, 5 (-); pseudo-hypertrophic muscular dystrophy, 4 (4); cerebral diplegia, 5 (3); arthritis, 4 (3); chronic bronchitis and asthma, 1 (3); other causes, 37 (16).

In addition to the above schemes, Glasgow children in need of special care and attention were accommodated and educated at the following Centres not under the management of the Corporation:—

Biggart Memorial Home, Prestwick—40 physically handicapped children requiring nursing care.

Eastpark Homes, Glasgow and Largs—62 severely physically handicapped children requiring long-term nursing care.

Westerlea School for Spastics, Edinburgh—3 Protestant children suffering from infantile cerebral palsy.

The Colony for Epileptics, Bridge-of-Weir—14 Protestant children suffering from serious epilepsy.

The Royal Blind School, Edinburgh—22 Protestant blind children.

The Mary Hare Grammar School for the Deaf, Newbury—2 deaf children of secondary school age.

The Rudolph Steiner Schools, Aberdeenshire—8 Protestant mentally handicapped children with additional gross physical handicap.

Barns Hostel School, Ancrum—1 maladjusted boy requiring long term psychological treatment.

Larbert Certified Institution—1 Protestant mentally handicapped boy.

Lennox Castle Certified Institution—62 boys (Protestant and Roman Catholic), aged 12-16 years, mentally handicapped and including several with serious epilepsy and mental deterioration.

St. Charles' Certified Institution, Carstairs—50 Roman Catholic mentally handicapped children.

St. Joseph's Certified Institution, Rosewell—10 Roman Catholic mentally handicapped children with gross physical handicap.

Waverly Park Certified Institution, Kirkintilloch—24 Protestant mentally handicapped girls.

(b) *FOR NORMAL CHILDREN*

There are 5 Residential Schools outwith the City for normal children who usually go in school groups and stay for a period of four weeks. Accommodation in the various schools is as follows:—

48 places at Achnamara, Lochgilphead (Protestant, post-primary boys and girls).

54 places at Agnes Patrick/Stevenson, Ascog (Roman Catholic, primary—30 boys and 24 girls).

100 places at Castle Toward, by Dunoon (Protestant, primary boys and girls).

60 places at Galloway, Wigtown (Protestant, primary boys and girls).

There is also a Residential Nursery School at Southannan, Fairlie, with 36 places for children who go in groups from each Glasgow nursery school in turn for a period in residence of, generally, four weeks.

In addition, the Corporation leased Dounans Camp, Aberfoyle, for the months of April and June, 1951, when approximately 200 children (Protestant and Roman Catholic) were accommodated each month, and Glengonnar Camp, Aberfoyle, during November, 1950, when 250 children were accommodated.

Arrangements were also made for parties of post-primary school children to undergo special character-training courses of four weeks duration at either Moray Sea School, Burghead or at Glenmore Lodge, Aviemore. At Burghead, 7 courses were arranged during the year and 102 boys were sent from various Junior and Senior Secondary Schools; at Glenmore, 6 courses were organised and were attended by 116 girls and 101 boys.

(c) *FOR MALADJUSTED CHILDREN.*

CHILD GUIDANCE.

The Child Guidance Clinics dealt with 3,232 children as compared with 3,309 in the preceding year. These children showed one or more of the following symptoms:—*Emotional disorders* (general instability, anxiety and obsessional states, night terrors and sleep walking, enuresis

and soiling, emotional retardation and regression, psychopathic personalities—1,463 instances); *behaviour disturbances* (unmanageable behaviour, aggression and temper tantrums, sadistic tendencies, exhibitionism, truancy and wandering—680); *delinquency* (theft, lying, malicious mischief and sexual offences—386); *educational disability* (general backwardness and specific disability—1,084); *speech defect*—673 instances. Of these children, 128 were given residential treatment at Nerston Home as compared with 121 in the preceding session.

Further information can be found in the report issued annually by the Education Department.

SPEECH THERAPY.

With the appointment of two additional speech therapists to the Education Health Service it was possible to deal with more cases throughout the session than ever before.

Details of the type of work done throughout the year are given in Appendix XI, page 85.

9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

The Physical Education Staff at the end of Session 1950-51 consisted of the Superintendent of Physical Training, 2 Assistant Superintendents (a man and a woman), 43 Principal Teachers (29 men and 14 women), 110 assistant men teachers (including 1 seconded) and 90 assistant women teachers (including 6 physiotherapists engaged at the three Orthopaedic Clinics). 4 men and 3 women assistant teachers were employed in Further Education Day Classes.

One woman Principal Teacher had charge of the orthopaedic clinics, the staff of which included in their duties visits to schools for handicapped pupils and nursery schools. Principal Teachers from secondary schools visited neighbouring primary schools to give demonstration lessons and to advise class teachers. A number of primary schools also received a weekly visit from a man assistant teacher.

Instruction in Personal Hygiene and simple First Aid was given in secondary schools as part of the Scheme of Physical Education and in primary schools class teachers gave short lessons on Health Habits. In schools where facilities were available, pupils, with the consent of their parents, attended Spray Baths at one of the periods set apart for physical education.

The Mobile Spray Bath Unit continued to visit six selected schools and provide about 200 baths daily, an Education Health Service nurse

being in attendance to examine the children before they used the sprays. During the year, 33,798 baths were given.

During the months of September and October, 1950, and May and June, 1951, some 23,500 boys and girls attended weekly at school or Corporation Baths Department ponds for instruction in swimming. (During the session, three school ponds were undergoing reconstruction and one Corporation Bath was closed for repairs). During the winter months, November, 1950 to April, 1951, approximately 16,700 boys and girls, with the consent of their parents, continued to receive a weekly period of instruction in swimming.

10.—ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN

(a) ADMINISTRATION AND NATURE OF MEALS.—

See Report for 1945, page 34.

At 31st July, 1951, there were 22 kitchens and 5 School Meals Centres preparing meals for school children. From 30th June, 1951, the use of Crookston Cooking Depot was discontinued.

On an average day in June, 1951 (Friday, 15th June) the total number of meals served was 62,919 of which 61,325 were dinners. Of the meals supplied, 16,466 dinners and 1 tea were provided free of charge.

The meals were served in 292 Dining Rooms, 218 of which were in school premises and 74 in church halls or other rented premises. Of the 218 Dining Rooms in schools, 30 were at schools for handicapped children and 39 were in nursery schools.

(b) NUMBER AND COST OF MEALS.—

The number of meals prepared in kitchens during each of the years ending 31st May, 1950 and 1951, were as follows :—

Year Ending.	Breakfasts.	Dinners.	Teas.	Total.
31st May, 1950 ...	257,573	13,865,601	1,162,732	15,285,906
31st May, 1951 ...	200,009	13,821,896	1,179,500	15,201,405

Dinners only were supplied to pupils of ordinary day schools and schools for handicapped children. In nursery schools, dinners and teas were served, while the Remand Home and Health and Welfare Department day nurseries received breakfasts, dinners and teas. During holiday periods, meals were supplied only to children entitled to free meals.

From April, 1951, on Government instructions, the charges for school meals were increased but, with the approval of the Scottish Education Department, a scheme of partial remission of charges was put into effect; the new rates are given below with the old rates in parentheses :—

Dinners—5 days a week (2/3) ... 2/8 for first child of family ;
 ... 2/3 for second child ;
 ... 2/1 for third and subsequent children.

Dinners—6 days a week (2/7) ... 3/1 for first child of family ;
 ... 2/7 for second child ;
 ... 2/6 for third and subsequent children.

The charges for pupils in schools for handicapped children and nursery schools remained unaltered at 1/10 and 2/11 a week respectively.

(c) *BOOTS AND CLOTHING.*—

Boots and clothing, or both, were supplied to 2,083 children during the school year compared with 3,188 in 1950. The undertaking given by the National Assistance Board, that children whose parents were in receipt of allowances from the National Assistance Board, the Ministry of Labour or the Ministry of National Insurance would be in a fit state to attend school, was carried out satisfactorily and only in exceptional cases was it necessary to take action under Section 48 of the Education (Scotland) Act, 1946.

(d) *MILK SUPPLY TO SCHOOL CHILDREN.*—

The total number of milk rations during the year ending 31st July, 1951, was 32,282,329 compared with 32,049,978 in 1950. The most recent census figures showed that 86·6% of the children on the registers in October, 1950, were taking school milk compared with 84·7% in October, 1949.

The Senior Food Inspector of the Health and Welfare Department reported that 168 samples of milk were taken from various schools supplied by eight creameries. These samples were taken at regular intervals for examination by the City Bacteriologist and the City Analyst. The average fat content of the samples was 3·80% and the average non-fatty solids equalled 8·79%. When any unsatisfactory report was received, visits were paid to the creamery concerned and a full investigation was made.

STATISTICAL AND OTHER APPENDICES

TABLE I.—TOTAL NUMBER OF CHILDREN EXAMINED AT :

(A) (a) SYSTEMATIC EXAMINATIONS, i.e., the main groups recommended for the session (see page 11), and (b) OTHER SYSTEMATIC EXAMINATIONS, i.e., children missed at recommended age groups or otherwise outwith these groups.

GROUP.	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
(a) Entrants	8,575	8,258	16,833	17,848	17,990
Second Age Group	7,230	7,140	14,370	14,612	15,001
Third Age Group ...	7,251	7,469	14,720	14,905	14,638
Fourth Age Group	611	390	1,001	1,063	1,010
	23,667	23,257	46,924	48,428	48,639
(b) Others	343	379	722	568	827
Totals	24,010	23,636	47,646	48,996	49,466

For age distribution of these children see Appendix Ib on page 48.

In addition to these numbers of children, the following were examined in the course of Systematic Inspection of the pupils at Special Schools and Classes :—

GROUP.	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Physically handicapped children	233	199	432	448	583
Mentally handicapped children	448	302	750	831	856
Totals	681	501	1,182	1,279	1,439

(B) OTHER EXAMINATIONS—

GROUP.	1951.	1950.	1949.
<i>(i) In Schools—</i>			
Systematic Inspection of Nursery School Children	892	941	809
Other Examinations in Nursery Schools ...	3,945	3,486	541
1943 age-group (Visual Acuity and Hearing only)—(by school nurses)	14,616	14,546	13,031
Special Cases (in respect of particular defects)	11,883	11,680	11,563
Re-inspections by Medical Officers	11,891	10,851	11,696
Leaving Interviews	7,176	5,127	4,088
Examinations regarding Mental Defect ...	2,546	2,151	2,376
Discharges in Special Schools and Classes ...	202	308	376
Totals	53,151	49,090	44,480
<i>(ii) Mainly at Clinics—</i>			
Applicants for preliminary training as Teachers	—	39	64
Applicants for Licences under the Corporation Bye-laws for the Employment of Children	925	814	766
Adult Employees of the Corporation ...	732	795	78
*Certifications—Blind Persons Act, 1920 ...	9	9	14
Candidates for Printers' Apprenticeships ...	134	118	131
Children as to fitness for camps, etc.— Harvesters, etc.	6,289	7,629	6,738
School and Junior Club groups	11,060	9,518	10,316
Children as to fitness for "School Journeys" abroad, etc.	745	344	649
Children as to fitness for admission to Residential Schools and Institutions ...	8,434	7,303	4,917
Pre-vocational Students	496	569	34
Other Special Cases	22	19	36
Examinations in Remand Home	1,803	2,730	1,521
Totals	30,649	29,887	25,264
<i>(iii) Cleanliness and Special Examinations—</i>			
†Cleanliness inspections (by school nurses)	143,956	153,616	160,999
Hygiene Unit inspections (" ")	13,292	—	—
Totals	157,248	153,616	160,999

* These examinations are made at the Central Clinic for the Blind.

† In addition, Nurse Inspectresses of the Sanitary Division made 137,020 cleanliness inspections in 1,104 visits to 82 schools (see page 68).

APPENDIX Ia.—NOTIFICATION TO PARENTS.

The numbers and percentages of individual children inspected at systematic examinations who were notified to parents as requiring treatment for conditions other than (a) defects of clothing or cleanliness (including pediculosis) and (b) minor dental defects, were as follows :—

GROUP.	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Entrants ...	3,056 (35·6)	2,873 (34·8)	5,929 (35·2)	5,601 (31·4)	5,714 (31·8)
2nd Age Group ...	2,515 (34·8)	2,558 (35·8)	5,073 (35·3)	4,546 (31·1)	4,965 (33·1)
3rd Age Group ...	1,837 (25·3)	2,356 (31·6)	4,193 (28·5)	3,740 (25·1)	3,467 (23·7)
4th Age Group ...	99 (16·2)	81 (20·8)	180 (18·0)	105 (9·9)	103 (10·2)
Others ...	103 (30·0)	128 (33·8)	231 (32·0)	155 (27·3)	207 (25·0)
Totals ...	7,610 (31·7)	7,996 (33·8)	15,606 (32·8)	14,147 (28·9)	14,456 (29·2)

The numbers and percentages of cases in which intimation was made to parents verbally or by card, together with information as to similar intimations in respect of clothing, cleanliness, and/or minor dental defects will be found in Appendix IIa on page 56.

APPENDIX Ib.—AGE DISTRIBUTION OF CHILDREN

(a) Children within groups recommended

(b) Children outwith groups

‡ Entrants-Infants.

Ages.		4	5	6	7	8
BOYS.						
Non-transferred Schools	(a) ...	346	5,397	160	63	5
Do.	(b) ...	—	—	2	16	21
Transferred Schools	(a) ...	158	2,255	141	46	3
Do.	(b) ...	—	—	—	13	23
Totals	(a) ...	504	7,652	301	109	8
Do.	(b) ...	—	—	2	29	44
Totals, 1951	... ..	504	7,652	303	138	52
Totals, 1950	... ..	249	8,418	330	94	35
GIRLS.						
Non-transferred Schools	(a) ...	304	5,231	227	49	6
Do.	(b) ...	—	—	4	7	11
Transferred Schools	(a) ...	110	2,128	149	43	11
Do.	(b) ...	—	—	—	5	13
Totals	(a) ...	414	7,359	376	92	17
Do.	(b) ...	—	—	4	12	24
Totals, 1951	... ..	414	7,359	380	104	41
Totals, 1950	... ..	193	8,101	363	105	29
ALL.						
Totals	(a) ...	918	15,011	677	201	25
Do.	(b) ...	—	—	6	41	68
Totals, 1951	... ..	918	15,011	683	242	93
Totals, 1950	... ..	442	16,519	693	199	64

‡ This grouping applies only to

AT DATE OF SYSTEMATIC EXAMINATION.

for the session (as indicated by brackets).

recommended for the session.

‡ Second Age Group.

‡ Third Age Group.

‡ Fourth Age Group.

8	9	10	11	12	13	14	15	16	17	18	Totals
161	4,458	435	—	316	4,425	304	18	423	95	—	16,606
—	23	41	21	24	21	17	35	14	—	3	238
81	1,901	195	—	127	1,928	151	—	60	15	—	7,061
—	6	14	16	9	—	13	11	—	—	—	105
242	6,359	630	—	443	6,353	455	18	483	110	—	23,667
—	29	55	37	33	21	30	46	14	—	3	343
242	6,388	685	37	476	6,374	485	64	497	110	3	24,010
121	6,222	1,154	30	365	6,404	721	37	500	158	—	24,838
109	4,163	705	—	330	4,533	331	1	281	82	—	16,302
—	15	53	53	14	5	42	31	—	1	—	236
58	1,955	200	—	131	1,977	167	—	19	7	—	6,955
—	6	14	41	27	3	21	13	—	—	—	143
167	6,068	905	—	461	6,510	498	1	300	89	—	23,257
—	21	67	94	41	8	63	44	—	1	—	379
167	6,089	972	94	502	6,518	561	45	300	90	—	23,636
98	5,900	1,311	27	353	6,423	802	54	320	79	—	24,158
409	12,427	1,535	—	904	12,863	953	19	783	199	—	46,924
—	50	122	131	74	29	93	90	14	1	3	722
409	12,477	1,657	131	978	12,892	1,046	109	797	200	3	47,646
219	12,122	2,465	57	718	12,827	1,523	91	820	237	—	48,996

the (a) lines on the table.

TABLE II.—SYSTEMATIC EXAMINATION OF CHILDREN IN ORDINARY SCHOOLS.

NUMBERS AND PERCENTAGES OF CHILDREN SUFFERING FROM DEFECTS.

An individual child may appear in several sections but only once in any section, i.e., only the child's major defect in any section is recorded—any minor defects in the same section are ignored in this table. "Sections" are indicated by the horizontal lines across the columns, and the section totals give the numbers of individual children having at least one defect in that section.

Age Groups.	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1951.	1950.	1949.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
Number examined	8,575	8,258	7,230	7,140	7,251	7,469	611	390	24,010	23,636	47,646	48,996	49,466
Nature of defects found													
1. CLOTHING													
{ Insufficient		4	2	2	4	5	—	—	6	11	17	13	17
{ Ragged ...	4	1	8	—	3	2	—	—	15	3	18	20	16
{ Dirty ...	4	3	9	8	1	17	—	1	14	29	43	55	47
{ (0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.2)	(0.3)	(0.3)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
Totals	8	8	19	10	8	24	—	1	35	43	78	88	80
{ (0.1)	(0.1)	(0.1)	(0.3)	(0.1)	(0.1)	(0.3)	(0.3)	(0.3)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)
2. FOOTGEAR													
{ Unsatisfactory	7	12	17	13	12	19	—	—	37	44	81	67	75
{ None ...	—	—	—	—	—	—	—	—	—	—	—	—	1
{ (0.1)	(0.1)	(0.1)	(0.2)	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.2)	(0.2)	(0.2)	(0.1)	(0.2)
Totals	7	12	17	13	12	19	—	—	37	44	81	67	76
{ (0.1)	(0.1)	(0.1)	(0.2)	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.2)	(0.2)	(0.2)	(0.1)	(0.2)
3. UNCLEANLINESS													
{ Dirty ...	1	—	1	—	2	—	—	—	4	—	4	3	10
{ Nits ...	319	922	263	1,125	167	1,657	—	3	757	3,765	4,522	3,636	4,741
{ Verminous ...	14	26	5	29	10	32	—	—	29	87	116	133	131
{ (0.2)	(0.2)	(0.3)	(0.1)	(0.4)	(0.1)	(0.4)	(0.4)	(0.4)	(0.1)	(0.4)	(0.2)	(0.3)	(0.3)
{ Dirty ...	10	2	6	4	14	6	—	1	30	13	43	60	39
{ Verminous ...	4	1	—	—	1	—	—	—	5	1	6	3	5
{ (0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.2)	(0.1)	(0.3)	(0.3)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
Totals	348	951	275	1,158	194	1,695	—	4	825	3,866	4,691	3,835	4,926
{ (4.0)	(11.5)	(3.8)	(16.2)	(22.7)	(10.0)	(7.8)	(10.0)	(3.4)	(16.4)	(9.8)	(7.8)	(10.0)	(10.0)

4. SKIN													
(a) Head													
...	Ringworm	—	—	—	—	—	—	—	—	6 (0.0)	3 (0.0)	8 (0.0)	
...	Impetigo	42 (0.5)	12 (0.2)	11 (0.1)	—	—	—	—	—	131 (0.3)	88 (0.2)	116 (0.2)	
...	Injuries	1 (0.0)	2 (0.0)	—	—	—	—	—	—	3 (0.0)	7 (0.0)	1 (0.0)	
...	Others	28 (0.3)	28 (0.4)	35 (0.5)	1 (0.2)	—	—	—	—	171 (0.4)	103 (0.2)	113 (0.2)	
...	Ringworm	2 (0.0)	1 (0.0)	1 (0.0)	—	—	—	—	—	11 (0.0)	16 (0.0)	11 (0.0)	
...	Impetigo	12 (0.1)	5 (0.1)	5 (0.1)	2 (0.3)	—	—	—	—	47 (0.1)	35 (0.1)	32 (0.1)	
...	Scabies	4 (0.0)	3 (0.0)	2 (0.0)	—	—	—	—	—	16 (0.0)	28 (0.1)	54 (0.1)	
...	Injuries	4 (0.0)	2 (0.0)	3 (0.0)	—	—	—	—	—	15 (0.0)	11 (0.0)	17 (0.0)	
...	Others	94 (1.1)	73 (0.9)	113 (1.5)	4 (0.7)	15 (3.8)	—	—	—	540 (1.1)	463 (0.9)	399 (0.8)	
Totals		187 (2.2)	151 (1.8)	158 (2.2)	111 (1.6)	127 (1.8)	170 (2.3)	7 (1.1)	15 (3.8)	487 (2.0)	754 (1.5)	751 (1.5)	
5. NUTRITION													
...	Slightly defective	443 (5.2)	556 (6.7)	460 (6.4)	552 (7.7)	250 (3.4)	342 (4.6)	3 (0.5)	—	1,178 (4.9)	2,306 (4.7)	2,302 (4.7)	
...	Bad	13 (0.2)	37 (0.4)	39 (0.5)	73 (1.0)	19 (0.3)	40 (0.5)	—	—	73 (0.3)	254 (0.5)	254 (0.5)	
Totals		456 (5.3)	593 (7.2)	499 (6.9)	625 (8.8)	269 (3.7)	382 (5.1)	3 (0.5)	—	1,251 (5.2)	2,560 (5.2)	2,556 (5.2)	
6. MOUTH AND TEETH UNHEALTHY													
...	...	265 (3.1)	229 (2.8)	169 (2.3)	139 (1.9)	108 (1.5)	136 (1.8)	7 (1.1)	7 (1.8)	553 (2.3)	1,015 (2.1)	1,096 (2.2)	

TABLE II—Continued.

Age Groups.	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1951.	1950.	1949.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
7. NASO-PHARYNX													
(a) <i>Nose</i>													
Obstruction—for observation	136 (1.6)	97 (1.2)	55 (0.8)	42 (0.6)	37 (0.5)	36 (0.5)	—	—	232 (1.0)	177 (0.7)	409 (0.9)	258 (0.5)	237 (0.5)
Obstruction—for operation	56 (0.7)	41 (0.5)	19 (0.3)	16 (0.2)	9 (0.1)	9 (0.1)	—	—	84 (0.3)	67 (0.3)	151 (0.3)	146 (0.3)	148 (0.3)
Catarh	55 (0.6)	27 (0.3)	55 (0.8)	31 (0.4)	35 (0.5)	29 (0.4)	2 (0.3)	—	147 (0.6)	89 (0.4)	236 (0.5)	195 (0.4)	156 (0.3)
Other conditions	6 (0.1)	9 (0.1)	5 (0.1)	5 (0.1)	10 (0.1)	5 (0.1)	—	—	21 (0.1)	19 (0.1)	40 (0.1)	18 (0.0)	12 (0.0)
(b) <i>Throat</i>													
Tonsils—for observation	759 (8.9)	687 (8.3)	280 (3.9)	335 (4.7)	150 (2.1)	204 (2.7)	—	2 (0.5)	1,201 (5.0)	1,241 (5.3)	2,442 (5.1)	2,347 (4.8)	2,224 (4.5)
Tonsils—for operation	428 (5.0)	398 (4.8)	163 (2.3)	180 (2.5)	71 (1.0)	143 (1.9)	1 (0.2)	—	670 (2.8)	741 (3.1)	1,411 (3.0)	1,301 (2.7)	1,341 (2.7)
Other conditions	2 (0.0)	4 (0.0)	5 (0.1)	3 (0.0)	2 (0.0)	4 (0.1)	—	—	9 (0.0)	11 (0.0)	20 (0.0)	22 (0.0)	19 (0.0)
(c) <i>Glands</i>													
For observation	66 (0.8)	36 (0.4)	42 (0.6)	23 (0.3)	13 (0.2)	12 (0.2)	—	—	122 (0.5)	71 (0.3)	193 (0.4)	276 (0.6)	280 (0.6)
For operation	—	1 (0.0)	—	1 (0.0)	—	1 (0.0)	—	—	—	3 (0.0)	3 (0.0)	1 (0.0)	5 (0.0)
Totals	1,508 (17.6)	1,300 (15.7)	624 (8.6)	636 (8.9)	327 (4.5)	443 (5.9)	3 (0.5)	3 (0.8)	2,486 (10.4)	2,419 (10.2)	4,905 (10.3)	4,564 (9.3)	4,422 (8.9)
8. EYES													
(a) <i>External Diseases</i>													
Blepharitis	74 (0.9)	65 (0.8)	58 (0.8)	69 (1.0)	63 (0.9)	112 (1.5)	—	1 (0.3)	197 (0.8)	248 (1.0)	445 (0.9)	310 (0.6)	365 (0.7)
Conjunctivitis	4 (0.0)	17 (0.2)	6 (0.1)	10 (0.1)	15 (0.2)	13 (0.2)	—	—	25 (0.1)	41 (0.2)	66 (0.1)	56 (0.1)	41 (0.1)
Corneal opacities	5 (0.1)	1 (0.0)	3 (0.0)	5 (0.1)	3 (0.0)	7 (0.1)	1 (0.2)	—	14 (0.1)	13 (0.1)	27 (0.1)	31 (0.1)	24 (0.0)
Strabismus	310 (3.6)	306 (3.7)	250 (3.5)	225 (3.2)	151 (2.1)	177 (2.4)	3 (0.5)	2 (0.5)	723 (3.0)	719 (3.0)	1,442 (3.1)	1,536 (3.1)	1,447 (2.9)
Other diseases	28 (0.3)	9 (0.1)	14 (0.2)	20 (0.3)	18 (0.2)	20 (0.3)	—	—	61 (0.3)	50 (0.2)	111 (0.2)	96 (0.2)	95 (0.2)
Totals	421 (1.0)	398 (4.8)	331 (4.6)	329 (4.6)	250 (3.4)	329 (4.4)	4 (0.6)	3 (0.8)	1,020 (4.2)	1,071 (4.5)	2,091 (4.4)	2,029 (4.1)	1,972 (4.0)

8. EYES													
(b) Visual acuity (Snellen)*													
Fair, 6/9 or 6/12	...	...	...	...	...	...	...	...	...	...	...	3,030 (9.6)	
Bad, 6/18 or worse	...	...	...	...	...	...	...	...	...	...	...	3,559 (11.4)	
Totals	...	...	...	...	...	...	...	...	...	...	...	1,084 (3.5)	
Recommended for Refraction	129 (1.5)	102 (1.2)	457 (6.3)	442 (6.2)	1,007 (14.1)	673 (9.3)	887 (11.0)	42 (6.9)	34 (8.7)	1,659 (10.8)	1,972 (12.8)	3,631 (11.8)	3,559 (11.4)
Recommended for Re-test	9 (0.1)	14 (0.2)	90 (1.2)	123 (1.7)	204 (2.9)	232 (3.2)	297 (4.0)	19 (3.1)	10 (2.6)	450 (2.9)	531 (3.5)	981 (3.2)	1,084 (3.5)
Totals	...	...	...	...	...	...	...	...	...	...	...	...	...
Recommended for Refraction	129 (1.5)	102 (1.2)	457 (6.3)	442 (6.2)	1,007 (14.1)	673 (9.3)	887 (11.0)	42 (6.9)	34 (8.7)	1,659 (10.8)	1,972 (12.8)	3,631 (11.8)	3,559 (11.4)
Recommended for Re-test	9 (0.1)	14 (0.2)	90 (1.2)	123 (1.7)	204 (2.9)	232 (3.2)	297 (4.0)	19 (3.1)	10 (2.6)	450 (2.9)	531 (3.5)	981 (3.2)	1,084 (3.5)
Totals	138 (1.6)	116 (1.4)	547 (7.6)	565 (7.9)	1,007 (14.1)	673 (9.3)	887 (11.0)	42 (6.9)	34 (8.7)	1,659 (10.8)	1,972 (12.8)	3,631 (11.8)	3,559 (11.4)
9. EARS													
(a) Diseases													
Otorrhoea	...	...	...	...	...	...	...	...	...	...	...	...	469 (0.9)
Other diseases	...	...	...	...	...	...	...	...	...	...	...	...	26 (0.1)
(b) Defective hearing													
Grade I—For ordinary class	16 (0.2)	18 (0.2)	26 (0.4)	17 (0.2)	79 (1.1)	70 (1.0)	98 (1.3)	1 (0.2)	4 (1.0)	220 (0.9)	249 (1.7)	469 (1.9)	406 (0.8)
“ IIa—For front seat	...	...	...	...	...	...	...	...	...	...	...	...	46 (0.1)
“ IIb—For class for semi-deaf	2 (0.0)	—	9 (0.1)	5 (0.1)	—	7 (0.1)	17 (0.2)	—	—	16 (0.1)	26 (0.1)	42 (0.1)	27 (0.1)
“ III—For deaf class	...	...	...	...	...	...	...	...	...	...	...	...	2 (0.0)
Totals	83 (1.0)	90 (1.1)	136 (1.9)	109 (1.5)	1,007 (14.1)	673 (9.3)	887 (11.0)	4 (0.7)	4 (1.0)	324 (1.3)	358 (1.5)	358 (1.5)	568 (1.2)

* The record of defective vision applies to the better eye, and is with spectacles if worn at examination. The figures do not include entrants, as they cannot be examined by means of test types. The percentages given, therefore, relate to the children outwith the entrants group: 30,792 children in all—21 cases fewer than the total number examined outwith the “entrants” age group. (See, however, Appendix IIb, page 58, for the results of examination of children born in 1943.)

TABLE II—Continued.

Age Groups. ...	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1951.	1950.	1949.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
10. SPEECH													
Defective articulation ...	123 (1.4)	57 (0.7)	27 (0.4)	19 (0.3)	18 (0.2)	6 (0.1)	1 (0.2)	1 (0.3)	171 (0.7)	84 (0.4)	255 (0.5)	209 (0.4)	216 (0.4)
Stammering ...	15 (0.2)	6 (0.1)	22 (0.3)	5 (0.1)	16 (0.2)	3 (0.0)	—	—	54 (0.2)	15 (0.1)	69 (0.1)	80 (0.2)	82 (0.2)
Totals ...	138 (1.6)	63 (0.8)	49 (0.7)	24 (0.3)	34 (0.5)	9 (0.1)	1 (0.3)	1	225 (0.9)	99 (0.4)	324 (0.7)	289 (0.6)	298 (0.6)
11. MENTAL AND NERVOUS CONDITION													
Backward ...	10 (0.1)	3 (0.0)	12 (0.2)	7 (0.1)	4 (0.1)	3 (0.0)	—	—	28 (0.1)	14 (0.1)	42 (0.1)	59 (0.1)	61 (0.1)
Dull ...	—	1 (0.0)	7 (0.1)	1 (0.0)	1 (0.0)	4 (0.1)	—	—	9 (0.0)	8 (0.0)	17 (0.0)	24 (0.0)	35 (0.1)
Mentally defective (educable)	1 (0.0)	1 (0.0)	—	—	—	—	—	—	1 (0.0)	1 (0.0)	2 (0.0)	7 (0.0)	—
" " (ineducable)	—	—	—	—	—	—	—	—	—	—	—	—	—
Highly nervous ...	1 (0.0)	6 (0.1)	2 (0.0)	6 (0.1)	3 (0.0)	—	—	—	6 (0.0)	13 (0.1)	19 (0.0)	36 (0.1)	39 (0.1)
Difficult in behaviour ...	3 (0.0)	3 (0.0)	3 (0.0)	—	2 (0.0)	—	—	—	8 (0.0)	3 (0.0)	11 (0.0)	9 (0.0)	8 (0.0)
Totals ...	15 (0.2)	14 (0.2)	24 (0.3)	14 (0.2)	10 (0.1)	7 (0.1)	—	—	52 (0.2)	39 (0.2)	91 (0.2)	135 (0.3)	143 (0.3)
12. CIRCULATORY SYSTEM													
(a) Organic Heart Disease													
Congenital ...	22 (0.3)	22 (0.3)	17 (0.2)	17 (0.2)	11 (0.2)	14 (0.2)	—	—	50 (0.2)	54 (0.2)	104 (0.2)	111 (0.2)	107 (0.2)
Acquired ...	17 (0.2)	16 (0.2)	24 (0.3)	30 (0.4)	56 (0.8)	57 (0.8)	7 (1.1)	1 (0.3)	105 (0.4)	106 (0.4)	211 (0.4)	271 (0.6)	253 (0.5)
(b) Functional Conditions													
Congenital ...	88 (1.0)	55 (0.7)	48 (0.7)	44 (0.6)	27 (0.4)	54 (0.7)	2 (0.3)	2 (0.5)	167 (0.7)	159 (0.7)	326 (0.7)	354 (0.7)	325 (0.7)
Totals ...	127 (1.5)	93 (1.1)	89 (1.2)	91 (1.3)	94 (1.3)	125 (1.7)	9 (1.5)	3 (0.8)	322 (1.3)	319 (1.3)	641 (1.3)	736 (1.5)	685 (1.4)

13. LUNGS													
Chronic Bronchitis ...	17	20	21	20	25	19	1	1	65	60	125	100	161
	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.2)	(0.3)
Suspected Tuberculosis ...	31	21	13	17	21	14	4	—	73	54	127	111	118
	(0.4)	(0.3)	(0.2)	(0.2)	(0.3)	(0.2)	(0.7)	—	(0.3)	(0.2)	(0.3)	(0.2)	(0.2)
Catarrh ...	418	363	198	148	103	96	2	3	728	617	1,345	1,069	1,130
	(4.9)	(4.4)	(2.7)	(2.1)	(1.4)	(1.3)	(0.3)	(0.8)	(3.0)	(2.6)	(2.8)	(2.2)	(2.3)
Other diseases ...	6	2	3	2	6	7	1	—	16	11	27	26	41
	(0.1)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.2)	—	(0.1)	(0.0)	(0.1)	(0.1)	(0.1)
Totals ...	472	406	235	187	155	136	8	4	882	742	1,624	1,306	1,450
	(5.5)	(4.9)	(3.3)	(2.6)	(2.1)	(1.8)	(1.3)	(1.0)	(3.7)	(3.1)	(3.4)	(2.7)	(2.9)
14. DEFORMITIES													
(a) Congenital ...	58	41	45	25	26	28	3	2	135	98	233	194	181
	(0.7)	(0.5)	(0.6)	(0.4)	(0.4)	(0.4)	(0.5)	(0.5)	(0.6)	(0.4)	(0.5)	(0.4)	(0.4)
(b) Acquired	11	14	2	2	5	7	1	1	19	24	43	48	43
Infantile Paralysis ...	(0.1)	(0.2)	(0.0)	(0.0)	(0.1)	(0.1)	(0.2)	(0.3)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
Probable Rickets ...	41	22	15	12	8	10	—	—	64	44	108	101	134
	(0.5)	(0.3)	(0.2)	(0.2)	(0.1)	(0.1)	—	—	(0.3)	(0.2)	(0.2)	(0.2)	(0.3)
Other causes ...	46	31	53	52	52	125	3	10	160	219	379	321	282
	(0.5)	(0.4)	(0.7)	(0.7)	(0.7)	(1.7)	(0.5)	(2.6)	(0.7)	(0.9)	(0.8)	(0.7)	(0.6)
Totals ...	156	108	115	91	91	170	7	13	378	385	763	664	640
	(1.8)	(1.3)	(1.6)	(1.3)	(1.3)	(2.3)	(1.1)	(3.3)	(1.6)	(1.6)	(1.6)	(1.4)	(1.3)
15. INFECTIOUS DISEASES													
... ..	12	16	1	—	—	—	—	—	13	16	29	17	14
	(0.1)	(0.2)	(0.0)	—	—	—	—	—	(0.1)	(0.1)	(0.1)	(0.0)	(0.0)
16. OTHER DISEASES OR DEFECTS													
... ..	327	396	238	271	116	242	10	15	703	934	1,637	1,336	1,584
	(3.8)	(4.8)	(3.3)	(3.8)	(1.6)	(3.2)	(1.6)	(3.8)	(2.9)	(4.0)	(3.4)	(2.7)	(3.2)

APPENDIX IIa.—ADDITIONAL INFORMATION REGARDING RESULTS OF SYSTEMATIC EXAMINATIONS.

Except in respect of the dual information regarding children who wore glasses, no child appears more than once in each section. "Sections" are indicated by horizontal lines across the columns.

Age Groups. ...	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1951.	1950.	1949.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
Parents present at examination ...	8,104 (94.5)	7,780 (94.2)	4,640 (64.2)	4,826 (67.6)	1,185 (16.3)	1,662 (22.3)	32 (5.2)	56 (14.4)	14,093 (58.7)	14,469 (61.2)	28,562 (59.9)	29,566 (60.3)	30,552 (61.8)
Children notified to parents as requiring treatment:—													
(a) Defects of clothing and/or cleanliness and trivial caries of the temporary teeth	1,255 (14.6)	1,381 (16.7)	591 (8.2)	731 (10.2)	53 (0.7)	315 (4.2)	2 (0.3)	—	1,921 (8.0)	2,442 (10.3)	4,363 (9.2)	2,330 (4.8)	2,656 (5.4)
By printed notice.	238 (2.8)	396 (4.8)	227 (3.1)	457 (6.4)	132 (1.8)	710 (9.5)	—	2 (0.5)	601 (2.5)	1,587 (6.7)	2,188 (4.6)	1,571 (3.2)	1,693 (3.4)
(b) Other defects ...	2,001 (23.3)	1,874 (22.7)	1,469 (20.3)	1,493 (20.9)	891 (12.3)	1,060 (14.2)	78 (12.8)	45 (11.5)	4,494 (18.7)	4,543 (19.2)	9,037 (19.0)	9,454 (19.3)	9,621 (19.4)
By printed notice.	1,055 (12.3)	999 (12.1)	1,046 (14.5)	1,065 (14.9)	946 (13.0)	1,296 (17.4)	21 (3.4)	36 (9.2)	3,116 (13.0)	3,453 (14.6)	6,569 (13.8)	4,693 (9.6)	4,835 (9.8)
Children noted for re-inspection:—													
(a) Defects of clothing, etc. (as above) ...	803 (9.4)	1,070 (13.0)	452 (6.3)	768 (10.8)	135 (1.9)	795 (10.6)	—	2 (0.5)	1,398 (5.8)	2,663 (11.3)	4,061 (8.5)	2,539 (5.2)	3,352 (6.8)
(b) Other defects... ..	2,805 (32.7)	2,624 (31.8)	2,277 (31.5)	2,352 (32.9)	1,806 (24.9)	2,317 (31.0)	95 (15.5)	76 (19.5)	7,071 (29.5)	7,475 (31.6)	14,546 (30.5)	13,629 (27.8)	13,503 (27.3)
Children excluded from attendance at school ...	27 (0.3)	35 (0.4)	7 (0.1)	12 (0.2)	4 (0.1)	12 (0.2)	—	—	39 (0.2)	59 (0.2)	98 (0.2)	110 (0.2)	130 (0.3)
Children "free from defects" in terms of Table III:—													
(a) No recorded defect ...	3,065 (35.7)	2,779 (33.7)	2,664 (36.8)	2,406 (33.7)	4,000 (55.2)	3,075 (41.2)	438 (71.7)	261 (66.9)	10,309 (42.9)	8,686 (36.7)	18,995 (39.9)	20,882 (42.6)	19,881 (40.2)
(b) Defects of clothing and/or cleanliness only ...	105 (1.2)	283 (3.4)	95 (1.3)	349 (4.9)	85 (1.2)	690 (9.2)	—	2 (0.5)	289 (1.2)	1,339 (5.7)	1,628 (3.4)	1,316 (2.7)	1,612 (3.3)
(c) Minor Dental Defect only ...	—	—	—	—	—	—	54 (11.0)	31 (8.0)	1,742 (7.3)	1,256 (5.3)	2,998 (6.3)	—	—
(d) Minor dental defect with or without clothing and/or	2,151 (25.1)	2,163 (26.2)	1,097 (15.2)	1,071 (15.0)	67 (0.9)	301 (4.0)	—	—	3,317 (13.8)	3,538 (15.0)	6,855 (14.4)	10,358 (21.1)	11,594 (23.4)

Teeth—	4,694	4,511	4,138	4,245	5,472	5,606	530	345	15,053	14,982	30,035	31,996	30,293
Number Recorded 47,645	(547) 3,068 (358) 813 (95)	(546) 2,997 (363) 749 (91)	(572) 2,768 (383) 324 (45)	(595) 2,612 (366) 283 (40)	(755) 1,723 (238) 56 (08)	(751) 1,788 (239) 75 (10)	(867) 74 (121) 7 (11)	(885) 38 (97) 7 (18)	(627) 7,744 (323) 1,213 (51)	(634) 7,534 (319) 1,119 (47)	(630) 15,278 (321) 2,332 (49)	(653) 15,119 (309) 1,879 (38)	(612) 16,988 (343) 2,184 (44)
Visual acuity (Snellen) :—													
{ With glasses—													
{ Good, 6/6 ...			298	399	306	434	55	58	681	913	1,594	1,423	1,237
{ Fair, 6/9, 6/12			188	272	163	238	20	18	377	538	915	778	585
{ Bad, 6/18, etc.			31	49	39	57	10	5	82	115	197	173	149
{ Without glasses													
{ Good, 6/6 ...			176	214	133	205	8	19	328	449	777	665	615
{ Fair, 6/9, 6/12			186	272	130	182	18	13	342	481	823	765	613
{ Bad, 6/18, etc.			155	234	245	342	59	49	470	636	1,106	944	743
{ recorded			(21)	(33)	(34)	(46)	(97)	(126)	(30)	(41)	(36)	(30)	(24)
{ —													
{ See			5,829	5,526	6,040	5,849	495	288	12,634	11,952	24,586	25,051	26,276
{ page 53.			(807) 720 (100)	(774) 735 (103)	(833) 510 (70)	(783) 649 (87)	(810) 22 (36)	(738) 34 (41)	(819) 1,282 (83)	(778) 1,434 (93)	(798) 2,716 (84)	(805) 2,781 (89)	(836) 2,445 (78)
Children not wearing glasses at examination			26	25	18	26	—	—	117	126	243	191	234
{ Partial			(04) 6,604 (913)	(04) 6,582 (922)	(02) 6,546 (903)	(03) 6,805 (911)	—	—	(05) 20,087 (837)	(05) 20,049 (848)	(05) 40,136 (842)	(04) 41,651 (850)	(05) 41,346 (836)
{ Completed			600	532	687	638	43	27	3,802	3,460	7,262	7,145	7,885
{ Not immunised			(83) 2,224 (269)	(75) 1,144 (160)	(95) 780 (108)	(85) 742 (99)	(70) 55 (90)	(69) 24 (62)	(158) 4,346 (181)	(146) 4,036 (171)	(152) 8,382 (176)	(146) 8,382 (176)	(159) — (177)
Immunisation (Diphtheria).			5,534	4,643	3,972	4,058	260	189	14,674	14,539	29,213	—	—
Number Recorded 47,641	(645) 763 (89) 2,278 (266)	(657) 759 (92) 2,070 (251)	(653) 1,346 (186) 1,166 (161)	(650) 1,353 (189) 1,144 (160)	(548) 2,499 (345) 780 (108)	(543) 2,668 (357) 742 (99)	(426) 296 (484) 55 (90)	(485) 177 (454) 24 (62)	(611) 4,989 (208) 4,346 (181)	(613) 5,058 (211) 4,036 (171)	(613) 10,047 (211) 8,382 (176)	—	—
Vaccination (Smallpox)			4,718	4,643	3,972	4,058	260	189	14,674	14,539	29,213	—	—
Number Recorded 47,642	(645) 763 (89) 2,278 (266)	(657) 759 (92) 2,070 (251)	(653) 1,346 (186) 1,166 (161)	(650) 1,353 (189) 1,144 (160)	(548) 2,499 (345) 780 (108)	(543) 2,668 (357) 742 (99)	(426) 296 (484) 55 (90)	(485) 177 (454) 24 (62)	(611) 4,989 (208) 4,346 (181)	(613) 5,058 (211) 4,036 (171)	(613) 10,047 (211) 8,382 (176)	—	—

APPENDIX IIb.—VISUAL ACUITY AND HEARING OF CHILDREN BORN IN 1943.

See Report for 1948, page 52.

The partial examination of children approximately 7 years old was again included in the annual scheme of systematic medical inspection of school children at the request of the Department of Health for Scotland. Detailed results of inspection during the period are given below under the relative sub-headings, and columns of 1950 and 1949 totals are also supplied for purpose of comparison.

VISUAL ACUITY.

Result of Eyesight (Snellen) Test.

		No. and percentage.				
		1951.			1950.	1949.
		Boys.	Girls.	Totals.	Totals.	Totals.
Children who wore glasses at examination.	With Glasses—					
	Good, 6/6 ...	84 (1·1)	93 (1·3)	177 (1·2)	137 (0·9)	98 (0·8)
	Fair, 6/9, 6/12 ...	252 (3·4)	264 (3·7)	516 (3·5)	431 (3·0)	338 (2·6)
	Bad, 6/18, etc. ...	51 (0·7)	53 (0·7)	104 (0·7)	95 (0·7)	139 (1·1)
	Without Glasses—					
	Good, 6/6 ...	58 (0·8)	47 (0·7)	105 (0·7)	62 (0·4)	27 (0·2)
Fair, 6/9, 6/12 ...	180 (2·4)	218 (3·0)	398 (2·7)	363 (2·5)	259 (2·0)	
Bad, 6/18, etc. ...	149 (2·0)	145 (2·0)	294 (2·0)	238 (1·6)	289 (2·2)	
Children not wearing glasses at examination	Good, 6/6 ...	4,138 (55·6)	3,920 (54·6)	8,058 (55·1)	7,879 (54·2)	5,002 (38·4)
	Fair, 6/9, 6/12 ...	2,344 (31·5)	2,274 (31·7)	4,618 (31·6)	4,779 (32·9)	6,217 (47·7)
	Bad, 6/18, etc. ...	572 (7·7)	571 (8·0)	1,143 (7·8)	1,225 (8·4)	1,237 (9·5)
Totals ...		7,441	7,175	14,616	14,546	13,031

Summary of findings (taking the better eye and with spectacles if worn at examination) :—

	No. and percentage.				
	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Good, 6/6	4,222	4,013	8,235	8,016	5,100
	(56·7)	(55·9)	(56·3)	(55·1)	(39·1)
Fair, 6/9, 6/12	2,596	2,538	5,134	5,210	6,555
	(34·9)	(35·4)	(35·1)	(35·8)	(50·3)
Bad, 6/18, etc.	623	624	1,247	1,320	1,376
	(8·4)	(8·7)	(8·5)	(8·8)	(10·6)
Totals	7,441	7,175	14,616	14,546	13,031

Of those with defective eyesight, 1,210 (618 boys and 592 girls) were recommended for refraction, and 96 (36 boys and 60 girls) were advised to have re-test.

HEARING.

Result of hearing Test.

	No. and percentage.				
	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Normal	7,397	7,137	14,534	14,465	12,876
	(99·4)	(99·5)	(99·4)	(99·4)	(98·8)
Defective—					
Grade I, for ordinary class	15	8	23	38	116
	(0·2)	(0·1)	(0·2)	(0·3)	(0·9)
Grade IIa, for front seat	22	13	35	17	22
	(0·3)	(0·2)	(0·2)	(0·1)	(0·2)
Grade IIb, for class for semi-deaf	7	17	24	19	16
	(0·1)	(0·2)	(0·2)	(0·1)	(0·1)
Grade III, for deaf class	—	—	—	7	1
				(0·0)	(0·0)
Totals	7,441	7,175	14,616	14,546	13,031

22 of the above children (6 boys and 16 girls) were referred to clinic for investigation of the cause of deafness.

APPENDIX IIc.—*AVERAGE MEASUREMENTS OF SCHOOL CHILDREN.*

In the following pages are given the averages for age, height and weight of school children in the four age groups who were measured at routine medical inspection during the school year 1950-51. Graphs have also been prepared to illustrate the steady improvement in the physique of Glasgow school children since 1910, the year in which systematic medical inspection was introduced by the School Board of Glasgow. The accelerated growth of adolescent girls is clearly demonstrated by the graphs—the increase over boys by the age of thirteen years being remarkable, especially for weight.

PUPILS AGED SIXTEEN YEARS.

Details of the average measurements of children in this age-group are as follows :—

	Non-transferred		Transferred		All	
	Boys	Girls	Boys	Girls	Boys	Girls
Number examined ...	437	281	60	19	497	300
Average age (in months beyond year of age) ...	5.87	6.58	6.98	7.00	6.05	6.60
Height (in inches) ...	67.43	63.57	67.27	64.12	67.41	63.60
Weight (in pounds) ...	134.13	122.54	134.77	122.41	134.20	122.53

PUPILS IN OTHER AGE-GROUPS.

On page 61, the table shows the averages of 5, 9 and 13 year-olds and the relative average measurements adjusted to uniform ages for the year 1951 and for each of the previous years to 1942. To simplify the study of these adjusted measurements, the highest in each series is printed in **heavy** type and the second highest in *italics*. The findings may be summarised thus :—

(1) PUPILS AGED FIVE YEARS.

(a) BOYS. Height and weight averages for “ non-transferred ” pupils dropped to **second highest** place, those for “ transferred ” to *third* place and the effect on the “ all ” figures was to reduce them to *second highest* over the series.

(b) GIRLS. *Highest place* was reached in five of the columns, “ transferred ” girls falling to the *second position* for height.

(2) PUPILS AGED NINE YEARS.

(a) BOYS. “ Non-transferred ” pupils attained the **premier position** for both measurements but “ transferred ” boys, for height, could only equal the *second place* attained in the previous year, and fell to *third highest place* for weight. The “ all ” figure for *height* was *highest* in the series and *second highest* for *weight*.

(b) GIRLS. *Highest place* was reached in *each series*.

(3) PUPILS AGED THIRTEEN YEARS.

(a) BOYS. *Highest place* was reached in *each series*.

(b) GIRLS. *Weights* were *highest* in each group but *heights* fell to *second highest position*.

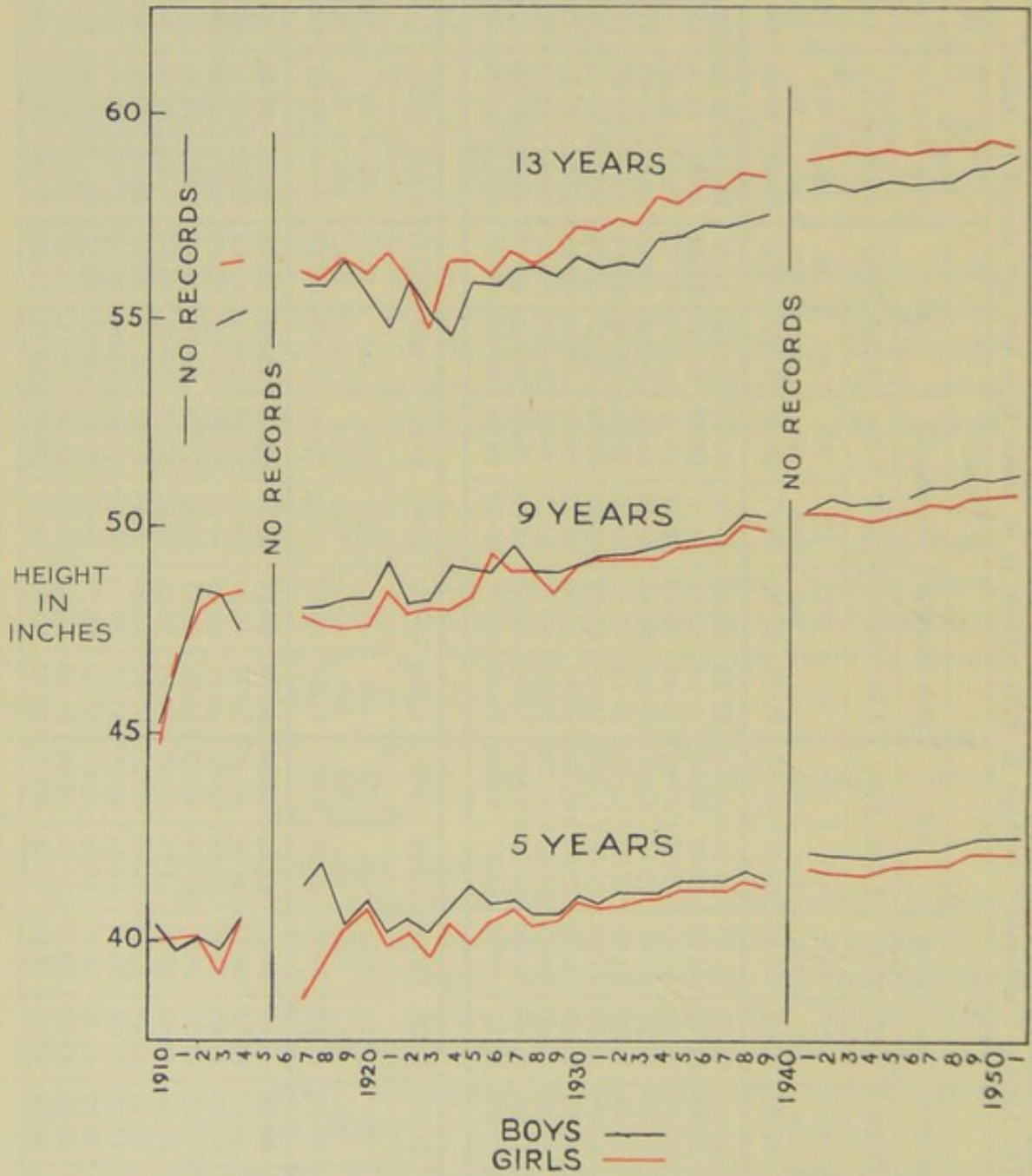
(4) In all relative groups the average measurement in 1951 was higher than the highest average in any year prior to 1942.

Numbers, Average Ages and Measurements of Children of 5, 9 and 13 years of age within the Groups examined during Systematic Inspection.
 (The highest "adjusted" average in each column is in black type and the second in *italics*.)

AGE.	5 YEARS.				9 YEARS.				13 YEARS.			
	Non-transf'd	Transferred	All	All	Non-transf'd	Transferred	All	All	Non-transf'd	Transferred	All	All
No. of Boys & Age (months)*	5,397 (3-53)	2,255 (3-66)	7,652 (3-57)	6,388 (5-86)	4,481 (6-05)	1,907 (5-43)	6,388 (5-86)	4,446 (5-57)	1,928 (5-38)	6,374 (5-51)		
Actual Average Measurements	Ht. ins. 42-48	Ht. ins. 42-00	Ht. ins. 42-34	Ht. ins. 41-95	Ht. ins. 51-52	Ht. ins. 50-77	Ht. ins. 51-30	Ht. ins. 59-21	Ht. ins. 58-12	Ht. ins. 58-88	Ht. ins. 58-88	Ht. lbs. 89-78
	Wt. lbs. 42-29	Wt. lbs. 41-15	Wt. lbs. 41-95	Wt. lbs. 41-95	Wt. lbs. 62-89	Wt. lbs. 60-59	Wt. lbs. 62-21	Wt. lbs. 90-94	Wt. lbs. 87-11	Wt. lbs. 87-11	Wt. lbs. 87-11	Wt. lbs. 89-78
Adjusted Average Measurements (uniform ages)	Ht. ins. 42-55	Ht. ins. 42-05	Ht. ins. 42-40	Ht. ins. 42-05	Ht. ins. 51-35	Ht. ins. 50-70	Ht. ins. 51-15	Ht. ins. 59-11	Ht. ins. 58-05	Ht. ins. 58-79	Ht. ins. 58-79	Ht. lbs. 89-38
	42-60	41-59	42-47	42-31	51-26	50-70	51-08	58-89	57-80	58-60	58-60	88-43
	42-47	41-57	42-36	42-05	51-26	50-75	51-11	58-85	57-88	58-57	58-57	88-13
	42-29	41-85	42-18	41-61	51-05	50-49	50-89	58-54	57-65	58-28	58-28	87-18
	42-19	41-69	42-06	41-49	51-13	50-39	50-90	58-49	57-37	58-20	58-20	86-67
5 yrs. 4 mths., and 9 yrs. 5 mths., respectively)	42-23	41-90	42-08	41-68	50-88	49-90	50-67	58-44	57-47	58-18	58-18	87-01
	42-15	41-75	42-01	41-52	50-87	50-22	50-66	58-52	57-46	58-26	58-26	87-15
	42-02	41-48	41-87	41-28	50-66	50-17	50-50	58-44	57-46	58-18	58-18	87-23
	42-13	41-58	41-95	41-43	50-70	49-96	50-48	58-30	57-43	58-07	58-07	86-39
	42-04	41-30	41-97	41-06	50-85	50-20	50-65	58-45	57-44	58-20	58-20	86-11
No. of Girls & Age (months)*	5,231 (3-63)	2,128 (3-71)	7,359 (3-65)	6,089 (6-11)	4,128 (6-15)	1,961 (6-03)	6,089 (6-11)	4,538 (5-53)	1,980 (5-66)	6,518 (5-57)		
Actual Average Measurements	Ht. ins. 42-13	Ht. ins. 41-62	Ht. ins. 41-98	Ht. ins. 40-51	Ht. ins. 51-04	Ht. ins. 50-34	Ht. ins. 50-81	Ht. ins. 59-54	Ht. ins. 58-55	Ht. ins. 59-24	Ht. ins. 59-24	Ht. lbs. 93-98
	Wt. lbs. 40-81	Wt. lbs. 39-76	Wt. lbs. 40-51	Wt. lbs. 40-58	Wt. lbs. 60-83	Wt. lbs. 59-03	Wt. lbs. 60-25	Wt. lbs. 94-91	Wt. lbs. 91-86	Wt. lbs. 91-86	Wt. lbs. 91-86	Wt. lbs. 93-98
Adjusted Average Measurements (uniform ages)	Ht. ins. 42-18	Ht. ins. 41-66	Ht. ins. 42-03	Ht. ins. 40-58	Ht. ins. 50-84	Ht. ins. 50-16	Ht. ins. 50-62	Ht. ins. 59-46	Ht. ins. 58-45	Ht. ins. 59-15	Ht. ins. 59-15	Ht. lbs. 93-46
	42-11	41-74	42-00	40-46	50-73	50-13	50-54	59-52	58-53	59-22	59-22	93-16
	42-12	41-65	41-98	40-41	50-76	50-02	50-54	59-32	58-23	59-01	59-01	92-16
	41-91	41-38	41-74	39-83	50-59	49-94	50-38	59-24	58-33	58-98	58-98	91-58
	41-82	41-42	41-70	39-81	50-63	49-87	50-40	59-29	58-16	58-96	58-96	91-41
	41-82	41-44	41-70	40-20	50-52	49-64	50-24	59-05	58-32	58-86	58-86	91-47
	41-81	41-29	41-64	40-07	50-45	49-75	50-24	59-26	58-23	59-00	59-00	92-37
	41-66	41-10	41-49	39-67	50-30	49-64	50-07	59-12	58-27	58-90	58-90	91-19
	41-70	41-16	41-54	39-69	50-40	49-58	50-11	59-20	58-23	58-96	58-96	91-37
	41-76	41-17	41-58	39-52	50-52	49-62	50-23	59-09	58-07	58-80	58-80	90-55

*Beyond years of age given at head of sections.

AVERAGE HEIGHTS OF GLASGOW SCHOOL CHILDREN SINCE 1910, AT THE AGES OF 5, 9 AND 13 YEARS.



AVERAGE WEIGHTS OF GLASGOW SCHOOL CHILDREN
SINCE 1910, AT THE AGES OF 5, 9 AND 13 YEARS.

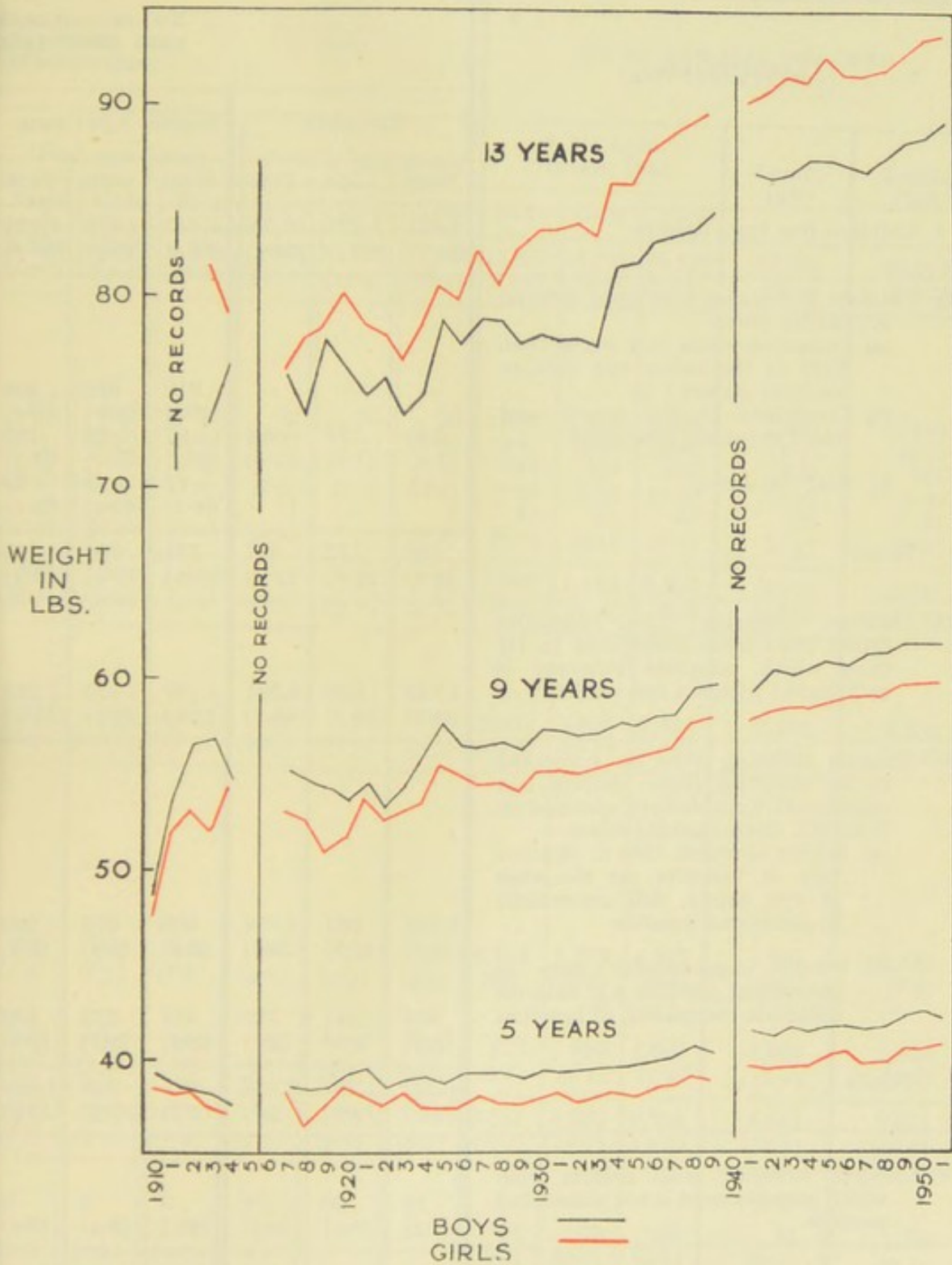


TABLE III.—SYSTEMATIC MEDICAL EXAMINATION OF ACCORDING TO REMEDIABILITY OF THE MAJOR

CLASSIFICATION	NO. OF CHILDREN EACH GROUP (AND					
	Entrants			Second Age Group		
	Boys	Girls	Total	Boys	Girls	Total
I. Children free from defects	5,321 (62.1)	5,225 (63.3)	10,546 (62.7)	4,443 (61.5)	4,278 (59.9)	8,721 (60.7)
II. Children (otherwise free from defects) who suffer from—						
(a) Defective vision not worse than 6/12 in the better eye with or without glasses; or	—	—	—	610 (8.4)	696 (9.7)	1,306 (9.1)
(b) Conditions of the mouth and teeth requiring treatment ...	169 (2.0)	152 (1.8)	321 (1.9)	97 (1.3)	83 (1.2)	180 (1.3)
(c) Both (a) and (b)	—	—	—	17 (0.2)	12 (0.2)	29 (0.2)
Totals	169 (2.0)	152 (1.8)	321 (1.9)	724 (10.0)	791 (11.1)	1,515 (10.5)
III. Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks ...	1,732 (20.2)	1,659 (20.1)	3,391 (20.1)	1,137 (15.7)	1,120 (15.7)	2,257 (15.7)
IV. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in II or III, distinguishing cases—						
(a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible ...	1,053 (12.3)	961 (11.6)	2,014 (12.0)	608 (8.4)	675 (9.5)	1,283 (8.9)
(b) Where improvement only is considered possible, e.g. without complete restoration of function	284 (3.3)	241 (2.9)	525 (3.1)	313 (4.3)	273 (3.8)	586 (4.1)
Totals	1,337 (15.6)	1,202 (14.6)	2,539 (15.1)	921 (12.7)	948 (13.3)	1,869 (13.0)
V. Children suffering from defects from which improvement is not considered possible	16 (0.2)	20 (0.2)	36 (0.2)	5 (0.1)	3 (0.0)	8 (0.1)
Total numbers of children examined ...	8,575	8,258	16,833	7,230	7,140	14,370

* Includes 722 children

CHILDREN IN ORDINARY SCHOOLS. CLASSIFICATION
DEFECTS FOUND IN THE INDIVIDUAL CHILD.

EXAMINED IN PERCENTAGES).						NO. OF CHILDREN EXAMINED (AND PERCENTAGES).				
Third Age Group			Fourth Age Group			* All Ages Totals, 1951			Totals, 1950	Totals, 1949
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total		
5,192 (71.6)	4,787 (64.1)	9,979 (67.8)	492 (80.5)	294 (75.4)	786 (78.5)	15,657 (65.2)	14,819 (62.7)	30,476 (64.0)	32,556 (66.4)	33,087 (66.9)
518 (7.1)	645 (8.6)	1,163 (7.9)	35 (5.7)	30 (7.7)	65 (6.5)	1,189 (5.0)	1,405 (5.9)	2,594 (5.4)	2,645 (5.4)	2,216 (4.5)
68 (0.9)	80 (1.1)	148 (1.0)	6 (1.0)	5 (1.3)	11 (1.1)	344 (1.4)	323 (1.4)	667 (1.4)	679 (1.4)	749 (1.5)
6 (0.1)	9 (0.1)	15 (0.1)	1 (0.2)	—	1 (0.1)	24 (0.1)	21 (0.1)	45 (0.1)	50 (0.1)	51 (0.1)
592 (8.2)	734 (9.8)	1,326 (9.0)	42 (6.9)	35 (9.0)	77 (7.7)	1,557 (6.5)	1,749 (7.4)	3,306 (6.9)	3,374 (6.9)	3,016 (6.1)
778 (10.7)	949 (12.7)	1,727 (11.7)	30 (4.9)	23 (5.9)	53 (5.3)	3,730 (15.5)	3,805 (16.1)	7,535 (15.8)	7,300 (14.9)	7,358 (14.9)
400 (5.5)	578 (7.7)	978 (6.6)	25 (4.1)	19 (4.9)	44 (4.4)	2,118 (8.8)	2,275 (9.6)	4,393 (9.2)	4,051 (8.3)	4,147 (8.4)
286 (3.9)	414 (5.5)	700 (4.8)	22 (3.6)	19 (4.9)	41 (4.1)	923 (3.8)	958 (4.1)	1,881 (3.9)	1,664 (3.4)	1,804 (3.6)
686 (9.5)	992 (13.3)	1,678 (11.4)	47 (7.7)	38 (9.7)	85 (8.5)	3,041 (12.7)	3,233 (13.7)	6,274 (13.2)	5,715 (11.7)	5,951 (12.0)
3 (0.0)	7 (0.1)	10 (0.1)	—	—	—	25 (0.1)	30 (0.1)	55 (0.1)	51 (0.1)	54 (0.1)
7,251	7,469	14,720	611	390	1,001	24,010	23,636	47,646	48,996	49,466

outwith normal Age Groups.

APPENDIX IIIa.—*INSPECTION OF SPECIAL CASES ("NON-ROUTINES" AND "ABNORMALS").*

DEFECTS FOUND IN CHILDREN PRESENTED FOR MEDICAL INSPECTION AS "NON-ROUTINES."—11,891 children were presented for "non-routine" inspection (generally on account of defect observed or suspected by teachers); 10,499 of these were pupils in ordinary schools and 1,392 in special schools.

Some of these children were found on examination to have more than one defect. The individual results were: nits minor, 238; nits major and/or vermin, 186; skin conditions, 1,175; eye conditions (including defective vision), 3,447; ear, nose and throat defects, 1,448; "general" defects, 4,430; defective teeth, 228; no apparent disease, 225; and other causes, 548.

RE-INSPECTION BY MEDICAL OFFICERS OF "ABNORMALS."—The total number of re-inspections was 11,883. Of these, 3,904 (32·9 per cent.) were found to be receiving treatment at the school clinics, 2,365 (19·9 per cent.) were being treated elsewhere, 3,554 (29·9 per cent.) did not require treatment, and 2,060 (17·3 per cent.) had not had the necessary treatment provided. These last were unimportant cases or were reported for "following-up" by other methods.

(Details of "non-routine" and "abnormal" cases examined in Nursery Schools are given on page 80).

APPENDIX IIIb.—*OTHER SPECIAL INSPECTIONS.*

(a) LEAVING INTERVIEWS.—These were granted to 7,176 pupils in order to bring medical records up-to-date and to give advice regarding suitability for certain occupations.

(b) HOLIDAY CAMPS, ETC.—Arrangements were again made for the inspection of pupils attending schools, junior clubs, and play centres who had been proposed for holiday camps in the summer and for school children going to harvesting camps in the autumn. More children than last year were seen in connection with holiday camps but fewer harvesters were examined.

(i) *School, Junior Club and Play Centre Holiday Camps (June-July, 1951).*

	Boys.		GIRLS.	
	Preliminary Inspection.	Final Inspection.	Preliminary Inspection.	Final Inspection.
	No. and %.	No. and %.	No. and %.	No. and %.
Fit	2,271 (88.8)	2,998 (97.7)	1,706 (68.9)	2,245 (93.7)
*Fit?	304 (9.7)	—	724 (29.3)	—
Unfit	46 (1.5)	71 (2.3)	45 (1.8)	150 (6.3)
Totals	3,121	3,069	2,475	2,395

* Doubtful fitness at preliminary inspection.

In the above table the percentages shown for children recorded as "fit" at the preliminary inspection were inferior to those of 1950, but were higher than in any other post-war session. Most of the rejections were due to uncleanliness.

(ii) *Children for Harvesting Camps (October, 1950).*

	Boys.		GIRLS.	
	Preliminary Inspection.	Final Inspection.	Preliminary Inspection.	Final Inspection.
	No. and %.	No. and %.	No. and %.	No. and %.
Fit	2,410 (80.6)	2,526 (94.9)	165 (51.1)	274 (87.5)
*Fit?	501 (16.8)	—	150 (46.4)	—
Unfit	79 (2.6)	137 (5.1)	8 (2.5)	39 (12.5)
Totals	2,990	2,663	323	313

* Doubtful fitness at preliminary inspection.

Fewer children than usual were passed as "fit" for harvesting at the first inspection, chiefly owing to verminous conditions of the head.

(c) CLEANLINESS INSPECTION IN SCHOOLS.—Fewer children were examined under the routine scheme by Cleanliness Inspectresses compared with the past two years but, with the inclusion of the children inspected in the course of investigating the Hygiene Units (*q.v.*), the cleanliness examinations in the aggregate were the most numerous (except for 1949) since the year 1944. Nurse Inspectresses, however, saw the greatest number ever recorded in these Reports. The results of inspection indicated that the children examined by cleanliness

inspectresses were improved at the first inspection but the boys at re-inspection showed a slight deterioration ; nurse inspectresses found some deterioration in the girls. Details of these inspections are given below.

Cleanliness Inspectresses of the Education Health Service.

	Boys.		GIRLS.	
	1951	1950	1951	1950
<i>First Inspections.</i>				
Examined ...	51,355	50,290	52,325	53,116
Infested ...	1,068 (2.1)	1,351 (2.7)	3,393 (6.5)	3,447 (6.4)
Infected ...	2,608 (5.1)	3,160 (6.3)	10,839 (20.7)	12,283 (23.1)
<i>Re-Inspections.</i>				
Examined ...	10,511	12,770	30,765	37,440
Infested ...	881 (8.4)	959 (7.5)	4,788 (15.6)	5,072 (13.5)
Infected ...	3,140 (29.9)	3,715 (29.0)	14,545 (47.3)	18,458 (49.3)

In 442 instances, formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Women Assistants. On re-inspection, 121 were found to have been cleansed at home by the parents and 112 to have been compulsorily disinfested at school or clinic. Twelve parents were successfully prosecuted under the Education (Scotland) Act, 1946, Section 52 ; eight were fined £1, three were fined 10/- and one was admonished.

Nurse Inspectresses of the Sanitary Divisions.

	Boys.		GIRLS.	
	1951	1950	1951	1950
<i>General Inspections.</i>				
Examined ...	53,791	52,701	48,476	49,256
Infested ...	131 (0.2)	171 (0.3)	385 (0.8)	408 (0.8)
Infected ...	5,780 (10.6)	5,564 (10.6)	13,993 (28.9)	14,483 (29.9)

The Nurse Inspectresses also visited 3,850 houses and re-visited 415. They issued 219 formal printed notices to parents to cleanse the children within 24 hours, and reported that 163 children had been cleansed at clinics and 8,051 by the parents.

APPENDIX IIIc.—CLEANLINESS SUPERVISION BY SENIOR WOMEN ASSISTANTS (ASSISTED BY WELFARE ATTENDANTS) AT SELECTED SCHOOLS.

See Report for 1950, page 68.

This scheme continued to function in the 26 selected schools throughout the session.

Although forming part of the general system for ensuring cleanliness among Glasgow school children, these "Hygiene Units" work more or less independently under the direction of the Senior Woman Assistant appointed to each. The Units are visited by School Medical Officers, but at infrequent intervals owing to other commitments, and, on request, the help of cleanliness inspectresses may be enlisted. In general, however, they are encouraged to operate without medical supervision other than that arising from the receipt of the periodical returns and from communications regarding particular cases.

It was decided, therefore, that an "audit" was indicated comprising a full investigation into the organisation of individual Units. For this purpose Cleanliness Inspectresses (who specialise in this type of work) were instructed to visit the schools, inspect and classify all the children as regards cleanliness of head, body and clothing, and to express their opinion as to the efficacy of the methods adopted and the results achieved by each Unit. As the first of the two returns from schools was due in September and would serve as a basis of comparison, the investigation was conducted as soon thereafter as was convenient (most were done in November, 1950).

Of the 23 Units visited, 20 were considered by the inspectresses to be in satisfactory working order, some of them very good indeed. These results redounded to the credit of the Senior Women Assistants and the Welfare Attendants and were clearly indicative of the zeal and energy expended by them on this work. Comparison of the returns of all children examined in the schools by Cleanliness Inspectresses (in November, 1950), with those of the Senior Women Assistants (in September, 1950) was favourable in most instances; in fact, improved percentages of "clean and well-cared-for" children were reported in some cases by the inspectresses.

The investigation also proved that the continued success of the scheme was contingent on the Senior Woman Assistant having sufficient time free from teaching duties and on the ability and interest of the Welfare Attendant. Extension of the scheme to additional schools could not be contemplated at present in view of the shortage of teaching staffs.

In the 1951/52 session it is proposed to re-organise the Units with a view to improving their efficiency. Some of the changes envisaged include the supply of up-to-date equipment to each Unit, the appointment, where necessary, of full-time Welfare Attendants selected by the Principal School Medical Officer, and the provision of short courses of instruction for all attendants.

In the following table, the percentages of children in the 26 schools found to be "clean and well-cared for in every respect" at two general inspections during the Session are compared with the results of similar inspections made during the two preceding years.

		First Inspection.		Second Inspection.	
		Boys.	Girls.	Boys.	Girls.
Six original schools (January, 1941)	1951	91.3%	65.0%	90.4%	66.3%
	1950	86.8%	64.6%	91.1%	70.1%
	1949	84.8%	53.4%	88.3%	67.2%
Other schools (June, 1942 and later)	1951	84.7%	67.0%	89.1%	72.6%
	1950	86.1%	64.2%	86.9%	68.4%
	1949	81.9%	59.2%	87.7%	68.1%
All twenty-six schools	1951	86.1%	66.6%	89.4%	71.2%
	1950	86.2%	64.3%	87.6%	68.7%
	1949	82.6%	59.7%	87.8%	67.9%

In the period under review, the percentages for the *six original schools* were the best for some years at first inspection, but at second inspection the improvement noted in 1950 was not maintained. (One of the schools did not make a return for the first inspection owing to the prolonged absence from duty of the Welfare Attendant. The details were, however, taken from the report made by the Cleanliness Inspectress following her visits of investigation to which reference has already been made).

The *other schools* showed variable results compared with previous years. Improvement was noticeable for girls at both inspections but the boys, although reaching the best percentage at second inspection for many years, at first inspection failed to approach the 1950 figure which was the previous highest since 1947.

All *twenty-six schools*, in general, showed improvement. At first inspection, the boys just failed to reach the 1950 percentage, previously the highest since 1947, but the girls' percentage was the highest recorded since the commencement of the scheme. The percentages for both boys and girls at the second inspection were the highest since 1946.

TABLE IV.—RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

Disability.	(a)	(b)	(c)	Totals.
	At ordinary school.	At special schools or classes.	At no school or institution.	
1. BLIND	—	32	—	32
2. PARTIALLY SIGHTED—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	—	28	—	28
(b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	—	47	—	47
3. DEAF—Grade I	*117	—	—	117
Grade IIA	*42	—	—	42
Grade IIB	—	68	—	68
Grade III	—	153	—	153
4. DEFECTIVE SPEECH—				
(a) Defects of articulation requiring special educational measures	} †673	4	—	677
(b) Stammering requiring special educational measures				
5. MENTALLY HANDICAPPED— (Children between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70)	—	2,824	—	2,824
(b) Ineducable (I.Q. generally less than 50)	—	386	87	473
6. EPILEPSY—				
(a) Mild and occasional	—	45	—	45
(b) Severe (suitable for care in a residential school) ¶	—	—	—	—
7. PHYSICALLY HANDICAPPED— (Children between 6 and 16 years)—				
(a) Non - pulmonary tuberculosis (excluding cervical glands)	—	156	†11	167
(b) General orthopaedic conditions	—	172	†25	197
(c) Organic heart disease	—	64	†18	82
(d) Other causes of ill-health	—	328	†43	371
<i>Carried forward</i>	832	4,307	184	5,323

Disability.	(a)	(b)	(c)	Totals.
	At ordinary school.	At special schools or classes.	At no school or institution.	
<i>Brought forward</i> ...	832	4,307	184	5,323
8. MULTIPLE DEFECTS—				
(i) Mentally handicapped (ineducable) and physically handicapped ("general orthopaedic conditions") ...	—	20	18	38
(ii) Mentally handicapped (ineducable) and physically handicapped ("other causes of ill-health") ...	—	89	9	98
(iii) Mentally handicapped (ineducable) and epilepsy ...	—	20	17	37
(iv) Mentally handicapped (ineducable) and blind ...	—	—	8	8
(v) Mentally handicapped (educable) and physically handicapped ("general orthopaedic conditions") ...	—	46	—	46
(vi) Mentally handicapped (educable) and epilepsy ...	—	40	—	40
(vii) Mentally handicapped (educable) and physically handicapped ("other causes of ill-health") ...	—	934	—	934
(viii) Mentally handicapped (educable) and deaf ...	—	160	—	160
(ix) Mentally handicapped (educable) and blind ...	—	—	—	—
(x) Other multiple defects ...	—	310	—	310
Totals ...	832	5,926	236	6,994

* Pupils examined at Routine Medical Inspection during the session.

¶ A number of cases of severe epilepsy "not suitable for care in a residential school" are lodged in Certified Institutions and the Colony for Epileptics, Bridge of Weir.

† Children attending Child Guidance Clinics during the session.

‡ Home Tuition cases.

TABLE V.—DENTAL INSPECTION AND TREATMENT.

DENTAL INSPECTION.—

(1) NUMBER OF CHILDREN INSPECTED BY THE DENTAL OFFICERS.	1951			1950	1949
	System- atic Exam- inations.	Other Cases.	Totals.	Totals.	Totals.
AGE.					
2	—		—	—	10
3	—		—	—	20
4	48		48	22	22
5	3,778		3,778	3,305	3,836
6	4,672		4,672	3,866	4,215
7	5,086		5,086	3,621	3,192
8	4,585		4,585	3,379	2,529
9	4,512	Nil.	4,512	3,553	2,071
10	4,561		4,561	3,404	1,890
11	4,451		4,451	3,284	1,612
12	2,745		2,745	1,843	637
13	1,862		1,862	1,060	301
14	1,831		1,831	995	345
15	290		290	75	7
16	1		1	—	—
Totals	38,422	—	38,422	28,407	20,687
(1A). No. of schools in- spected	65		65	43	53
(1B). Half-days spent at inspection	173		173	110	92
(2). Found to require treatment	29,132 (75·8%)	Nil.	29,132 (75·8%)	21,474 (75·6%)	16,143 (78·0%)
(2A). Number of children accepting treatment	16,372 (56·2%)		16,372 (56·2%)	12,677 (59·0%)	9,663 (59·9%)
(2B). Cards not returned or returned blank	1,211 (4·2%)		1,211 (4·2%)	851 (4·0%)	782 (4·8%)
(2c). Promised private treatment	11,531 (39·6%)		11,531 (39·6%)	7,946 (37·0%)	5,698 (35·3%)

DENTAL TREATMENT.—

	1951			1950	1949
	Systematic Examinations.	Other* Cases.	Totals.	Totals.	Totals.
(3). Actually treated by the school dental officers	17,516	11,457	28,973	23,078	22,236
(3A). Number of the above cases where treatment was completed ...	10,066 (57.5%)	8,319 (72.6%)	18,385 (63.5%)	16,684 (72.3%)	14,260 (64.1%)
(4). Number of attendances for treatment	38,558	22,709	61,267	57,074	56,618
(4A). Attendances, but treatment not given	2,941	1,649	4,590	4,941	3,438
(5). Fillings—					
(a) Permanent teeth	9,393	4,060	13,453	13,908	8,886
(b) Temporary teeth	1,870	486	2,356	2,970	3,881
(6). Extractions—					
(a) Permanent teeth—					
Without anaesthetic	1	13	14	6	1
With local anaesthetic	2,022	3,568	5,590	4,818	3,848
With general anaesthetic	184	142	326	—	—
(b) Temporary teeth—					
Without anaesthetic	19	22	41	47	24
With local anaesthetic	19,997	13,982	33,979	32,569	38,253
With general anaesthetic	227	245	472	—	—
(7). Number of administrations of general anaesthetic for extractions	Not available		205	—	—
(8). Other operations—					
(a) Permanent teeth—					
Scalings	1,940	932	2,872	2,962	2,093
Gum treatment	860	639	1,499	1,377	1,694
Silver nitrate dressings	440	185	625	611	2,241
Temporary fillings	2,807	1,721	4,528	4,412	3,406
Others	1,613	961	2,574	1,997	1,295
(b) Temporary teeth—					
Scalings	190	22	212	53	100
Gum treatment	84	113	197	109	194
Silver nitrate dressings	6,259	1,534	7,793	8,176	10,329
Temporary fillings	245	176	421	452	682
Others	462	182	644	207	164

*Obtained from sources other than Routine Dental Inspection, including emergency treatment cases and patients referred by school medical officers, teachers, etc.

	1951			1950	1949
	Systematic Exam-	Other Cases.	Totals.	Totals.	Totals.
(9) Half-days devoted to inspection	173	—	173	110	92
Half-days devoted to treatment	4,671	2,260	6,931	6,452	5,920
Half-days devoted to orthodontic treatment	Not available.		611	400	93
(10) Number of children treated under private arrangements ...	Not known				
(11) Ratio of fillings to extractions (permanent teeth only) ...	426 : 100	109 : 100	227 : 100	288 : 100	231 : 100

Orthodontic Treatment.—299 cases were treated, 58 being completed; attendances totalled 2,967 and there were 22 attendances without treatment being given. Treatment included: appliances—first impression, 324; progress impression, 510; insertions, 411. Adjustments numbered 1,734, another 14 were referred to original clinic for adjustment, and 211 other operations were performed.

Other Work.—Crowns, 17; artificial dentures, 102; root treatments, 18; special operations, 15; X-ray examinations, 255; gold inlay, 1.

AGE DISTRIBUTION OF "OTHER CASES."—

Age in years ...	1	2	3	4	5	6	7	8
Number treated ...	—	28	144	361	1,075	1,139	1,251	1,379
Age in years ...	9	10	11	12	13	14	15	16 or over
Number treated ...	1,537	1,149	995	820	859	585	120	15

TOTAL 11,457

APPENDIX VI.—*SUMMARY OF MEDICAL INSPECTION AND TREATMENT STATISTICS* (of which details are given throughout Report) showing comparison with Statistics for previous two years.

A. INSPECTION.

Type.	Cases 1951	Cases 1950	Cases 1949
Systematic Examinations (<i>page 45</i>)	47,646	48,996	49,466
Systematic Examinations— Special Schools (<i>page 45</i>)	1,182	1,279	1,439
Other Examinations in Schools (<i>page 46</i>) ...	53,151	49,090	44,480
Other Examinations mainly in Clinics (<i>page 46</i>)	30,649	29,887	25,264
Cleanliness Examinations (<i>page 46</i>)	157,248	153,616	160,999
Dental Inspections (<i>page 73</i>)	38,422	28,407	21,622
Totals	328,298	311,275	303,270

B. TREATMENT.

Disease or Defect.	Cases.			Attendances.		
	1951	1950	1949	1951	1950	1949
<i>(a) MINOR AILMENTS—</i>						
EAR—						
Examined only ...	1,402	1,533	1,708	} 56,119	57,139	57,018
Clinic Treatment ...	2,239	2,275	2,384			
Aurists' Examinations	773	919	1,284	773	919	1,284
Aurists' Classifications	78	63	75	94	73	75
Audiometric Surveys...	742	754	—	749	857	—
<i>(page 22)</i>	5,234	5,544	5,451	57,735	58,988	58,377
EYE <i>(page 25)</i>	2,280	2,156	2,406	20,414	19,857	22,559
SKIN—						
Cuts, minor injuries, etc.	3,148	3,044	2,923	} 106,307	102,727	108,423
Clinic Treatment ...	11,682	11,256	11,868			
Cleansing Clinics ...	386	520	423	603	900	695
Ringworm—Head ...	43	75	106	43	80	106
Body ...	143	174	201	<i>Included under "Clinic Treatment."</i>		
Scabies Baths ...	<i>(265)</i>	<i>(377)</i>	<i>*(708)</i>	1,725	2,285	4,015
<i>(pages 25 and 26)</i>	15,402	15,069	15,521	108,678	105,992	113,239
<i>(b) DEFECTIVE VISION—</i>						
Clinic Treatment	9,288	8,066	5,366	10,583	8,901	5,799
Spectacles supplied ...	5,446	4,593	2,166	6,155	5,215	2,193
<i>(page 27)</i>	14,734	12,659	7,529	16,738	14,116	7,992

* Cases are included under "clinic treatment" but attendances are shown separately.

Disease or Defect.	Cases.			Attendances.		
	1951	1950	1949	1951	1950	1949
(c) <i>EAR, NOSE AND THROAT—</i>						
Tonsils and Adenoids operations	1,017	1,523	1,966	3,297	5,053	6,184
Other operations ...	38	31	22	38	31	22
(page 28)	1,055	1,554	1,988	3,335	5,084	6,206
(d) <i>ORTHOPAEDIC—</i>						
Examined only ...	1,222	1,007	1,052	1,222	1,007	1,052
Plaster Cases	235	117	—	235	117	—
Treated by exercises ...	806	774	859	16,456	15,630	17,585
Treated outwith clinics	127	152	242	1,035	1,301	1,393
(page 31)	2,390	2,050	2,153	18,948	18,055	20,030
(e) <i>OTHER DISEASES—</i>						
General	6,147	5,624	6,072	18,543	16,704	18,113
Supply of Medicines	2,114	1,660	1,802	15,997	15,080	17,799
Artificial Light ...	1,797	1,564	1,625	23,099	21,148	21,323
Cardiac Cases ...	244	223	239	382	404	<i>Included in "General"</i>
(page 32)	10,302	9,071	9,738	58,021	53,336	57,235
(f) <i>DENTAL</i> (page 74)	28,973	23,078	22,236	65,857	62,015	60,056
(g) <i>REMAND HOME</i> ... (page 83)	51	296	252	51	296	252
TOTALS	80,421	71,477	67,277	350,777	337,739	344,681

APPENDIX VII.—NURSERY SCHOOLS AND DAY NURSERIES.

See Report for 1950, page 79.

At the end of June, 1951, the Education Department was responsible for the administration of 37 Nursery Schools having places for 1,395 children and of Southannan Residential Nursery School, Fairlie, where 36 children were accommodated. On the same date, the Health and Welfare Department had under its management 15 Day Nurseries with approximately 700 places and one 24-hour Day Nursery for 40 children whose mothers worked on nightshifts.

The arrangements for the medical supervision of children in nursery schools were similar to those which obtained in the previous school session, each school being visited fortnightly by a School Medical Officer and by a school nurse in the alternate week when the doctor was not due. During the year ended 31st July, 1951, children to the number of 892 (435 boys and 457 girls) were subjected to "routine inspection" and 3,945 were medically examined at the request of teachers. The results of these examinations are detailed below.

ROUTINE INSPECTION.

(i) *Numbers and Percentages of Children Suffering from Defects, (see Table II, page 50 for full details of headings).*

Nature of defects found	1951			1950
	Boys.	Girls.	Totals.	Totals.
Unsatisfactory clothing	—	2	2 (0.2%)	2 (0.2%)
Uncleanliness of head (nits) ...	8	18	26 (2.9%)	50 (5.3%)
Skin conditions of head or body	10	9	19 (2.1%)	20 (2.1%)
Defective nutrition	23	26	49 (5.5%)	49 (5.2%)
Mouth and teeth unhealthy ...	4	4	8 (0.9%)	11 (1.2%)
Naso-pharyngeal conditions ...	92	81	173 (19.4%)	187 (19.9%)
Eye diseases (excluding defective vision)	19	23	42 (4.7%)	42 (4.5%)
Defective vision	8	11	19 (2.1%)	8 (0.8%)
Ear diseases (including defective hearing)	6	4	10 (1.1%)	11 (1.2%)
Defective speech	7	8	15 (1.7%)	13 (1.4%)
Mental and nervous conditions	—	2	2 (0.2%)	—
Defects of circulatory system ...	7	9	16 (1.8%)	14 (1.5%)
Pulmonary conditions	39	33	72 (8.1%)	94 (10.0%)
Deformities	30	22	52 (5.8%)	61 (6.5%)
Other diseases or defects ...	19	16	35 (3.9%)	55 (5.8%)

(ii) *Classification of Children according to Remediability of Major Defects Found in the Individual Child (see Table III, page 64, for full details of headings).*

Classification.	1951			1950
	Boys.	Girls.	Totals.	Totals.
Free from defects	243	276	519 (58.2%)	527 (56.0%)
Defects of mouth and teeth only	1	1	2 (0.2%)	5 (0.5%)
Temporary ailments	104	103	207 (23.2%)	225 (23.9%)
"Curable" defects	51	47	98 (11.0%)	103 (10.9%)
"Improvable" defects	36	30	66 (7.4%)	81 (8.6%)
Defects "not improvable" ...	—	—	—	—
Totals	435	457	892	941

(iii) *Additional Information.*

Parents were notified of defects found in 322 instances, 56 (6.3 per cent.) of these being due to clothing, cleanliness, or minor dental defects, and 266 (29.8 per cent.) being in respect of other defects. School Medical Officers also noted 50 cases (5.6 per cent.) for re-inspection as a result of defects observed in clothing, cleanliness, or for minor dental defects, and 346 children (38.8 per cent.) having other defects. "Sound teeth" was recorded in 669 cases (75.0 per cent.), 713 pupils (79.9 per cent.) were recorded as having had complete diphtheria immunisation and 685 (76.8 per cent.) as having been successfully vaccinated or re-vaccinated. The age distribution of the children at the date of inspection was: 2 years, 250; 3 years, 382; 4 years, 242; 5 years, 18.

INSPECTION OF NON-ROUTINE CASES.

Children to the number of 3,945 were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows:—

Nits minor, 4; nits major, 1; skin conditions, 364; eye conditions, 186; ear, nose and throat defects, 329; "general" defects, 2,403; defective teeth, 71; no apparent disease, 494; and other causes, 98.

RE-INSPECTION OF "ABNORMAL" CASES.

No pupils were re-inspected during the session.

APPENDIX VIII.—MASS MINIATURE RADIOGRAPHY.

The Education Health Service continued to arrange with the Mass Miniature Radiography Centre for the X-raying of pupils attending Glasgow schools. Children mostly of 13 years and over were dealt with, a miniature photograph being taken of each and any case of apparent abnormality being recalled for a large film and/or medical examination.

Fewer pupils than usual were examined during the session, this being largely due to the fact that the new centre was unsuitable for the examination of school children. However, children to the number of 3,488 (1,552 boys and 1,936 girls) were examined and of these, 3,351 (1,489 boys and 1,862 girls) had miniature film only taken and the remaining 137 were recalled as follows :—

	Boys.		Girls.		Total.	
	Number.	Rate per 1000.	Number.	Rate per 1000.	Number.	Rate per 1000.
For large film only ...	43	28	36	18	79	23
For medical examination only	2	1	7	4	9	2
For medical examination and large film ...	9	6	12	6	21	6
For observation by M.R. Unit.	9	6	19	10	28	8
Total number recalled ...	63	41	74	38	137	39

Details of the abnormalities discovered during the year are shown in the following table :—

	No action (miniature film only).		No action after investigation		Referred to own doctor.		Still under observation by M.R. Unit		Sent to hospital.		Total Number examined (and rate per thousand).		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.
PULMONARY TUBERCULOSIS													
<i>Re-infection or adult type—</i>													
Active ...	—	—	—	—	—	—	2	3	—	2	2	5	7
Inactive ...	—	—	1	—	—	—	1	4	—	—	2	4	6
Previously known ...	—	—	—	—	—	—	2	1	—	—	2	1	3
<i>First Infection—</i>													
Active primary ...	—	—	—	—	—	—	—	3	—	—	—	3	3
Other primary ...	111	105	14	14	—	—	2	4	—	—	127	123	250
OTHER PULMONARY ABNORMALITIES													
Root involvement ...	1	—	—	—	—	—	—	—	—	—	1	—	1
Pulmonary fibrosis ...	—	1	1	1	—	—	1	1	—	—	2	3	5
Pleural abnormality ...	4	5	1	1	—	—	1	1	—	—	6	7	13
Bronchiectasis ...	—	—	—	—	—	—	1	—	—	—	1	—	1
CARDIAC DISEASE													
Congenital ...	2	—	—	7	—	—	—	—	—	—	2	8	10
Acquired ...	—	—	3	—	—	—	—	—	—	—	3	2	5
Others ...	—	2	8	5	—	—	—	—	—	—	8	7	15
ALL OTHER ABNORMALITIES													
Scoliosis, etc. ...	25	25	2	2	—	—	—	—	—	—	27	27	54
Totals ...	143	138	30	30	—	3	10	17	—	2	183	190	373

APPENDIX IX.—MEDICAL SUPERVISION OF REMAND HOME.

School Medical Officers again visited the Remand Home on a weekly rota, undertaking the medical supervision of children in the Home and being available to be called out any time of the day or night on request. As before, children were examined within 24 hours of admission and immediately prior to dismissal and at other times considered necessary by the Medical Officer or Superintendent. Friday afternoon each week was reserved for Routine Inspection of every child in the Home.

Details of the examinations and the numbers treated for various ailments during the year ending 31st July, 1951, are shown below.

The numbers treated in the Home do not include those whose heads were cleansed of nits or vermin. Most of the children have D.D.T. solution applied to their heads on admission and at other times subsequently on the advice of the visiting School Medical Officer.

	1951.			1950.	1949.
	Boys.	Girls.	Totals.	Totals.	Totals.
Examined	1,698	105	1,803	2,730	1,521
Treated in the Home	40	—	40	289	145
Treated at Clinic ...	8	—	8	3	5
Sent to Hospital...	2	1	3	4	3

APPENDIX X.—DIPHTHERIA IMMUNISATION CAMPAIGN.

See Report for 1949, page 86.

Owing to the earlier Easter Vacation, the 1951 "drive" had of necessity to be organised at a later date (in April) than during the two preceding years. With this exception, the scheme was operated in a similar fashion to that in 1949 and in 1950.

In the table below comparison is made of the numbers of immunising injections given in the various categories: (a) at schools as returned by School Medical Officers (mostly during the course of the campaign) and (b) at the diphtheria immunisation *ad hoc* clinics (throughout the year). Also shown are the figures for the years 1950 and 1949 and those for 1948 which was the last year prior to the adoption of the present method in the annual campaign.

A perusal of the table reveals some interesting facts :—

- (a) The total number of injections given at schools during the year 1951 was the highest ever recorded and was an increase of more than 7,000 over the 1950 figure; this increase was almost equally divided among the three categories (first, final and re-inforcing doses).
- (b) Injections given at clinics were again fewer and it may be observed that the School Medical Officers *during the short period of the Campaign* in the schools recorded more than three times the number of injections given at the immunisation clinics *during the whole year*.
- (c) Comparison of the 1948 figures with those of the three subsequent years demonstrates the measure of relief which the annual campaign in schools has given to the immunisation clinics, especially with regard to children in need of re-inforcing injections.
- (d) Obviously, a short term immunisation campaign, held annually, plays an important part in the general scheme for ensuring the protection of the juvenile population.

		At Schools.			At Clinics.		
		Under 5 years.	Over 5 years.	Totals.	Under 5 years.	Over 5 years.	Totals.
First Injections	1951	618	7,842	8,460	4,707	285	4,992
	1950	434	5,619	6,053	5,524	214	5,738
	1949	Not available		7,512	8,081	245	8,326
	1948			10,391	10,833	605	11,438
Final injections (completed)	1951	380	6,695	7,075	4,227	634	4,861
	1950	349	4,739	5,088	5,179	633	5,812
	1949	394	4,882	5,276	7,811	695	8,506
	1948	1,006	8,272	9,278	10,110	954	11,064
Re-inforcing Doses	1951	349	21,091	21,440	74	505	579
	1950	131	18,675	18,806	108	418	526
	1949	Not available		22,645	141	789	930
	1948			3,494	168	3,465	3,633
Total Number of Injections	1951	1,374	35,628	36,975	9,008	1,424	10,432
	1950	914	29,033	29,947	10,811	1,265	12,076
	1949	Not available		35,433	16,033	1,729	17,762
	1948			23,163	21,111	5,024	26,135

APPENDIX XI.—SPEECH THERAPY.

Details of Cases.	Advice only.	Cases Treated		Number of Treatments		DISCHARGED.											
		Boys.	Girls.	Boys.	Girls.	Satisfactory.		Improved.		Unsatisfactory.		Failed to Co-operate.		Transferred.		Current Cases.	
						Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Stutter ...	34	235	72	2,316	488	74	21	42	20	7	2	10	3	7	4	95	22
Dyslalia																	
Multiple ...	9	146	77	1,062	556	72	34	14	12	3	4	5	5	7	2	45	20
Simple ...	—	38	11	251	72	22	4	1	—	—	—	1	1	4	—	10	6
Idioglossia ...	—	5	8	72	71	2	2	1	3	—	—	—	—	—	—	2	3
Delayed Speech ...	—	6	10	41	97	2	3	3	5	—	—	—	—	1	1	—	1
Partially Deaf ...	—	6	3	57	43	2	2	—	—	—	—	—	—	1	—	3	1
Cleft Palate ...	1	6	6	74	64	1	—	2	3	—	—	1	—	1	—	1	3
Dysphonia ...	1	3	1	32	9	—	—	—	1	—	—	—	—	—	—	3	—
Aphasia ...	—	4	1	44	15	—	—	—	—	1	—	—	—	—	1	3	—
Others ...	—	26	9	107	23	—	—	5	2	4	3	1	—	2	1	14	3
Totals ...	45	475	198	4,056	1,438	175	66	68	46	15	9	18	9	23	9	176	59
				673	5,494												235

Waiting List—50.

APPENDIX XII.—AUDIOMETRIC SURVEYS.

See Report for 1950, page 89.

It early became apparent that the success of the scheme rested upon the ability of the various factors to work with continuity. Thus, the ideal was for each survey to be so timed that all the defective children had been tested by audiogram, examined by the aurist, treated, classified and finally passed to the teaching section, before the yield from the next survey became due. Unfortunately, this was found to be impossible for various reasons, the most important being the failure of patients to attend when summoned, the paucity of aurists available to examine the patients, the prolonged treatment essential in many cases and the repeated re-examinations found necessary in some instances before the appropriate classification could be given. Eventually, the Corporation decided to postpone the introduction of a third audiometric survey until proposals for re-organisation and co-ordination of the results of earlier surveys had been considered. Thereafter, the specialists dealt primarily with the more serious cases of deafness, while the remainder were examined by an experienced school medical officer who could refer difficult cases to the specialist.

For Survey No. III, the Certifying Aurist to the Authority assumed general supervision and direction of the survey, and two skilled audiometricians were appointed as shown in the detailed list of staff on page 8. Children born in the year 1942 were tested by the "sweep" method which, although at an experimental stage, was thought to be an improvement on the group gramophone system as there was a saving in time and clerical labour and was more expeditious and reliable. With the "group" method any interruption (e.g. extraneous noises, breaking of pencil, etc.) affected the whole group and necessitated a return to the beginning of the test, whereas, with the "sweep" system, the loss of time by reason of interruption was negligible because the apparatus could be re-set at the precise point at which the interruption occurred and the test resumed from there without delay.

Schools to the number of 106 were visited by the audiometricians, 7,360 being tested during the course of the session. Of this number, 343 at first appeared to be suffering from some degree of hearing deficiency and 287 of these were subsequently given the pure-tone test. In addition to the children tested in the schools under the survey scheme, a few others outwith the specified age-group were tested at the request of teachers—thus seeming to indicate a growing awareness among teachers that deafness might be the reason for the apparent backwardness of some pupils. Several cases were referred to the

audiometric clinic from the Child Guidance and Special Schools sections to determine if deafness was the cause of the educational retardation and others were sent at the request of aurists and school medical officers, most being for re-test as to progress after treatment.

The results of the otological examinations undertaken in connection with the audiometric surveys, although included elsewhere in this Report with similar information from other sources, are arranged below according to the relative survey. By the end of the school session, all the children from Surveys No. I and II had been summoned at least once.

Examination by Aurists.

	Survey No. I.			Survey No. II.			Survey No. III.			Totals.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
SUMMONSES—												
First examination	40	27	67	293	242	535	17	10	27	350	279	629
Re-examination	192	173	365	59	77	136	—	—	—	251	250	501
ATTENDANCES—												
First examination	14	12	26	200	169	369	9	6	15	223	187	410
Re-examination	120	120	240	43	56	99	—	—	—	163	176	339
GRADINGS—												
Normal	—	—	—	8	7	15	—	—	—	8	7	15
I—for ordinary class	3	3	6	90	75	165	1	2	3	94	80	174
IIa—for front seat	5	4	9	47	39	86	5	3	8	57	46	103
IIb—for semi-deaf class	—	—	—	1	—	1	—	—	—	1	—	1
III—for deaf class	—	—	—	5	2	7	—	—	—	5	2	7
Not graded meantime	6	5	11	47	41	88	3	1	4	56	47	103
Not examined (as unaccompanied by responsible adult)	—	—	—	2	5	7	—	—	—	2	5	7
Total number at first examination	14	12	26	200	169	369	9	6	15	223	187	410
RECOMMENDATIONS—												
Clinic treatment	53	46	99	92	96	188	8	5	13	153	147	300
Tonsils and adenoids operation	6	11	17	54	48	102	5	2	7	65	61	126
Audiogram	53	41	94	37	53	90	1	2	3	91	96	187
Specialist examination	15	15	30	36	14	50	—	—	—	51	29	80
X-ray examination	8	9	17	28	11	39	—	—	—	36	20	56
Hospital treatment	8	3	11	8	9	17	1	1	2	17	13	30
Review later	72	71	143	81	100	181	4	5	9	157	176	333
Hearing aid	2	1	3	2	—	2	—	1	1	4	2	6
Other recommendations	5	7	12	9	10	19	—	—	—	14	17	31

TREATMENT.

All cases recommended for clinic treatment were summoned to the local Education Health Service clinic. Some of the other forms of treatment and investigation provided during the year were as follows :—

Tonsils and adenoids operations.—During the session, 161 children (88 boys and 73 girls) from Surveys I and II and from schools for deaf and semi-deaf were summoned to clinic for preliminary examination as to suitability for operation. Of that number, 37 (19 boys and 18 girls) were not admitted to hospital for various reasons—some because of refusal or of failure to attend clinic and others because operation had been done privately. The remainder, 124 (69 boys and 55 girls) had tonsils and/or adenoids removed in hospital.

X-ray examinations.—Of the 56 children recommended for X-ray examination of sinuses, 17 (8 boys and 9 girls) from Survey No. I and 39 (28 boys and 11 girls) from Survey No. II were seen at either Stobhill or Southern General Hospital.

Audiograms.—Audiograms totalling 84 (60 from Survey I and 24 from Survey II) were completed during the year, about a third having been referred in the previous school session.

Hearing Aids.—At 1st August, 1950, 2 boys from Survey No. I and 2 boys and 1 girl from Survey No. II were awaiting hearing aids. During the course of the year, 2 boys and 1 girl from Survey No. I, 2 boys from Survey No. II and 1 girl from Survey No. III were added to the waiting list. Instruments were supplied in the period to 3 boys (1 from Survey No. I and 2 from Survey No. II.)

APPENDIX XIII.—HOUSING CONDITIONS OF GLASGOW SCHOOL CHILDREN.

During the year, in the course of routine medical inspection in schools, the Medical Officers obtained from the parents of the children examined the size of house in which they lived and the total number of inmates. Similar information was obtained in 1944 and the Report for that year summarised the details from four earlier Reports.

In the following pages the statistical matter has been arranged in tabular form and, where applicable, the attempt has been made to show the relationship between housing and health conditions. The

comparative data for previous years have been provided where possible, including information from a Report by Sir Leslie Mackenzie in 1906 and, in consequence, the trend over a period of 40 years (45 years for average measurements) can be studied. Much space would be required to show all the possible correlations between housing, average measurements and medical classification, but the Tables which have been given are considered to be fairly representative.

The figures relating to housing apply only to the housing conditions of the scholars examined and not to the housing in the City as a whole. Thus, information is not available regarding houses with no children or with none belonging to any of the three age-groups inspected—the inclusion of such information would probably have had the effect of modifying the results to some extent. Nevertheless, comparison of the statistics compiled in the various years is useful as an indication of the tendency over a long period.

Where any discrepancies are observed between the comparable numbers of children in this appendix and in an earlier part of the Report, and between the different Tables in the Appendix itself, these are due to the fact that the information for each child was not always complete.

The following are some brief notes and explanations in connection with the various Tables.

Table A.1.—The total number of rooms as given in column C was less than in actuality, since houses with more than five apartments had been taken as five-apartment houses for the purposes of the Table. Moreover, the total number of houses was not necessarily the equivalent of the total number of children examined, because children from the same house might, in a few instances, have been examined in the same (twins) or other age-groups (brothers and sisters of different ages).

Table A.2.—Over the period from 1912 to 1951, the transfer of population from the smaller to the larger houses was, in general, continuous. The two-apartment percentages showed the most consistent improvement (from 65.9% in 1912 to 38.0% in 1951) and while fewer single-apartment houses were reported in 1951 than in any other year, two increases had been recorded previously (in the years 1924 and 1944). The movement away from the smaller houses had apparently affected the three-apartment houses also, because prior to the Second World War these were on the increase, but since then had been declining, albeit, slightly. The four and five-apartment

houses had steadily increased until in 1951 they were found to be occupied by 25.9% of the children compared with 5.5% in 1912.

Table A.3.—The increased average number of inmates of one-apartment houses in 1951 was particularly disappointing since, as shown in Table A.2, these houses were becoming fewer. Increased averages in four and five-apartment houses could be regarded as not unsatisfactory since, by inference, there had been a movement from the smaller houses (*e.g.* from houses of three apartments). The reduced averages for three-apartment houses over the whole period was gratifying and contrasted with the unimproved position of the two-apartment occupants since 1944.

Table B.1.—The consistent increase in the average measurements of the children for each year recorded since 1906 should be noted. Another interesting feature was the regularity with which the average measurements increased with each additional apartment. Children from the smaller houses showed the greater improvement since 1906 but perhaps the removal of families from the smaller to the larger houses had obscured the improvement in the measurements of children from the latter. In this connection, it should be noted that whereas 52% of the children examined in 1951 lived in houses of three or more apartments, in 1912 only 23% were so housed. Extension of the Glasgow area would, of course, affect comparisons, but the housing schemes in the extension areas would obtain a proportion of families from the "old" Glasgow area.

Table B.2.—With few exceptions, the general tendency was for the average measurements of five-year-old boys to fall with each increase in the number of inmates and to rise with each increase in the number of apartments. The consistency of decrease in measurement with increase in number of inmates was marked in the case of children from one-apartment houses. Exceptions to the general trend occurred mainly (1) where in two or three-apartment houses the increase from two to three inmates apparently benefited the child (two adults, instead of only one, making for improvement in economic and other circumstances?) and (2) where an increase of one inmate at the higher level produced varying results (especially in the larger houses).

Table B.3.—Children from two-apartment houses showed a general tendency to decrease in average measurement as the number of inmates increased. Exceptions were children in houses of three inmates who apparently benefited as mentioned above, and children of five and nine years of age (particularly girls) in overcrowded housing conditions where subdivision of the groups produced smaller numbers.

Table C.1.—The correlation between the size of house and the child's medical classification was on the whole, consistent. With every increase in the number of apartments, children in these houses tended to have decreased percentages of "temporary" and less remediable defects—and, conversely, increased percentages of freedom from defect or of minor defects only.

Table C.2.—The delineation of overcrowding represented in this Table is more or less arbitrary, but the classification of "not overcrowded" is based on a compromise between (a) the standard of occupancy defined in the Housing (Scotland) Act, 1935 (*viz.*, 1 apt. . . . 2 adults; 2 apts. . . . 3 adults; and 2 adults for each additional apartment, 2 children under 10 years being regarded as equivalent to 1 adult); and (b) the 1944 standard of 2 persons per *bedroom* with modifications according to the sex of the children. For the purposes of the table, the standard of 2 persons per room has been adopted, an exception being made of the one-apartment house where one more (the child) inmate has been allowed.

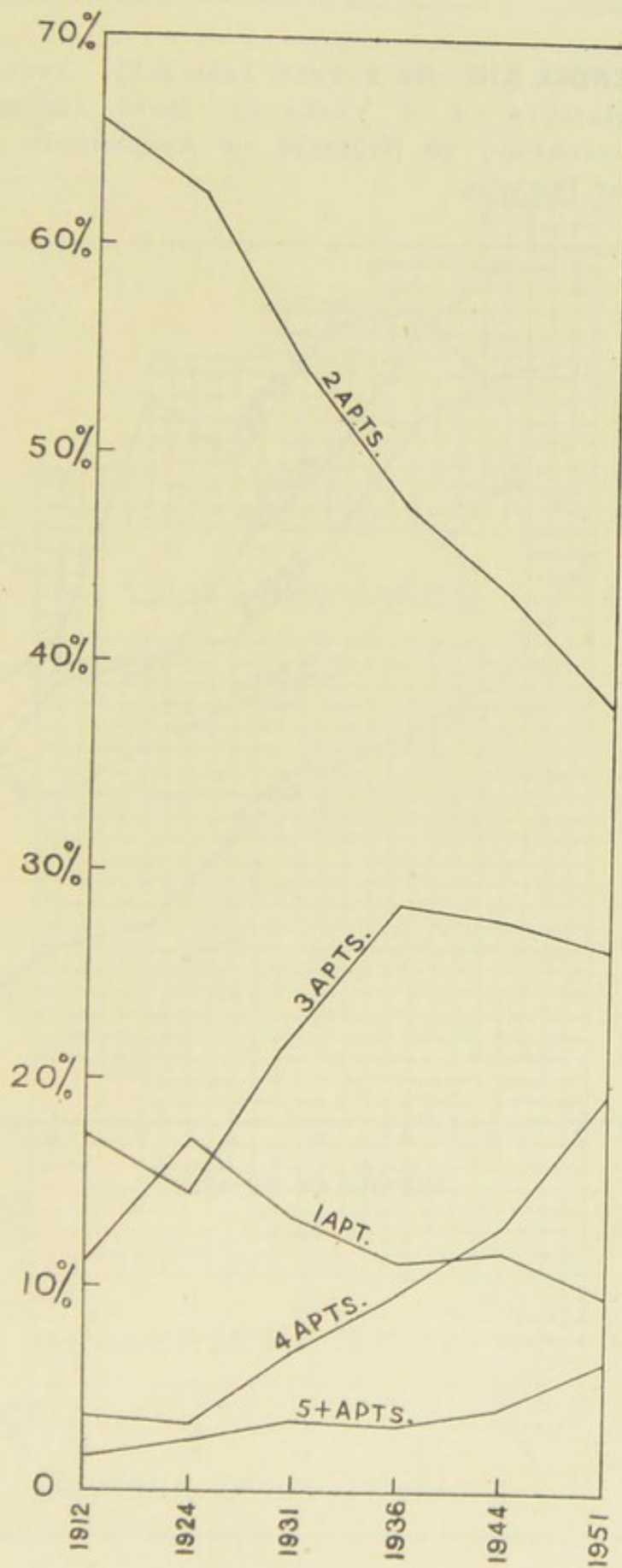
Medical classification and "overcrowding" are shown by the table to be correlated—that is, each increase in overcrowded home conditions was accompanied by increased incidence of the less remediable type of ailment in the children drawn from such homes.

SUMMARY

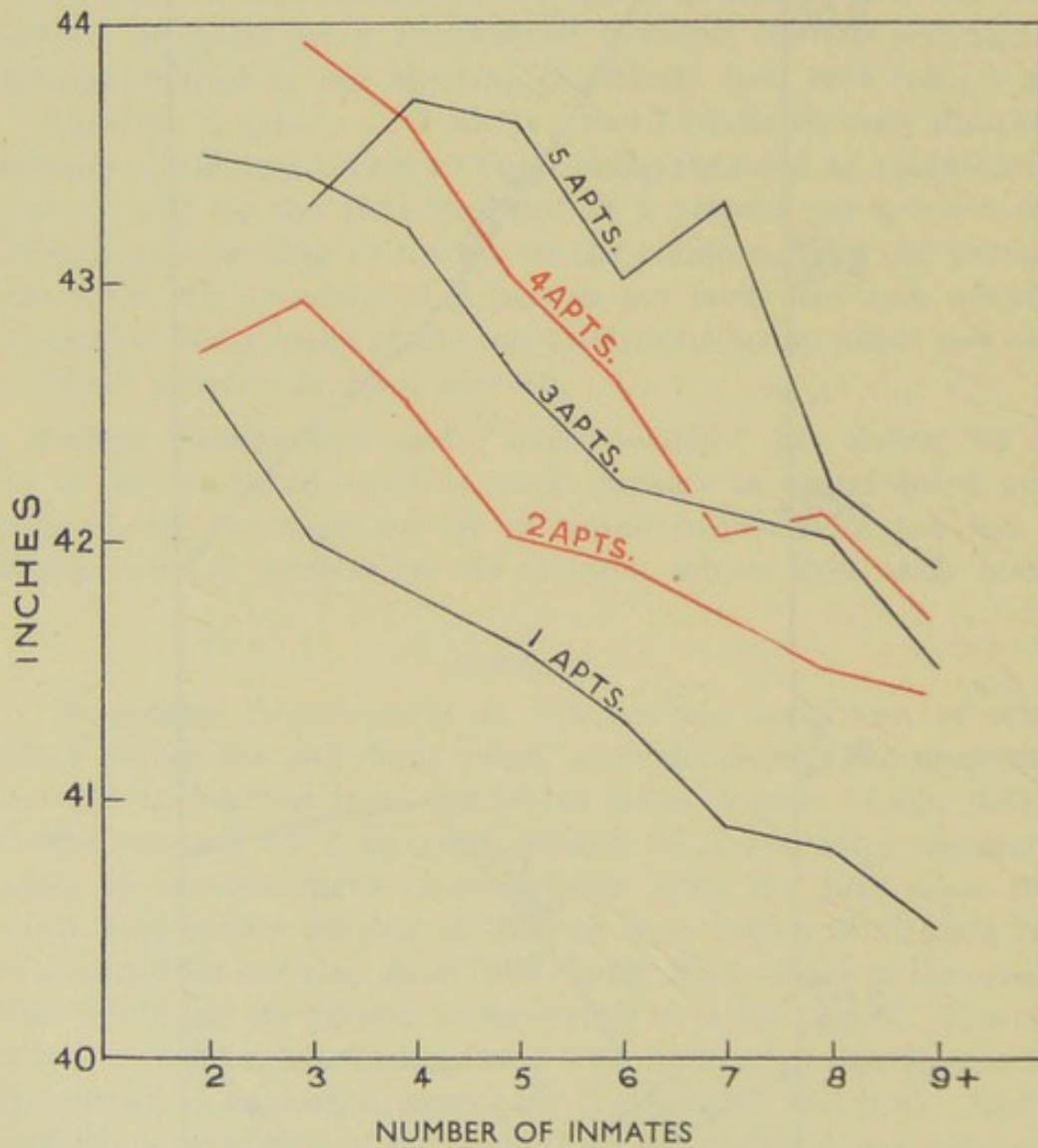
The general improvement in the housing conditions of school children during the past forty years, as evidenced by the progressive movement of families from smaller to larger houses (Table A.2), is somewhat marred by a recorded increase in the average number of inmates of one-apartment houses (Table A.3), the first since 1931. Average heights and weights of children from houses of all sizes have shown consistent increase since 1906 (Table B.1)—those in the smaller houses exhibiting the greater improvement over the period. The close correlation of average measurements with number of apartments and with number of inmates is significant (Tables B.2. and B.3). Medical classification according to the severity of defect found was seen to be linked with number of apartments and with categories of overcrowding (*Tables C.1. and C.2.*). As a point of interest, it may be noted that the records for 1951 show improved percentages of children with physical defects compared with 1944 (the first year in which the "remediability" tables were compiled).

Below are selected charts which will serve to illustrate some of the points discussed above.

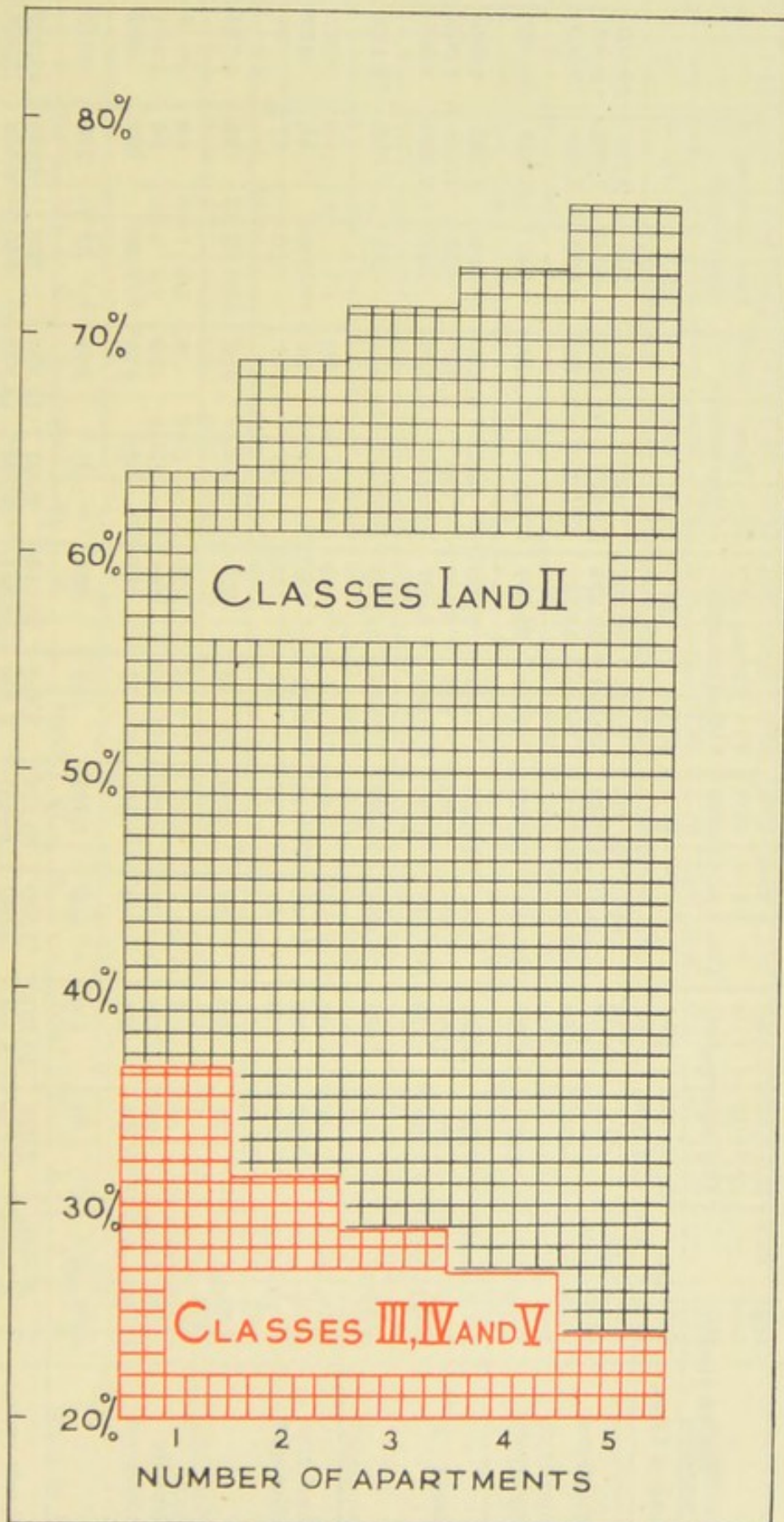
APPENDIX XIII—No. 1 (From Table A.2).—COMPARATIVE PERCENTAGES OF CHILDREN EXAMINED WHO RESIDED IN HOUSES OF THE NUMBER OF APARTMENTS SHOWN.



APPENDIX XIII—No. 2 (From Table B.2).—AVERAGE HEIGHTS OF 5 YEARS-OLD BOYS ARRANGED ACCORDING TO NUMBERS OF APARTMENTS AND OF INMATES.



APPENDIX XIII—No. 3 (From Table C.1).—MEDICAL
REMEDIABILITY CLASSIFICATION OF CHILDREN IN
HOUSES OF THE NUMBER OF APARTMENTS SHOWN.



APPENDIX XIII.—Table A.1.—SUMMARY OF HOUSING INFORMATION PROVIDED BY PARENTS OF CHILDREN OF 5, 9 AND 13 YEARS OF AGE AT THE TIME OF ROUTINE MEDICAL INSPECTION IN 1951.

School or Class.	Size of House.	One Apartment.		Two Apartments.		Three Apartments.		Four Apartments.		Five or more Apartments.		Totals.			
		A	B	A	B	A	B	A	B	A	B	A	B	C	
Non-Transferred	Age.														
	5 years	1,314	6,145	4,017	19,838	2,814	14,302	1,818	10,580	639	3,762	10,602	54,627	28,257	
	9 years	692	3,417	3,265	16,462	2,393	12,435	1,671	10,046	574	3,489	8,595	45,849	23,955	
	13 years	431	2,163	3,173	15,806	2,541	13,200	2,129	12,423	689	4,088	8,963	47,680	26,361	
	Total ...	2,437	11,725	10,455	52,106	7,748	39,937	5,618	33,049	1,902	11,339	28,160	148,156	78,573	
Transferred	5 years	755	3,867	1,832	10,276	942	5,780	668	4,758	169	1,323	4,366	26,004	10,762	
	9 years	398	2,091	1,595	9,232	986	6,186	664	4,540	222	1,736	3,865	23,785	10,312	
	13 years	289	1,526	1,436	8,180	1,001	5,957	909	6,228	267	2,099	3,902	23,990	11,135	
	Total ...	1,442	7,484	4,863	27,688	2,929	17,923	2,241	15,526	658	5,158	12,133	73,779	32,209	
For Physically Handicapped	5 years	6	32	10	60	2	10	4	26	—	—	22	128	48	
	9 years	17	95	49	263	21	132	19	125	6	45	112	660	284	
	13 years	12	73	29	157	22	135	25	161	6	47	94	573	266	
	Total ...	35	200	88	480	45	277	48	312	12	92	228	1,361	598	
For Mentally Handicapped	5 years	2	7	—	—	5	26	1	6	1	8	9	47	26	
	9 years	28	158	77	474	30	198	21	164	8	68	164	1,062	396	
	13 years	43	251	132	817	72	457	69	474	26	202	342	2,201	929	
	Total ...	73	416	209	1,291	107	681	91	644	35	278	515	3,310	1,351	
All Schools and Classes	5 years	2,077	10,051	5,859	30,174	3,763	20,118	2,491	15,370	809	5,093	14,999	80,806	39,093	
	9 years	1,135	5,761	4,986	26,431	3,430	18,951	2,375	14,875	810	5,338	12,736	71,356	34,947	
	13 years	775	4,013	4,770	24,960	3,636	19,749	3,132	19,286	988	6,436	13,301	74,444	38,691	
	Total ...	3,987	19,825	15,615	81,565	10,829	58,818	7,998	49,531	2,607	16,867	41,036	226,606	112,731	

For percentages of children represented by the above figures and average number of inmates per house, see Tables A.2 and A.3.

APPENDIX XIII.—Table A.2.—ANALYSIS OF HOUSING INFORMATION PROVIDED BY PARENTS AT THE TIME OF ROUTINE MEDICAL INSPECTION IN EACH OF THE YEARS, 1912, 1924, 1931, 1936, 1944 AND 1951.
 PERCENTAGES OF CHILDREN IN THE VARIOUS GROUPS DRAWN FROM HOUSES OF THE NUMBER OF APARTMENTS SHOWN.

Size of House. School or Class.	Year	One Apartment.			Two Apartments.			Three Apartments.			Four Apartments.			Five (or more) Apts.				
		5 yrs.	9 yrs.	13 yrs.	Total	5 yrs.	9 yrs.	13 yrs.	Total	5 yrs.	9 yrs.	13 yrs.	Total	5 yrs.	9 yrs.	13 yrs.	Total	
Non- Transferred	1912	Not available	Not available	Not available	9.7	Not available	Not available	Not available	18.7	Not available	Not available	Not available	4.1	Not available	Not available	Not available	2.6	
	1924	17.5	14.1	9.4	15.3	61.9	67.2	61.0	16.5	16.3	16.5	17.1	16.5	3.9	4.5	3.9	4.1	3.2
	1931	15.4	10.2	7.1	11.4	52.0	50.8	51.4	24.6	21.7	25.7	27.6	24.6	7.3	8.3	9.8	8.2	4.3
	1936	15.2	8.6	5.2	9.8	46.7	43.8	45.7	29.8	26.2	30.0	33.5	29.8	8.9	11.0	12.7	10.8	3.9
	1944	14.5	10.5	6.3	10.8	44.2	43.1	38.7	28.4	25.9	28.3	31.9	28.4	11.4	13.9	17.0	13.8	4.7
1951	12.4	8.0	4.8	8.7	37.9	38.0	35.4	37.1	26.5	27.8	28.3	27.5	17.1	19.4	23.8	20.0	6.8	
Transferred	1912	Not available	Not available	Not available	16.9	Not available	Not available	69.6	Not available	Not available	Not available	Not available	1.8	Not available	Not available	Not available	0.5	
	1924	27.0	20.1	15.5	22.0	61.6	67.5	65.8	9.6	8.4	9.8	11.4	9.6	2.0	1.7	1.6	1.8	0.9
	1931	22.6	18.1	12.1	18.3	59.3	60.1	59.9	16.6	14.2	16.6	20.3	16.6	2.8	3.4	5.0	3.6	1.5
	1936	19.2	13.3	8.5	13.9	50.2	53.7	51.9	25.2	22.8	24.7	28.4	25.2	6.4	6.8	8.9	7.3	1.7
	1944	19.7	12.3	7.4	14.1	47.2	45.1	42.2	26.4	22.3	27.9	31.1	26.4	8.3	11.3	15.3	11.1	3.1
1951	17.3	10.3	7.4	11.9	42.0	41.2	36.8	40.0	21.6	25.5	25.7	24.1	15.3	17.2	23.3	18.5	5.4	
For Physically Handicapped	1912	Not available	Not available	Not available	12.5	Not available	Not available	71.7	Not available	Not available	Not available	Not available	0.7	Not available	Not available	Not available	—	
	1924	24.3	22.1	15.2	20.7	67.9	66.2	68.3	9.7	7.9	9.2	12.1	9.7	—	1.9	1.0	1.0	0.3
	1931	18.1	17.4	11.1	15.9	60.6	57.9	59.5	19.6	18.9	19.4	20.5	19.6	2.4	4.2	4.7	4.0	0.9
	1936	20.6	15.2	11.4	14.6	45.1	50.3	49.8	27.2	24.5	26.7	29.1	27.2	8.8	7.1	7.5	7.4	0.9
	1944	35.0	11.7	14.4	16.4	37.5	55.3	47.8	22.8	22.5	23.3	22.4	22.8	5.0	7.8	12.8	9.7	3.4
1951	27.3	15.2	12.8	15.4	45.5	43.7	38.6	38.6	9.1	18.7	23.4	19.7	18.2	17.0	26.6	21.0	5.3	
For Mentally Handicapped	1912	Not available	Not available	Not available	19.1	Not available	Not available	63.8	Not available	Not available	Not available	Not available	2.1	Not available	Not available	Not available	—	
	1924	—	27.3	18.5	22.2	—	63.4	65.1	10.8	—	8.1	13.0	10.8	—	1.2	1.7	1.4	0.5
	1931	11.1	20.5	15.4	18.0	88.9	63.2	63.1	15.8	—	13.2	19.7	15.8	—	2.3	2.1	2.2	1.0
	1936	—	22.5	14.0	17.4	—	41.6	47.4	26.4	—	28.7	24.8	26.4	—	6.2	8.9	7.8	1.0
	1944	—	18.0	12.9	14.6	—	47.0	43.7	28.1	—	26.0	29.4	28.1	100.0	7.0	13.4	11.5	2.0
1951	22.2	17.1	12.6	14.2	—	46.9	40.6	20.8	55.6	18.3	21.0	20.8	11.1	12.8	20.2	17.7	6.8	
All Schools and Classes	1912	Not available	Not available	Not available	11.3	Not available	Not available	65.9	Not available	Not available	Not available	Not available	3.6	Not available	Not available	Not available	1.9	
	1924	19.8	15.9	12.8	17.2	59.6	63.3	62.4	14.5	14.3	14.6	14.3	14.5	3.4	3.7	2.8	3.4	2.5
	1931	17.4	12.4	8.6	13.3	54.1	53.7	53.8	22.4	19.6	23.2	25.3	22.4	6.0	6.9	8.3	6.9	3.5
	1936	16.3	10.1	6.4	11.1	47.7	48.4	46.2	47.5	25.2	28.6	31.9	28.5	8.2	9.7	11.5	9.8	3.2
	1944	16.1	11.1	6.8	11.8	45.1	43.9	39.7	43.1	24.8	28.1	31.5	27.8	10.4	13.0	16.5	13.0	4.2
1951	13.8	8.9	5.8	9.7	39.1	39.1	35.9	38.0	25.1	26.9	27.3	26.4	16.6	18.6	23.5	19.5	6.4	

APPENDIX XIII.—Table A.3.—ANALYSIS OF HOUSING INFORMATION PROVIDED BY PARENTS IN THE YEARS 1912, 1924, 1931, 1936, 1944 AND 1951.
AVERAGE NUMBER OF INMATES OF ALL AGES PER HOUSE.

Size of House.	One Apartment.			Two Apartments.			Three Apartments.			Four Apartments.			Five (or more) Apts.			Totals		
	Year	5 yrs.	9 yrs.	13 yrs.	Total	5 yrs.	9 yrs.	13 yrs.	Total	5 yrs.	9 yrs.	13 yrs.	Total	5 yrs.	9 yrs.	13 yrs.	Total	
		Not available	4.8	5.2		4.1	Not available	6.2		6.0	6.5	6.9		Not available	6.4	6.2		6.6	6.4	Not available	6.5
School or Class.	1912	Not available	4.8	5.2	4.9	Not available	6.2	6.0	6.5	6.9	Not available	6.4	6.2	6.6	6.4	Not available	6.5	6.1
	1924	5.0	5.2	5.0	4.9	5.8	6.0	6.8	5.9	6.0	6.0	6.2	6.6	6.4	5.6	5.8	5.8	5.8
	1931	5.0	5.2	5.0	5.1	5.5	5.6	5.7	5.8	5.8	5.7	5.9	6.3	6.0	5.5	5.8	5.6	5.6
	1936	4.7	5.0	4.7	4.8	5.3	5.5	5.5	5.6	5.6	5.7	6.1	6.0	5.8	5.3	5.6	5.6	5.5
	1944	4.7	4.8	4.7	4.6	4.8	5.1	5.0	5.0	5.3	5.2	5.8	5.8	5.8	5.0	5.3	5.2	5.2
1951	4.7	4.9	5.0	4.8	4.9	5.0	5.0	5.0	5.2	5.2	5.8	5.9	6.0	5.2	5.3	5.3	6.0	5.3
Non-Transferred	1912	Not available	4.9	5.4	4.9	Not available	6.4	6.4	7.1	7.5	Not available	8.0	7.3	8.1	8.0	Not available	8.0	6.3
	1924	5.3	5.5	5.4	5.4	5.9	6.4	6.4	7.1	6.8	7.5	7.3	7.4	7.8	6.1	6.3	6.3	6.2
	1931	5.4	5.5	5.3	5.4	6.1	6.3	6.2	6.9	6.9	7.0	7.3	7.3	7.2	6.1	6.3	6.3	6.2
	1936	5.1	5.2	4.9	5.1	6.0	6.2	6.1	6.5	6.6	6.6	7.6	7.2	7.5	7.0	6.3	6.3	6.2
	1944	4.8	5.2	5.1	4.9	5.4	5.1	5.7	6.1	6.8	6.0	7.3	7.1	7.1	8.1	7.6	7.9	5.9
1951	5.1	5.3	5.3	5.2	5.6	5.8	5.7	6.1	6.3	6.0	7.1	6.8	6.9	7.8	7.8	7.9	7.8	6.1
For Physically Handicapped	1912	Not available	5.5	5.6	5.5	Not available	6.8	6.8	7.6	7.8	Not available	7.8	7.6	7.6	—	Not available	—	6.8
	1924	6.4	5.4	4.8	5.6	7.0	7.1	6.5	8.0	7.4	7.6	—	7.0	8.4	7.0	6.7	6.2	6.6
	1931	5.0	5.1	5.0	5.1	6.6	6.2	6.0	7.8	6.7	6.0	8.0	6.9	6.0	6.6	6.1	5.9	6.1
	1936	5.2	5.3	5.2	5.2	6.0	6.1	5.9	6.6	6.7	6.2	8.1	7.3	7.1	8.0	5.0	9.0	6.1
	1944	5.2	4.7	4.4	4.7	5.8	5.5	6.2	5.4	6.3	6.4	5.5	7.1	8.3	5.5	5.9	6.1	5.9
1951	5.3	5.6	6.1	5.7	6.0	5.4	5.4	5.0	6.3	6.1	6.5	6.4	6.5	—	7.5	7.8	7.7	6.0
For Mentally Handicapped	1912	Not available	5.2	5.3	5.2	Not available	5.6	6.3	7.2	7.2	Not available	7.2	7.1	—	Not available	—	—	5.8
	1924	—	5.2	5.5	5.3	—	6.4	6.3	7.0	7.2	—	7.6	7.0	8.0	5.6	6.2	6.3	6.3
	1931	4.0	5.6	5.3	5.4	7.0	6.2	5.8	—	7.0	6.9	—	6.7	6.7	6.7	6.2	6.0	6.1
	1936	—	5.0	5.0	5.0	—	6.1	6.0	—	6.2	6.1	—	7.2	7.8	—	5.9	6.0	6.0
	1944	—	4.7	4.8	4.7	—	5.5	5.8	—	6.3	5.8	5.0	6.6	8.7	5.0	5.8	5.8	5.1
1951	3.5	5.6	5.8	5.7	—	6.2	6.2	5.2	6.6	6.3	6.4	7.1	7.9	5.2	6.5	6.4	6.4	
All Schools and Classes	1912	Not available	4.3	5.1	4.3	Not available	6.2	6.1	6.8	7.0	Not available	6.5	6.3	7.0	Not available	6.6	6.6	6.2
	1924	5.0	5.0	5.3	5.1	5.9	6.1	6.6	6.0	6.2	6.8	6.2	6.7	6.6	5.8	6.0	6.4	5.9
	1931	5.1	5.3	5.1	5.2	5.7	5.9	5.9	5.8	6.0	6.2	5.9	6.5	6.1	5.7	5.9	5.9	5.8
	1936	4.8	5.1	4.8	4.9	5.5	5.8	5.7	5.7	5.9	5.9	6.2	6.4	6.0	5.6	5.8	5.8	5.7
	1944	4.6	4.9	4.8	4.7	5.0	5.3	5.2	5.4	5.7	5.5	6.0	6.1	6.3	5.2	5.5	5.5	5.4
1951	4.8	5.1	5.2	5.0	5.1	5.3	5.2	5.3	5.4	5.4	6.2	6.2	6.5	5.4	5.6	5.6	5.5	

**APPENDIX XIII.—Table B.1.—AVERAGE HEIGHTS AND WEIGHTS OF BOYS IN ORDINARY SCHOOLS
ARRANGED ACCORDING TO HOUSING CONDITIONS—NUMBERS OF BOYS IN 1951 AS IN
TABLE A.1.**

Age.	Year.	Height in inches						Weight in lbs.								
		Number of Apartments.						Number of Apartments.								
		1	2	3	4	5+	All	1	2	3	4	5+	All			
5 years	1906	39.0	39.9	40.7	41.4	41.4	40.1	37.2	38.6	39.5	40.1					
	1924	40.2	40.3	41.3	41.7	42.2	40.7	38.1	*†37.8	39.9	40.6	41.6	38.7			
	1931	40.3	40.7	41.6	42.3	42.7	40.9	38.4	39.1	40.3	41.5	41.9	39.1			
	1936	40.9	41.2	41.7	†42.1	†42.6	41.4	39.0	39.7	40.3	†41.1	42.1	39.9			
	1944	41.3	41.7	42.0	42.4	42.7	41.8	40.5	41.1	41.4	42.1	42.2	41.2			
1951	41.6	42.2	42.7	*42.6	43.1	42.3	40.8	41.8	42.4	*42.3	43.0	41.9				
9 years	1906	46.5	47.6	48.2	48.9	48.9	47.7	51.4	53.1	54.8	56.3					
	1924	—	—	—	—	—	49.0	—	—	—	—	53.6				
	1931	48.3	49.0	49.8	50.6	51.0	49.3	55.1	56.6	58.5	60.0	61.5	57.2			
	1936	49.0	49.5	50.0	†50.5	†50.8	49.7	56.5	57.4	58.5	†59.6	†61.1	58.0			
	1944	50.0	50.6	50.9	51.1	51.4	50.7	59.3	60.7	61.3	61.8	62.7	60.9			
1951	50.6	51.1	51.5	51.6	51.7	51.3	60.5	61.8	62.7	62.7	63.6	62.2				
13 years	1906	53.4	54.1	55.1	55.8	55.8	54.5	69.9	72.3	75.3	76.8					
	1924	54.1	54.4	55.7	56.5	57.4	54.5	72.2	73.2	78.1	79.2	85.8	73.5			
	1931	55.3	55.7	56.6	57.5	58.0	56.2	77.1	78.2	81.4	84.2	86.8	74.9			
	1936	56.1	56.8	57.4	57.9	59.1	57.2	79.2	81.6	83.6	85.7	90.9	82.9			
	1944	57.8	58.3	58.7	58.7	59.3	58.5	87.0	87.8	89.1	*89.0	91.8	88.6			
1951	†57.7	58.7	59.0	59.1	59.5	58.9	†85.2	89.3	90.1	90.2	93.2	89.8				

* Exceptional averages which contradict the general trend of increase in average measurements with increase in number of apartments.

† Exceptional averages which contradict the general trend of increase in average measurements from year to year.

APPENDIX XIII.—Table B.1.—AVERAGE HEIGHTS AND WEIGHTS OF GIRLS IN ORDINARY SCHOOLS ARRANGED ACCORDING TO HOUSING CONDITIONS—NUMBERS OF GIRLS IN 1951 AS IN TABLE A.1.

Age.	Year.	Height in inches.						Weight in lbs.						
		Number of Apartments.						Number of Apartments.						
		1	2	3	4	5+	All	1	2	3	4	5+	All	
5 years	1906	38.9	39.8	40.2	41.7	41.0	39.9	36.6	37.8	38.0	39.2	37.8	37.8	37.8
	1924	39.3	40.1	41.2	41.7	42.1	40.3	37.3	38.0	38.5	39.5	38.0	38.5	
	1931	40.0	40.5	41.3	41.9	42.4	40.7	†37.1	†37.8	38.8	40.0	40.9	38.1	
	1936	40.6	41.0	41.3	†41.7	42.4	41.1	37.5	38.2	38.8	†39.4	†40.8	38.4	
	1944	41.0	41.3	41.7	42.0	42.1	41.4	38.9	39.4	39.8	40.6	*†40.5	39.6	
	1951	41.3	41.7	42.3	42.4	42.8	42.0	39.4	40.2	40.8	41.1	41.7	40.5	
9 years	1906	46.2	46.9	47.7	48.6	47.2	47.2	49.6	51.4	52.8	54.7	51.4	51.9	
	1924	—	—	—	—	—	47.9	—	—	—	—	—	53.3	
	1931	48.1	48.8	49.5	50.2	50.7	49.1	53.2	54.5	56.0	57.6	59.3	55.1	
	1936	48.6	49.1	49.7	50.1	50.8	49.4	54.2	55.3	56.4	†57.3	60.3	55.9	
	1944	49.7	50.2	50.5	50.6	50.8	50.3	57.4	58.5	59.3	*58.9	60.8	58.8	
	1951	50.0	50.6	51.0	51.1	51.6	50.8	58.8	59.8	60.6	60.9	62.0	60.3	
13 years	1906	53.9	54.8	55.5	56.4	55.1	55.1	71.9	73.9	76.3	79.3	73.9	75.1	
	1924	55.2	*†54.6	56.5	57.3	*56.8	56.3	76.3	76.8	80.0	81.6	*80.1	78.2	
	1931	56.0	56.8	57.5	58.3	58.8	57.1	79.5	82.0	84.3	87.3	90.0	83.2	
	1936	57.4	57.8	58.3	58.7	59.5	58.1	84.9	86.4	88.2	89.6	94.4	87.6	
	1944	58.5	58.9	59.2	59.4	60.1	58.8	90.3	92.0	*91.1	93.3	96.5	92.4	
	1951	†58.4	58.9	59.4	59.4	60.1	59.2	91.0	93.0	94.7	*94.4	97.2	94.0	

* Exceptional averages which contradict the general trend of increase in average measurements with increase in number of apartments.

† Exceptional averages which contradict the general trend of increase in average measurements from year to year.

APPENDIX XIII.—Table B.2.—AVERAGE MEASUREMENTS OF 7,634 BOYS OF 5 YEARS OF AGE ARRANGED ACCORDING TO NUMBERS OF APARTMENTS AND OF INMATES.

Number of Apartments.	Number of Inmates per house.									
	2	3	4	5	6	7	8	9+		
One	No. of Children Height (ins.) Weight (lbs.)	19 42.6 42.7	192 42.0 41.5	337 41.8 41.1	230 41.6 40.7	150 41.3 40.1	75 40.9 39.5	48 40.8 39.4	31 40.5 39.4	
Two	No. of Children Height (ins.) Weight (lbs.)	25 42.7 †42.0	363 *42.9 *43.0	899 42.5 42.5	680 42.0 41.5	453 41.9 41.0	252 41.7 *41.1	150 41.5 41.0	158 41.4 40.6	
Three	No. of Children Height (ins.) Weight (lbs.)	12 43.5 42.2	221 43.4 *43.4	523 43.2 *43.5	401 42.6 42.3	335 42.2 41.6	196 42.1 41.5	124 42.0 *41.8	121 41.5 40.8	
Four	No. of Children Height (ins.) Weight (lbs.)	— — —	76 43.9 44.2	209 43.6 43.9	247 43.0 42.6	213 42.6 42.3	178 †42.0 †41.3	134 *42.1 *41.5	183 41.7 †40.7	
Five or more	No. of Children Height (ins.) Weight (lbs.)	— — —	26 †43.3 †44.1	99 *43.7 44.1	82 43.6 44.0	43 43.0 43.0	35 *43.3 *43.2	47 42.2 †40.6	67 41.9 *41.1	

* Exceptional averages which contradict the general decrease in measurements with increase of inmates.

† Exceptional averages which contradict the general increase in measurements with increase of apartments.

N.B.—For the purposes of Table C.2, the groups to the left of the heavy lines are regarded as not overcrowded, those within the lines as moderately overcrowded, and those to the right of the heavy lines as much overcrowded.

APPENDIX XIII.—Table B.3.—AVERAGE MEASUREMENTS OF 15,314 CHILDREN IN ORDINARY SCHOOLS FROM HOUSES OF TWO APARTMENTS ARRANGED ACCORDING TO NUMBER OF INMATES OF ALL AGES.

Age and Sex.		Number of Inmates per house.								
		2	3	4	5	6	7	8	9+	
5 years— Boys	No. of Children	25	363	899	680	453	252	150	158	
	Height (ins.) Weight (lbs.)	42.7 42.0	*42.9 *43.0	42.5 42.5	42.0 41.5	41.9 41.0	41.7 *41.1	41.5 41.0	41.4 40.6	
Girls	No. of Children	19	362	850	685	435	236	134	148	
	Height (ins.) Weight (lbs.)	43.0 44.3	42.3 41.5	42.0 40.6	41.7 40.2	41.6 39.9	41.0 39.0	*41.3 *39.5	40.6 38.3	
9 years— Boys	No. of Children	25	272	648	622	380	228	124	139	
	Height (ins.) Weight (lbs.)	51.1 62.3	*51.7 *63.6	51.6 63.0	51.2 61.8	50.5 60.3	50.4 60.3	50.4 *60.9	50.0 59.5	
Girls	No. of Children	24	226	616	620	426	241	139	127	
	Height (ins.) Weight (lbs.)	50.8 61.9	*51.5 *63.3	51.2 61.4	50.6 59.7	50.2 58.1	49.9 57.6	*50.0 *58.4	49.4 56.7	
13 years— Boys	No. of Children	49	305	581	543	360	219	114	126	
	Height (ins.) Weight (lbs.)	58.7 90.1	*60.1 *94.9	59.1 90.8	58.8 89.4	58.3 87.4	57.9 85.8	57.5 85.2	56.9 83.2	
Girls	No. of Children	41	337	546	532	370	220	124	141	
	Height (ins.) Weight (lbs.)	59.2 96.8	*59.8 96.8	59.5 94.8	59.1 93.9	58.5 91.1	58.1 89.6	57.9 88.2	57.7 86.5	

Table B.3. continued. The general trend of decrease of measurements with increase of inmates.

(SEE TABLE A.1.) PLACED IN VARIOUS MEDICAL ("REMEDIABILITY") CLASSES ARRANGED ACCORDING TO NUMBERS OF APARTMENTS IN THEIR HOUSES.

Age.	Number of Apartments.		One		Two		Three		Four		Five or more.		MEDICAL CLASSIFICATION.	
	Type of School.	Medical Classification.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.		
5 years ...	Non-Transferred	Class III ...	310	23.6	852	21.2	574	20.4	364	20.0	127	19.9	Class I.—Free from defect or having defects of clothing, cleanliness and/or minor defects of teeth only.	
	Transferred	Class IV, V ...	240	18.3	658	16.4	379	13.5	229	12.6	78	12.2		
		Class III ...	176	23.3	360	19.6	166	17.6	100	15.0	23	13.6		
	Class IV, V ...	129	17.1	297	16.2	150	15.9	93	13.9	17	10.1			
	Total	Class III ... Class IV, V ...	486	23.5	1,212	20.7	740	19.7	464	18.7	150	18.6	Class II.—Having one or more minor defects of vision and/or defects of teeth requiring treatment.	
9 years ...	Non-Transferred	Class III ...	114	16.5	554	*17.0	373	15.6	258	15.4	89	*15.5		
	Transferred	Class IV, V ...	106	15.3	488	14.9	319	13.3	189	11.3	53	9.2		
		Class III ...	74	18.6	274	17.2	160	16.2	98	14.8	23	10.4		
	Transferred	Class IV, V ...	52	13.1	205	12.9	120	12.2	74	11.1	32	*14.4	Class III.—Having one or more ailments other than above from which complete recovery is anticipated in a few weeks ("temporary" defects).	
	Total	Class III ... Class IV, V ...	188	17.3	828	17.0	533	15.8	356	15.2	112	14.1		
13 years	Non-Transferred	Class III ...	58	13.5	383	12.1	257	10.1	212	10.0	44	6.4		Class IV.—Having one or more defects less remediable than those specified in II or III.
	Transferred	Class IV, V ...	54	12.5	311	9.8	284	*11.2	241	*11.3	61	8.9		
		Class III ...	54	18.7	198	13.8	146	*14.6	132	14.5	40	*15.0		
	Transferred	Class IV, V ...	38	13.1	183	12.7	133	*13.3	120	13.2	26	9.7	Class V.—Having defects from which improvement is not considered possible.	
	Total	Class III ... Class IV, V ...	112	15.6	581	12.6	403	11.4	344	11.3	84	8.8		
All ages	Non-Transferred	Class III ...	482	19.8	1,789	17.1	1,204	15.5	834	14.8	260	13.7		Note.—Percentages for Classes I and II are not given as they are the balance of 100% after deducting the percentages shown.
	Transferred	Class IV, V ...	400	16.4	1,457	13.9	982	12.7	659	11.7	192	10.1		
		Class III ...	304	21.1	832	17.1	472	*16.1	330	14.7	86	13.1		
	Transferred	Class IV, V ...	219	15.2	685	14.1	403	13.8	287	12.8	75	11.4		
	Total	Class III ... Class IV, V ...	786	20.3	2,621	17.1	1,676	15.7	1,164	14.8	346	13.5	Class V.—Having defects from which improvement is not considered possible.	
			619	16.0	2,142	14.0	1,385	13.0	946	12.0	267	10.4		

* Exceptional percentages which contradict the general trend of decrease in Classes III, and IV, V (and, conversely, increase in Classes I, II) with the increase of apartments.

APPENDIX XIII.—Table C.2.—NUMBERS AND PERCENTAGES OF CHILDREN IN ORDINARY SCHOOLS PLACED IN VARIOUS MEDICAL ("REMEDIABILITY") CLASSES ARRANGED ACCORDING TO DEGREE OF OVERCROWDING AS DEFINED IN TABLE B.2.

Age.	Degree of Overcrowding.	Not Overcrowded.		Moderately Overcrowded		Much Overcrowded.		Totals.	
		No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
5 years	Classes I, II ...	5,860	67.1	1,863	63.2	1,923	58.8	9,646	64.5
	Class III ...	1,650	18.9	628	21.3	774	23.7	3,052	20.4
	Classes IV, V ...	1,222	14.0	456	15.5	572	17.5	2,250	15.1
	Totals ...	8,732	100.0	2,947	100.0	3,269	100.0	14,948	100.0
9 years	Classes I, II ...	5,412	73.6	1,690	69.3	1,703	63.9	8,805	70.7
	Class III ...	1,070	14.5	416	17.1	531	19.9	2,017	16.2
	Classes IV, V ...	876	11.9	331	13.6	431	16.2	1,638	13.1
	Totals ...	7,358	100.0	2,437	100.0	2,665	100.0	12,460	100.0
13 years	Classes I, II ...	6,542	78.5	1,619	73.3	1,729	*74.5	9,890	76.9
	Class III ...	872	10.4	319	14.5	333	*14.4	1,524	11.8
	Classes IV, V ...	923	11.1	270	12.2	258	*11.1	1,451	11.3
	Totals ...	8,337	100.0	2,208	100.0	2,320	100.0	12,865	100.0
All Ages	Classes I, II ...	17,814	72.9	5,172	68.1	5,355	64.9	28,341	70.4
	Class III ...	3,592	14.7	1,363	18.0	1,638	19.8	6,593	16.4
	Classes IV, V ...	3,021	12.4	1,057	13.9	1,261	15.3	5,339	13.2
	Totals ...	24,427	100.0	7,592	100.0	8,254	100.0	40,273	100.0

For explanation of medical classification see note to Table C.1.

* Exceptional percentages which contradict the general trend of decrease in minor medical classifications of the children (I and II) and increase of "temporary" and less remediable categories (III to V) with increase of overcrowding.

APPENDIX XIV.—CAUSES OF DEATH.

In the following Table are shown the numbers of children aged 5 to 15 years who died during the year ended 31st July, 1951. The causes of death have been listed and the figures arranged in two age-groups and according to sex.

Several points of interest may be noted from perusal of the figures :—

- (1) Children under 10 years of age yielded 66% of the deaths.
- (2) Fully 35% of all deaths were caused through violence, the vast majority being of children under 10 years of age.
- (3) Many more boys than girls died, particularly from violence, cancer and, to a lesser degree, from tuberculosis.
- (4) Infectious diseases formed a very small proportion of the total deaths.

Cause of Death	5-10 years.		10-15 years.		All Ages.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals
Tuberculosis—							
Respiratory	1	1	3	—	4	1	5
Meningeal	7	4	2	2	9	6	15
Abdominal	1	—	—	—	1	—	1
Others	—	—	—	1	—	1	1
Infectious Disease—							
Whooping Cough	—	1	—	—	—	1	1
Cerebro-spinal Fever	1	—	—	—	1	—	1
Mental and Nervous Diseases—							
Epilepsy	—	—	2	—	2	—	2
Mental Deficiency	1	1	—	2	1	3	4
Encephalitis	1	—	—	1	1	1	2
Others	3	2	—	1	3	3	6
Circulatory Diseases—							
Heart Disease	—	—	2	1	2	1	3
Rheumatic Fever	1	—	—	2	1	2	3
Others	—	—	1	—	1	—	1
Respiratory Diseases—							
Influenza	1	—	—	1	1	1	2
Pneumonia	—	—	1	2	1	2	3
Digestive Diseases—							
Appendicitis	1	2	1	1	2	3	5
Enteritis and Colitis	2	—	—	1	2	1	3
Others	1	1	—	—	1	1	2
Cancer—							
Cerebral	2	—	—	—	2	—	2
Circulatory	2	—	—	—	2	—	2
Gastric	1	—	—	—	1	—	1
Others	2	—	—	1	2	1	3
Violence —							
Road Traffic Accidents	13	2	1	2	14	4	18
Other Violent Causes	14	6	4	2	18	8	26
All Other Causes	3	3	4	1	7	4	11
Totals	58	23	21	21	79	44	123

APPENDIX XIV—TABLE OF DATA

The following table shows the number of children and the number of children who are blind, deaf, or both blind and deaf, in each of the States and Territories, for the year 1910.

The following table shows the number of children who are blind, deaf, or both blind and deaf, in each of the States and Territories, for the year 1910.

State or Territory	Blind	Deaf	Both blind and deaf
Alabama			
Arizona			
Arkansas			
California			
Colorado			
Connecticut			
Delaware			
District of Columbia			
Florida			
Georgia			
Idaho			
Illinois			
Indiana			
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine			
Maryland			
Massachusetts			
Michigan			
Minnesota			
Mississippi			
Missouri			
Montana			
Nebraska			
Nevada			
New Hampshire			
New Jersey			
New Mexico			
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma			
Oregon			
Pennsylvania			
Rhode Island			
South Carolina			
South Dakota			
Tennessee			
Texas			
Vermont			
Virginia			
Washington			
West Virginia			
Wisconsin			
Wyoming			
Total			