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CORPORATION OF GLASGOW

Health and Welfare Department

SCHOOL HEALTH SERVICE

REPORT

ON THE

**Medical Inspection and Treatment
of School Children**

FOR THE YEAR ENDED 31st JULY, 1954

Ordered by the Committee on Health and Welfare to be printed

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THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
REPORT
ON THE INVESTIGATION AND TREATMENT
OF THE
MILK
BY
THE
LABORATORY OF CHEMISTRY
AND
PHYSICS
OF THE
UNIVERSITY OF CHICAGO

CONTENTS.

	<i>Page</i>
GENERAL INTRODUCTION	4
1. LIST OF STAFF	9
2. GENERAL STATISTICS	11
3. SANITARY CONDITION OF SCHOOLS	11
4. ORGANISATION AND ADMINISTRATION—	
Inspection	14
Treatment	15
Dental Inspection, etc.	17
School Nursing and arrangements for Following-up	17
Co-ordination with other Departments	19
Co-operation with other Agencies	23
Co-operation with Teachers and Parents	26
5. THE FINDINGS OF MEDICAL INSPECTION—General Review	27
6. MEDICAL TREATMENT—General Review	30
Cuts, Bruises, Sprains, etc.	32
Diseases of the Ear	33
Defective Hearing	34
Diseases of the Eye, Diseases of the Skin	36
Defective Vision; Supply of Spectacles	37
Operations—Ear, Nose and Throat	39
Orthopaedic Treatment	41
General Diseases; Medicines	44
Artificial Light Treatment; Cardiac Clinics	45
Asthma Investigation	46
7. DENTAL INSPECTION AND TREATMENT	47
8. SPECIAL SCHOOLS, CLASSES AND RESIDENTIAL SCHOOLS	48
9. PHYSICAL EDUCATION AND PERSONAL HYGIENE	53
10. FEEDING AND CLOTHING OF CHILDREN; MILK IN SCHOOLS	54

STATISTICAL AND OTHER APPENDICES.

TABLE I—Total numbers of children examined	56
APPENDIX Ia—Notifications to parents	58
APPENDIX Ib—Age distribution of children	60
TABLE II—Numbers and percentages of children suffering from defects	62
APPENDIX IIa—Systematic examinations—additional information	70
APPENDIX IIb—Vision and hearing of "1946" children	72
APPENDIX IIc—Average measurements of children	74
TABLE III—Classification according to remediability of major defects	82
APPENDIX IIIa—Inspection of special cases	84
APPENDIX IIIb—Other special inspections (leaving interviews, holiday and harvesting camps)	84
APPENDIX IIIc—Cleanliness inspection in schools by nurses	85
APPENDIX IIId—Cleanliness supervision at selected schools	87
TABLE IV—Exceptional children	91
TABLE V—Dental inspection and treatment	93
APPENDIX VI—Summary of inspection and treatment statistics	96
APPENDIX VII—Nursery schools and day nurseries (results of inspection)	99
APPENDIX VIII—Mass miniature radiography	101
APPENDIX IX—Medical supervision of Remand Home	103
APPENDIX X—Diphtheria immunisation campaign	103
APPENDIX XI—Speech therapy	105
APPENDIX XII—Audiometric surveys	108
APPENDIX XIII—Mortality of school children	113
APPENDIX XIV—Social group and medical class	115

GENERAL INTRODUCTION

This Report is the forty-fifth since the establishment of medical inspection in Glasgow in the year 1909, the twenty-fourth since the transfer to the Health Department of the Corporation in 1930 and the sixteenth since the form of report was re-cast following the introduction throughout the country of a uniform method of recording at the request of the Department of Health for Scotland.

As the Session also marks the end of another quinquennium (the ninth since the 1909/10 school year) it may be of value to trace briefly the progress made over the last five-year period as giving a more accurate picture than is possible by the usual comparison of one year with another. In reviewing the position, the influence of the National Health Service on school health administration can also be more clearly assessed as sufficient time has now elapsed since the Act came into force.

The period since the year 1949 has been one of expansion and re-organisation and increasing co-operation with other agencies interested in the health and welfare of school children. As a result, a greater variety has been lent to the work of the School Health Service which has become an organisation providing a comprehensive medical service for every child throughout his scholastic career.

In the realm of *medical inspection and supervision* the number of examinations yearly have steadily risen. As regards systematic inspection in schools, the increased numbers are due mainly to the higher birth-rate in the early post-war years. Re-inspections (of children previously found to have an ailment) and leaving interviews (pupils seen immediately prior to leaving school) have both increased, the latter considerably as the result of co-operation with the Youth Employment Service. With the opening of additional residential schools, the numbers now examined prior to admission are more than twice those in 1949.

New schemes introduced during the period and still functioning successfully are : (1) the medical supervision of employees in kitchens supplying school meals ; (2) the placing of children with physical handicaps in suitable employment—the School Medical Officer co-operating with the Youth Employment Officer and (where heart cases are concerned) with the Heart Specialist ; (3) the medical supervision

of children in nursery schools ; (4) medical examination of students attending pre-vocational courses ; (5) B.C.G. vaccination campaign annually in schools ; and (6) a special clinic for the investigation of asthma and other allergic conditions.

Some *re-organisation* has been effected in (a) Hygiene Units which have been re-equipped, courses of instruction given to attendants and in six of the units full-time attendants appointed ; (b) the Mobile Spray Bath scheme which commenced in May, 1949 with one unit and now has three units operating regularly with a school nurse in attendance ; and (c) cleanliness supervision of school children whereby an intensive onslaught is being conducted against this social problem—with some degree of success.

On the *treatment* side, also, there have been many changes including increased establishment of doctors, dentists and medical auxiliaries. *New schemes* introduced during the quinquennium include : (1) the Audiometric Survey of children aged nine years followed by otological examination of those with apparently defective hearing and their subsequent treatment ; (2) the opening of a new orthopaedic clinic at Avenuepark Street and another at Harriet Street ; (3) the opening of two new clinics (at Leithland Road and Berryknowes Road) in housing schemes for the treatment of children with minor ailments ; (4) specialist facilities at the hearing-aid clinics of two hospitals (one now discontinued) to alleviate the shortage of aurists attending school clinics ; (5) systematic treatment of children with speech defects in schools for the handicapped following a survey ; and (6) survey of children with speech defects in day nurseries and nursery schools.

By and large, the numbers of new cases treated in 1954 compared with those in 1949 are more numerous and total attendances for treatment have similarly increased. Minor ailments clinics have justified their retention, the ophthalmic service has been extended with a consequent increase in the numbers examined and supplied with spectacles, the total operations for removal of tonsils and/or adenoids remains high, more orthopaedic cases are now being examined and the appointment of additional speech therapists has enabled more cases of speech defect to be treated.

The dental service scheme introduced in 1949 has continued to function on much the same lines as originally planned although some modifications have been necessary. The number of schools systematically inspected by dentists has increased from 53 in 1949 to 76 in 1954 ; the orthodontic service has greatly expanded in the same period ; an

X-ray unit installed in 1949 is being increasingly used ; in 1951, a general anaesthetic clinic was established. Conservative treatment has proportionately increased—fillings of permanent teeth have doubled in the interval between 1949 and 1954.

Co-operation with the National Health Service has been extended in several directions. The school ophthalmic service following a difficult early period is now functioning successfully ; the services of various specialists have been made available for work in school clinics ; fixed arrangements for hospital treatment (e.g. tonsils and adenoids operations) are in being ; and consultations with officials on administrative and other matters are of frequent occurrence. Residential schools are visited in emergency by local medical and dental practitioners as arranged with the various Executive Councils and the cost of the school ophthalmic service is defrayed by the Western Regional Hospital Board. Closer co-operation has been maintained, also, with the family doctors who are encouraged to make use of the School Health Service facilities. Since the inauguration of the National Health Service scheme the work of the School Health Service has proceeded with little interruption—practically the only difficulty at present is the scarcity of aurists available for school health duties and even this has been relieved by temporary arrangements with the Hospital Board as already described.

With regard to the work in 1954, of which details are given throughout this Report, more periods than usual were devoted by School Medical Officers to duties other than those connected with systematic medical inspection and treatment. In particular, residential school and holiday camp examinations were much increased while more time was given to diphtheria immunisation and general inspection of schools.

Fewer children were systematically examined than in the previous year, but the total of 51,895 pupils seen at "ordinary" schools was, with that exception, the highest for many years past and the number of pupils examined in schools for the handicapped was the highest since 1949. The total of other examinations, however, was the highest ever recorded and, in fact, the grand total of pupils inspected under all schemes during the year 1954 was the greatest ever.

The results of routine medical inspection were most satisfactory, the percentage (48.1) of children with *no sign of any defect* being the highest ever recorded in these Reports. Moreover, the general physique

of the Glasgow school child has shown consistent improvement over many years. This fact is well illustrated in the following table which shows the increases in average height and weight of boys and girls during 1950-54, compared with the five-year period 1930-34.

Age-group	Average increase in 1950-54 compared with 1930-34.			
	Boys.		Girls.	
5 year-olds ...	1.3 ins.	2.6 lbs.	1.3 ins.	2.5 lbs.
9 year-olds ...	1.9 ins.	5.0 lbs.	1.6 ins.	5.0 lbs.
13 year-olds ...	2.4 ins.	9.7 lbs.	2.0 ins.	10.3 lbs.

Cleanliness of school children during the session was much improved, medical officers at routine medical inspection and nurses at systematic cleanliness inspection reporting the smallest number of offenders for some years past. In the Hygiene Units, also, there was considerable improvement, the all-over returns of cleanliness being the best for many years; incidentally, the experiment of employing full-time attendants in six of the Units had been very successful. It would appear that the unremitting battle with uncleanness was showing results, but there could be no slackening of effort—the prosecution of 82 persistent offenders had even been necessary during the year.

Treatment was given to more cases and attendances at clinics were on the whole more numerous than in the previous year. Ear cases, including those with hearing defect, were increased by reason of more facilities and for a similar reason more cases of defective vision were treated. Increased staff enabled more children with speech defects to be seen.

The diphtheria immunisation short-term campaign was most successful, the total number of injections administered in schools being the greatest ever recorded. Unfortunately, however, the percentage of the school population protected against this disease—and against smallpox—was on the decline, as discovered by medical officers in the course of routine medical inspection.

Fewer dental cases were treated during the period as the result of reduced staff. More fillings were given, the over-all ratio of fillings to extractions (permanent teeth only) being increased over that in the previous year. The issuing of "follow-up" cards to those declaring for private treatment was continued during the year and an increasing

number actually appeared to be seeking such treatment. The Education (Miscellaneous Provisions) Act, 1953 repealed the provisions of the Education (Scotland) Act, 1946 relating to *dental treatment* and replaced them with specific provisions making it the duty of local authorities to secure that comprehensive facilities for free dental treatment were available for their pupils either by themselves or under arrangements made with regional hospital boards.

The Report is more voluminous than usual as the result of fuller information being supplied in respect of the various activities with which the School Health Service is now associated. One item which appears for the first time is a chart showing the average heights and weights of school children in quinquennial periods since the inception of routine medical inspection in the Glasgow area. In addition, a new appendix gives full details of the scheme of cleanliness inspection in schools by nurses.

My sincere thanks are due to the Conveners and members of the Health and Welfare Committee and of the Education Committee for their assistance and encouragement at all times; to the Medical, Dental, Nursing and Clerical Staffs for their excellent work and co-operation and to the Director of Education and his staff for help freely and readily given. Finally, I should like to acknowledge my indebtedness to Mr. James A. Stewart, Assistant Administrative Officer, for his work in collecting and arranging the material for this Report.

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

155 BATH STREET,
GLASGOW, C.2.

14th February, 1955.

1.—LIST OF STAFF

(a) WHOLE-TIME STAFF.

1 Principal Medical Officer ; 2 Assistant Principal Medical Officers (1 for Child Guidance Work) ; 18 School Medical Officers ⁽¹⁾ ; 1 Chief Dental Officer ; 15 School Dental Officers ⁽²⁾ ; 1 Superintendent School Nurse ; 76 School Nurses (including 7 employed as Cleanliness Inspectresses) ⁽³⁾ ; 8 Speech Therapists ⁽⁴⁾ ; 1 Audiometrician ⁽⁵⁾ ; 9 Physiotherapists (including 6 Physical Training Teachers seconded to orthopaedic clinics) ⁽⁶⁾ ; 1 Administrative Officer ; 34 Clerks ⁽⁷⁾ ; 16 Dental Attendants ; 1 Default Officer ; Occupational Therapist (post vacant) ⁽⁸⁾.

- (1) *Dr. Dorothea H. Suttie and Dr. Hugh A. G. MacEwan retired on 31.3.54. Dr. Walter A. Todd resigned on 20.3.54. Dr. Hugh Macfarlane was appointed on 17.6.54 to the permanent staff.*
- (2) *Miss Frances Paterson resigned on 31.1.54.*
- (3) *During the session 8 nurses resigned and 10 were appointed. One nurse was seconded to the University.*
- (4) *Misses Evelyn Dryden and Margaret Todd were appointed to the Staff on 1.9.53, and Misses Mary McKerchar and Margaret Charlton on 8.2.54. Miss Mary McAlister and Miss Ella Cobb resigned on 31.12.53 and 8.1.54 respectively.*
- (5) *Mrs. Ann Climie (née Bancroft) resigned on 24.7.54.*
- (6) *Misses Christina Porteous and Maisie Craig were appointed to the Staff on 1.6.54. Misses Margaret Bell and Margaret Adam resigned on 30.9.53 and Miss Jessie Alexander resigned on 31.12.53.*
- (7) *During the session 8 clerks resigned and 6 were appointed.*
- (8) *Miss Winifred Dobbie resigned on 9.12.53.*

(b) PART-TIME STAFF.

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

- (1) *Miss Helen R. MacAndrew left 11.5.54.*
- (2) *All are seconded to school health work by arrangement with Western Regional Hospital Board (1 Dermatologist, 1 Cardiologist, 4 Aurists—2 for tonsils and adenoids operations only—1 Anaesthetist, 1 Ophthalmologist, 3 Oculists).*

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.

Other members of the staff primarily engaged in the dental treatment of ante-natal patients and nursing mothers are detailed below. The whole-time staff devoted a small proportion of their time to school dental work.

ANTE-NATAL DENTAL STAFF.

Whole-time.

1 Dental Officer ; 2 Nurses ; 5 Workshop Technicians.

Part-time.

1 Dental Officer¹.

¹ *Chief Dental Officer also gives part-time to ante-natal work.*

Of the total of 10,951 periods (half-days) worked by the School Medical Officers, 9,177 were given to the work of Medical Inspection and Treatment and 1,774 periods were devoted to other work as follows :—residential school examinations, 400 ; junior club and school camp examinations, 328 ; examinations re holidays abroad, 66 ; harvesters' examinations, 98 ; diphtheria immunisation, 576 ; general inspection at schools, 205 ; examinations of school meals' service staff, 75 ; and 26 periods to examinations of pre-vocational and nursing students and printers' apprentices.

Of the total of 8,246 working periods, School Dental Officers devoted 8,070 periods to the normal work of Dental Inspection and Treatment, and 176 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 (General) 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 (estimated) ...	1,085,000
Density of Population per acre ...	27
Number of Schools—	
(a) Primary	169
(b) Junior Secondary	47
(c) Senior Secondary	29
(d) Schools for Handicapped Children	24
(e) Approved Schools	1
(f) Residential Schools	12
(g) Nursery Schools	40
(h) Hospital Schools	6
(i) Agricultural Schools	1
(j) Gardening Schools	1
(k) Occupational Centres	9
Total Schools Under Education Authority	
	339
(l) Schools in receipt of grant and under medical inspection	4
	343
Average number of children on register ...	177,403
Average number of children in attendance ...	159,672 (90·0%)

3.—SANITARY CONDITION OF SCHOOLS

Section 20 (4) of the Education (Scotland) Act, 1946 (as amended by the 1949 Act) states :—“ *With a view to securing that the premises, furnishing and equipment of schools, . . . under the management of an education authority are maintained in such condition as to contribute to the good health of the pupils, it shall be the duty of an education authority to cause their medical officers as part of their ordinary work from time to time to inspect and to report to them upon the said premises and equipment, and in making the said inspections, the medical officers shall have special regard to the lighting, heating and ventilation, and to the sanitary arrangements.*”

In accordance with the above instruction, School Medical Officers visit the various schools (including residential and nursery schools) in the course of the year and any defects found are reported to the appropriate Department for the necessary action to be taken. In some cases the defects are structural and as they are in old buildings cannot easily be rectified. On the occasion of each visit to a school the Officer also takes the opportunity of interviewing the Head Teacher and class teachers for the purpose of discussing with them the health and well-being of their pupils and giving advice in particular cases.

During the 1953-54 Session 205 visits were paid to 185 schools with the following result. "Nothing to report" was returned in 35 instances and the principal defects found in the remainder were: inadequacy of washing facilities, (72); disrepair of playground surfaces and lack of sufficient shelters, (54); absence or inadequacy of medical inspection room, (44); insufficiency of cloakroom accommodation, (39); defects of lighting and heating, (38); insufficiency of staffroom accommodation, (37); defects of W.Cs. and lavatories, (34); defective ventilation, (21). Other complaints included disrepair of flooring, (10); disrepair or inadequacy of drinking fountains, (8); defective drainage, (7); dirty walls, etc., (7); and a number of miscellaneous defects mostly structural in nature.

Since the year 1949 it has been the practice to include in this Report some information regarding the work accomplished in the various schools and other education establishments during the school year. This is taken from a statement prepared by the Architectural and Planning Department (Education) and the following are summarised extracts showing details of the work completed during the year ended 31st July, 1954 (exclusive of work carried out on a jobbing basis). The total number of establishments affected is shown in parenthesis for each group listed.

Washing facilities. Installation or renewal of baths, shower fittings, wash-hand basins, sinks, water-heaters and hot-water supplies. (14).

Lavatories. New water-closets; renewal of or repair to existing lavatories. (13).

Heating. Installation or replacement of boilers ; insulation work ; installation of heating systems. (37).

Playgrounds, etc. Provision of and repairs to playgrounds, foot-paths and boundary walls. (30).

Alterations. Galleries, cloakrooms, classrooms, staffrooms, etc. (87).

Water supply. Installation or renewal of drinking fountains and storage cisterns ; installation of water mains ; renewal of supply pipes. (16).

Floors and stairs. Renewal or repair of flooring in halls, classrooms and gymnasia ; tiling. (16).

Roofs, walls, ceilings, etc. Provision, renewal or repair of chimneys, roofs, ceilings, gutters, conductors and walls. (32).

Miscellaneous. Fencing and railings (9) ; linoleum and furnishings (exclusive of supplies by requisition) (44) ; wireguards or panels for windows, radiators and heaters (18) ; fire extinguishers (13). During the year, 29 new dining-rooms and kitchens were opened and some alterations and improvements made to existing centres. New schools (20) were completed by the end of the year.

4.—ORGANISATION AND ADMINISTRATION

A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

For convenient operation of the scheme, a school clinic serves a group of schools in each district of the city. To each clinic and its attendant group of schools, one or two (depending on the size of the area) school medical officers are attached and made responsible, so far as is possible, for medical inspection, treatment and supervision of the pupils in the specific area. Part-time consultants seconded by the

Hospital Board organisation work at central clinics. Pupils in residential and approved schools are given emergency treatment by local medical officers and dentists by arrangement with the various Executive Councils.

Details of the arrangements for medical inspection and supervision of children in nursery schools will be found in Appendix VII, page 99.

INSPECTION.

The scheme of inspection is conducted broadly on the lines suggested by the Department of Health for Scotland in a circular letter issued at the beginning of August each year. The circular specifies the years of birth of the pupils to be medically inspected systematically during the ensuing school session (five age-groups). It also advises that provision should be made for the re-examination of pupils found defective at previous inspections, for the special examination of pupils suspected by teachers, parents, nurses or others to be suffering from defects, and for the general supervision of the health and cleanliness of pupils through regular visitation of schools by school medical officers and school nurses. The systematic medical inspection of children attending nursery schools is also required.

The scheme of inspection in Session 1953-54 was as follows :—

ORDINARY SCHOOLS.

(1) "*Routine*" *Medical Inspection.*

- (a) Children in the Infant Department who had not previously been subjected to detailed routine inspection—("Entrants—Infants").
- (b) Children born in 1940—"Leavers".
- (c) Children born in 1944—"Intermediates".
- (d) Children born in 1937—"Secondary pupils".
- (e) Children born in 1946—(Vision and hearing only).

Groups (a), (b), (c) and (d) were usually presented in the order stated above. 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. It was emphasized that the completion of inspection of each of the routine age-groups throughout the City took precedence of other routine inspection work.

(2) "Non-Routine" Inspection.

- (a) Pupils outwith the groups already named who were specially presented at any inspection on account of disease or defect observed by Teacher.
- (b) Pupils approaching "Fixed Dates" for leaving school who were presented for "Leaving Interview."

(3) Inspection of "Abnormals."

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

SCHOOLS FOR THE HANDICAPPED.

Routine medical inspection was also provided in schools and classes for *physically* and *mentally handicapped* children. 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 by the visiting Psychiatrist for purposes of re-assessment, on approaching school leaving age and at intervals as required.

Arrangements were also made throughout the Session for Routine Dental Inspection by dental officers of pupils in selected schools, for Cleanliness Inspection by nurses, Diphtheria Immunisation (including the annual campaign in schools), Mass Radiography of pupils (generally those 14 years of age and over) when the Unit was available, and the General Inspection of schools by medical officers.

TREATMENT.

Children found or suspected to have a defect are reported by school medical officers, nurses, teachers, attendance officers, parents and others and, unless in emergency, such cases are summoned by letter to the local school clinic. Signed application by the parent is, however, necessary but treatment is provided free of charge. A list of the school clinics and the services given 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	2	—	—	—	—
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	—	—	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	—	—	—	—
74 Berryknowes Road, S.W.2	1	—	—	—	—	—	—
Leithland Road School, S.W.3	1	—	—	—	—	—	—

Calton Dental Clinic functioned on five days per week from 1.3.54.

Plean Street Dental Clinic functioned Monday, Tuesday and Wednesday and on Saturday forenoons each week from 1.3.54.

Hyde Park Dental Clinic ceased to function as a full-time clinic after 15.1.54 ; relief dentists were supplied as circumstances permitted.

In addition to the above, children with speech defects are treated by qualified speech therapists at schools or in clinics, and maladjusted children are treated in child guidance clinics or in a residential school. The Corporation has also a number of residential and boarding schools where handicapped children are sent for varying periods.

Special hospital treatment is also provided free of charge in co-operation with the Hospital Board organisation and consultants for ear, orthopaedic, ophthalmic, skin and E.N.T. conditions are seconded to the School Health Service, attending the school clinics regularly. Beds in three hospitals are set aside for tonsil and adenoid cases and two hospitals admit school children requiring other ear, nose and throat operations. Hospital accommodation is also available for school children with hearing or orthopaedic defects and X-ray facilities for E.N.T. cases are provided in two other hospitals. By special arrangement with the hearing-aid clinic attached to yet another hospital, children with hearing defects are tested, provided with hearing-aids if necessary and are followed up regarding progress in the use of the

instruments. The staff of this clinic also help to supplement the few aurists available to the School Health Service by examining E.N.T. cases (mostly old cases due for specialist re-examination after protracted treatment) on their own premises and advising as to treatment.

B. *SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.*

Dental Officers are attached to clinics, each of which serve a group of schools in the district. A number of selected schools are visited for the purpose of Routine Dental Inspection and children in these schools found to have dental defect are offered treatment at a school clinic. Where a clinic is operating full-time, two whole days per week are usually set aside for children attending schools which are not on the list for routine dental inspection and the remaining days are available for the "R.D.I." cases. Emergency "toothache" cases are treated at local dental clinics between 4 and 5 p.m. daily.

Orthodontic treatment is available for school children and at present one Dental Officer is employed full-time and another Officer gives a part of his time to this work.

The dental X-ray unit which was installed during the 1949 Session is available for making immediate radiographic diagnosis on request by Dental Officers.

In January, 1951, a general anaesthetic clinic was established; each Saturday morning cases previously selected by Dental Officers are treated at one central clinic. During the same year, facilities for surgery and provision for gold fillings were instituted.

Artificial dentures where considered necessary are supplied to school children, a staff of dental technicians being employed for this purpose.

The Chief Dental Officer's report on the year's work and his comments on progress during the past five years appear on page 47 and the detailed statistics in Table V, pages 93-95.

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

A nurse accompanies each school medical officer at routine inspection in schools and assists in the examination of pupils as required,

drawing attention to any defects observed, preparing and despatching notes and returns and visiting important cases, if necessary, regarding home conditions or in connection with parental consent to urgent treatment.

Each school clinic has a sister-in-charge and additional nurses (the number depending on the volume of work) who assist with the treatment under the direction of the school medical officers and consultants. The nurses also visit the homes of children to obtain their attendance at clinics or in connection with various surveys.

In nine schools for the physically and mentally handicapped a nurse is in attendance full-time mainly for the treatment and care of the physically handicapped children, thus obviating the need for these children to attend school clinics. A nurse attends half-time at another special school and six additional special schools are visited by nurses twice weekly for the same purpose.

A staff of nurses is employed partly on the cleanliness inspection of children in a number of schools and partly on the testing of visual acuity and hearing of children aged approximately 7 years.

Following-up is principally by means of postal communication, the co-operative efforts of teachers and the visitation of homes by nurses, attendance officers and, in difficult cases, by special officers of the School Welfare Section.

During the 1953-54 Session the nursing staff, including the Supervisor and cleanliness inspectresses devoted 34,300 working periods (half-day) to the work of medical inspection and treatment of children (including home visitation), 492 periods to examinations in connection with holidays abroad, junior club and school camps and harvesting, 400 to the examination of children proposed for admission to residential schools, 576 to diphtheria immunisation, 75 to examinations of school meals' staff and 26 periods to examinations of pre-vocational and nursing students and printers' apprentices—total periods 35,869. Visits totalled 996 and of that number 516 were home visits; nurse inspectresses from the Sanitary Divisions also visited homes in connection with cases of uncleanliness discovered in the schools.

A dental attendant is attached to each school clinic to work under the supervision of the dental officer and to accompany the latter to schools on the occasion of the routine dental inspection. During the year, dental attendants devoted 8,057 periods (half-day) to the work of routine inspection and clinic treatment.

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

HEALTH AND WELFARE DEPARTMENT.

Information regarding cases of *infectious disease* and contacts is intimated to the School Health Service by the Divisional Organisations. Particulars of children excluded from school on account of infectious disease and those "cleared" are forwarded by the Service to the appropriate section of the Education Department.

Several *clinics* are used jointly by the Maternity and Child Welfare section and by the School Health Service; co-ordination is thus facilitated by having two branches of the Corporation Health Service in the same building. Pre-school children, including those attending day nurseries, are frequently referred by the Child Welfare Medical Officers to the various school clinics for advice and treatment.

The *Nurse Inspectresses* attached to the various Sanitary Divisions visit a selected number of schools for the purpose of inspecting children regarding cleanliness; the homes of persistent offenders are also visited.

There are a number of standing *Diphtheria Immunisation ad hoc clinics* available to children of school age and under; assistance is given in these clinics by members of the School Health Service staff. In the spring of each year a "drive" in the schools is organised; all children attending primary schools are offered immunisation including "boosting" doses where these are considered necessary. (See Appendix X, page 103 for details of the annual campaign for 1954).

Close co-ordination is maintained with the *Mental Services Department* in the ascertainment and certification of mental defectives. For this purpose members of the School Health Service medical staff attend at 20 Cochrane Street every second Saturday morning throughout the year. They examine and, if necessary, certify under the Mental Deficiency Acts, the following groups:

- (1) Children under the age of 5 years whose parents desire institutional treatment to be provided.
- (2) Children from the age of 5 to 16 years reported under Section 56 of the Education (Scotland) Act, 1946, as being incapable of receiving instruction in a special school.

- (3) School leavers at the age of 16 years who are reported under Section 57 of the Act as requiring special care and protection after leaving school.
- (4) Adults who require, by reason of mental deficiency, some form of supervision either under guardianship or in an institution.

The Assistant Principal Medical Officers of the School Health Service give lectures to nurses studying for the *Health Visitors' Certificate* and the students visit schools and school clinics.

Dental treatment is also available (a) for pre-school children at the ordinary school dental clinics to which they are usually referred by School or Child Welfare Medical Officers; (b) at special clinics for ante-natal and nursing mothers up to 9 months after confinement.

B.C.G. vaccination is offered, in the course of an annual campaign, to school children. The scheme commenced in the autumn of 1953, and dealt with children aged 13 years. In the 1954-55 Session, however, vaccination is being offered not only to children aged 13 but to those aged 14 who were not dealt with in the campaign of the previous year and also to all children aged 15 and over who are still at school. This extension will ensure that all children leaving school in the near future will be protected against tuberculosis and that in subsequent years only those aged 13 need be vaccinated.

Full details of the school campaign in 1953-54 have been published separately and it is only necessary to state here that the total number of children tested was 11,206 and the number found susceptible and immunised with B.C.G. vaccine was 6,632.

The *X-ray Section* at Cochrane Street undertakes the examination of recruits for the School Health Service.

CHILDREN'S DEPARTMENT.

Close co-operation has been maintained with the Children's Department since it was established in August, 1948. At the request of the Children's Officer, children under his supervision are examined regarding their mental condition and appropriate action advised. Medical treatment at school clinics is also provided on request, including the provision of spectacles.

The *Remand Home* is under medical supervision by the staff of the School Health Service, School Medical Officers visiting the Home on a weekly rota and being on call at any time of the day or night. (See Appendix IX for details of the current Session).

EDUCATION DEPARTMENT.

The School Health Service closely associates with all branches of the Education Department in connection with the various schemes, details of which are given throughout this Report and below.

Nursery schools are under the medical supervision of the School Health Service. School Medical Officers visit monthly for the purpose of Routine Medical Inspection and a nurse calls each week when the School Medical Officer is not due to visit. The school clinics are available for the treatment of children with defects. (See Appendix VII for full details of inspection and treatment during the Session).

Pupils approved for a stay in *residential schools* are examined twice prior to admission and the schools are visited periodically by School Medical Officers in order to assess the fitness of the children for return to schools in Glasgow.

Children are examined twice before proceeding on *holiday abroad* or to *holiday and residential camps*. During the summer, the Principal Medical Officer visits several of the camps and reports on the hygiene and other living conditions.

Children volunteering for *potato harvesting* are examined twice before proceeding to the camps. The Principal Medical Officer visits most of these camps in company with Education Committee members and Education Department officials.

Employees in *School Meals Kitchens* are medically examined annually and applicants for posts have to undergo medical examination (including X-ray) to ascertain their fitness to undertake the employment offered. During the year, 855 persons were notified to attend for examination by a School Medical Officer and of these 27 did not respond. Of the 828 who attended the results were as follows :—

New Staff.—192 were examined, of whom 42 were certified unfit.

The diseases or defects which caused rejection were : lung conditions, 16 ; varicose veins, 2 ; uncleanliness (including nits and vermin), 1 ; heart conditions, 2 ; high blood pressure, 4 ; low blood pressure, 1 ; ear conditions, 5 ; skin conditions, 1 ; chronic bronchitis, 1 ; gastric ulcer, 2 ; hyperthyroidism, 1 ; old leg injury, 1 ; debility, 5.

Old Staff.—636 were examined and 13 of these were certified unfit. The diseases or defects which caused rejection were : debility, 5* ; mental condition, 1 ; heart conditions, 2 ; high blood pressure, 1 ; skin conditions, 1 ; hygiene, 1 ; glycosuria, 1 ; polyuria, 1.

(Four of these employees later returned to duty).

* Only 3 persons were concerned but 2 were " unfit " on two occasions.

Other adult employees of the Education Department are, on occasion, referred to the School Health Service for medical examination and advice as to their fitness to resume their occupation. In addition, teachers and other Education Department employees who have been in contact with cases of infectious disease in their homes are instructed to report in person to the School Health Service for guidance as to date of return to duty.

Special officers of the School Attendance and School Welfare Sections investigate *cases of neglect* in connection with all the minor ailments clinics and report back to the School Health Service. A special officer is attached to the School Health Service for following-up children for whom spectacles have been prescribed at the school clinics.

Requests for advice regarding children who have been *absent from school* for some time are frequently received from the School Attendance Department. The action taken will depend on the circumstances and may include communication with the Hospital Board organisation, asking the parent to take the child to a school clinic, the visitation of the home by a School Medical Officer, or writing the private doctor in attendance to ascertain if he has any objection to a School Medical Officer examining the child regarding fitness to resume school and in the same letter pointing out that special treatment is available through the School Health Service (e.g. artificial light therapy, residential schooling, etc.).

Other special examinations made by School Medical Officers are—applicants for employment licences under the Corporation Bye-laws ; persistent truants appearing before School Management Committees and certain juvenile court cases.

Students attending *pre-vocational courses* for nursing, nursery nursing, commerce, building and engineering are medically examined. Examination of the nurses and nursery nurses includes X-ray examination. Candidates for printers' apprenticeships are also medically examined—in the 1954/55 Session X-ray examinations will be instituted.

Pupils recommended for *home tuition* are examined by School Medical Officers before inclusion in the scheme, and at intervals thereafter. The suitability for occupational treatment of ineducable children is also reported.

During a week in the month of June, a doctor and a nurse are in attendance each day at the *Entertainment to Handicapped Children* at Loch Lomond (Balloch Park).

Physical training teachers holding physiotherapy qualifications are employed at orthopaedic clinics along with qualified physiotherapists.

The co-operation with the *Youth Employment Service* which has existed since its inception (February, 1951), has been strengthened in some respects. Choice of employment, an important decision which all boys and girls have to make on leaving school, is based not only on the abilities, aptitudes and attainments of the young persons, but, unless unhappiness in employment is to follow, must also have regard to their physical well-being. The School Medical Officer does, therefore, play an important part by interpreting to the Youth Employment Officer the physical disabilities of pupils in terms of vocational choice. The collaboration which exists between the School Health Service and the Youth Employment Service provides the greatest safeguard against any young person being recommended to, or placed in, employment where injury to health or aggravation of an existing disability would result.

More recently the School Health Service has co-operated with the Youth Employment Service and the Department of Public Health and Social Medicine of Glasgow University in a scheme to ensure the greater well-being and speedier settlement in industry of physically handicapped boys and girls after they leave school. The Heart Specialist seconded to school clinics is also present when children, physically handicapped by reason of heart conditions, are being interviewed as regards placing in employment.

E. CO-OPERATION WITH OTHER OUTSIDE AGENCIES.

DEPARTMENT OF HEALTH FOR SCOTLAND.

From time to time requests are received for information on various matters affecting the health of school children. Reports are also required particularly in connection with the various Special Committees of the Department. The Annual Report on the Medical Inspection and Treatment of school children in the area is sent to Edinburgh as soon as it is completed.

UNIVERSITY OF GLASGOW.

Each year the School Health Service co-operates in the arrangement of the curriculum for the students attending classes for the Diploma in Public Health. During Session 1953-54, 14 of these students visited a number of schools and school clinics.

Lectures are also given to the students who take the post-graduate course in Mental Deficiency for medical officers, who also gain their practical experience in the child guidance clinics, special schools and occupational centres.

A school nurse is seconded each year to the University, in connection with an investigation into the social adaptation of families following re-housing.

Co-operation is also maintained with regard to the placing of physically handicapped children in employment. (See note under "Youth Employment Service," page 23).

The School Health Service has also co-operated from time to time in connection with various surveys (e.g. an investigation into the health of surviving premature children and a mental survey were undertaken in 1951).

WESTERN REGIONAL HOSPITAL BOARD.

Specialists are allocated by the Board to work part-time at school clinics for cardiac, orthopaedic, ear, nose and throat, skin and defective vision cases. An anaesthetist also attends a special clinic where children are given dental treatment under a general anaesthetic.

The Mass Radiography Unit undertakes the examination of school children at intervals when the Unit is available. Pupils of 14 years and over are X-rayed and the School Health Service makes all arrangements with the schools including the transportation of the children to and from the Centre. School teachers are encouraged to submit themselves for X-ray examination at the same time.

Infectious disease hospitals refer school children who are post-pneumonia cases to the School Health Service clinics for examination and after care. During Session 1953-54, 180 pupils were reported and of these 47 failed to appear, or intimated that they were receiving private treatment, 27 were found to be requiring no further attention, 20 were dealt with at "general" school clinics, 6 were recommended for convalescent holidays and 1 was referred for cardiac examination; the remaining 79 were placed on the list for artificial light therapy. A

list of the infectious disease cases discharged from these hospitals is also forwarded to the School Health Service which notifies individual schools when the children may resume.

Almoners of the various Glasgow institutions correspond frequently regarding the health and welfare of school children and submit many recommendations for the admission of such children to Corporation holiday homes.

It is sometimes necessary to refer school children direct to hospitals for treatment. During the current Session, school clinics referred 273 cases (180 boys and 93 girls), the ailments from which they suffered being as follows :—

<i>Skin—</i>		Boys.	Girls.
Wounds, etc. (minor injuries)	...	122	66
Fractures	... ..	8	8
Other skin conditions	... ..	33	10
<i>General</i>	... ..	1	—
<i>Eye</i>	... ..	13	8
<i>Ear, nose and throat</i>	... ..	3	1
		<hr/> 180	<hr/> 93

Arrangements with Biggart Hospital Home, Prestwick, are still functioning and 40 beds for physically handicapped children in need of nursing care have been permanently allocated. During the period under review, 199 children were summoned to school clinics for preliminary medical examination and of the 149 who attended, 133 were considered suitable for admission to the Home.

Co-operation was maintained with the Glasgow Dental Hospital for the attendance there of children requiring orthodontic treatment, such pupils being marked present at school as in the case of those attending school clinics.

NATIONAL HEALTH SERVICE EXECUTIVE COUNCIL.

A list of applicants for the supply of spectacles as prescribed under the School Eye Service scheme is sent to the Executive Council to obviate the possible duplication of supply.

Private medical practitioners make use of the School Health Service for children requiring special treatment at school clinics in particular cases. As previously mentioned, also, these doctors are communicated with regarding children who have been absent from school for some time and are invited to make use of the special facilities provided under the auspices of the Service.

School children attending the principal foot clinics are marked present as in the case of children attending private dentists, etc., to which references have already been made.

VOLUNTARY ORGANISATIONS.

A residential school at Westerlea, near Edinburgh, is available for the treatment of cerebral palsy cases under the auspices of the Scottish Council for the Care of Spastics. Glasgow has been allotted a total of six beds.

At the request of the University Settlement, children are medically examined prior to going to the Children's Village, Humbie. During the year, 16 such children were examined.

The School Health Service co-operates with a Joint Committee of the Institute of Child Health and Society of Medical Officers of Health and the Population Investigation Committee in a national survey of the health and development of children born in a certain week in March, 1946. School nurses visit the homes and the children are examined by School Medical Officers from time to time as requested by the Committee. During the Session, 129 schedules were completed and forwarded to the Joint Committee in due course.

The Assistant Principal Medical Officer gives lectures each year to the Glasgow District Nursing Association.

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

The teaching staffs again gave their willing co-operation throughout the year, lending invaluable aid not only in connection with the usual work of medical supervision and treatment but in facilitating the operation of other schemes relating to the health and well-being of the pupils under their charge. Special reference may be made to the diphtheria immunisation campaign, the success of which was due largely to the zeal and enthusiasm of the teachers concerned by whose efforts the children were encouraged to participate in the scheme.

Fewer parents were present at the routine inspection of their children during 1954 than in 1953 but the over-all percentage (61·3) was better than in any other previous year since 1949. The percentage of attendance with entrants was, however, the best for many years. The importance of having parents present at the medical examination of their children cannot be over-emphasized as it facilitates the work of

the medical officer who is enabled to obtain at first hand particulars of the medical history and discuss with parents matters concerned with the health of their children.

Several lectures bearing on the health of the school child were given during the year by school medical officers to parents', teachers' and other organisations.

5.—THE FINDINGS OF MEDICAL INSPECTION

GENERAL REVIEW

(Detailed statistics on pages 56 to 90).

Additional schools were opened during the Session, six for primary and one for handicapped pupils. The average number of pupils on the register of all schools during 1954 was 177,403 compared with 176,587 in 1953 and 173,037 in 1952.

Table I (pages 56 and 57) shows the total number of school children examined in the several age-groups during the year ended 31st July, 1954, and comparative statistics for each of the two previous years are also given. In "ordinary" schools, 51,895 pupils were systematically examined, a smaller total than that in 1953, but otherwise the best for many years past. Fewer "entrants" were presented—the increased birth-rate in the early post-war years being merely a temporary rise—but more pupils outwith the routine age-groups were examined. As regards pupils in schools for the handicapped, the total was the highest since 1949 and was due to a considerable increase in the numbers of mentally handicapped children examined although this was offset by a reduction in the numbers of physically handicapped pupils seen.

Other examinations *in schools* were much increased—the total was the highest ever recorded—and were due to increased special and re-inspection cases and, to a lesser extent, Leaving Interviews which have been steadily mounting in the past few years. Examinations *mainly at clinics* were also increased, residential school examinations reaching a new high level. *Cleanliness inspections* by nurses were again increased and reached the highest total ever recorded in these Reports.

The grand total of pupils inspected under all schemes during 1954 was the greatest ever recorded, with the exception of the year 1940 when wartime emergency examinations took up a very large proportion of the total inspections for that year.

Appendix Ia, page 58, gives the numbers and percentages of children, according to age-group, who were notified to parents as requiring treatment for certain conditions observed by the School Medical Officer at the routine examination. Further information regarding notification of parents is recorded in Appendix IIa, page 70. These tables show that the percentage of notifications to parents for "other defects" was slightly higher than in 1953 but was otherwise the lowest since 1950; on the other hand, there was a reduction in the numbers having defects of clothing, cleanliness or minor dental conditions, the percentage being the lowest since 1950.

Appendix Ib, page 60, provides information regarding the age distribution of children at the date of systematic examination. Fewer 5 year-olds were examined, but this was offset by an increase in the number of 9 year-olds.

In Table II, pages 62 to 68, the results of the systematic examination of children in "ordinary" schools during the year are set out to show the numbers and percentages of the children, in the selected age-groups, who were found to be suffering from one or more of the listed defects. Totals for the years 1953 and 1952 are supplied for comparison. The following are some brief comments on the tabulated information.

Unsatisfactory clothing and *unsatisfactory footgear* were recorded infrequently, the percentage in each case (0.1) equalling the previous best. It should be noted, however, that classification of these conditions is indefinite and may vary according to the individual standards of examining officers.

Uncleanliness (8.8%) showed considerable improvement, the percentage being the best since the year 1950.

Skin diseases were more numerous, the increased percentage (2.5)—the highest for some years—being due to impetigo cases.

Defective nutrition (3.4%) equalled the percentage in 1953, which was the lowest ever recorded, but this is also a condition where differing standards are likely to influence results.

Mouth and teeth unhealthy (oral sepsis) was reported on fewer occasions than in 1953 and the percentage (1.9) was the lowest previously recorded except for that in 1952. Here again, no precise standard exists and any conclusion must be indeterminate.

Naso-pharyngeal defects were discovered less frequently, the percentage (9.1) being only excelled by the 1949 figure (8.9%) which was the best ever. Fewer cases of enlarged tonsils were mainly responsible for the reduction.

External eye diseases returned the same percentage (4.2) as in 1953, which compared favourably with the returns for previous years.

Defective vision (13.7%) showed a slight deterioration compared with 1953 but was otherwise the best since 1949. Cases of "bad" vision were, however, again improved.

Ear conditions (1.4%) were slightly increased compared with 1953 due to more otorrhoea cases being reported.

Speech defects were unchanged, the percentage (0.6) equalling the previous best.

Mental and nervous conditions (0.4%) were slightly increased but the percentage was comparatively insignificant.

Diseases of the circulatory system (1.4%) showed some increase over the 1953 figure but the latter was previously the best recorded.

Lung diseases (3.1%) were fewer than in 1953 but the percentages for these conditions have been inclined to fluctuate over a period of years.

Deformities were slightly more numerous than in 1953, the percentage (1.8) being the highest for some years.

Infectious diseases (0.1%), *asthma* (0.3%) and *diabetes* (0.0%) remained at comparatively low percentages but *other diseases* (3.2%) showed a slight increase which was without significance.

Appendix IIa, page 70, gives additional information extracted from the returns of routine medical inspection. The *attendance of parents* at the examination of their children showed a reduction from 1953, but with that exception was the best percentage since 1949; the percentage of attendance with "entrants" was, however, the best for many years. Reference to *notification of parents* has already been made in the notes on Appendix Ia above. Fewer children were *noted for re-inspection* in respect of defects of *clothing, etc.*, than in any year since 1950, but more were recorded for *other defects*, the percentage being the highest for some years. *Exclusions* from school were fewer. The percentage (48.1) of children with *no recorded defects* was the highest ever to appear in these Reports. *Sound teeth* was again reported more frequently, the percentage (69.7) being the best ever recorded. *Visual acuity* was improved in respect of those who wore glasses at the examination, but was the poorest for some years for those who did not wear glasses. The percentage (85.6) of children protected against *diphtheria* was slightly reduced and the percentage of children vaccinated for *smallpox* (71.1) showed that the downward trend continued—it was particularly unsatisfactory for children in the youngest age-group.

In Appendix IIb, page 72, the results of the partial examination of children born in 1946, are shown, and totals for Sessions 1953 and 1952 are given for comparison. The percentage with "good" vision was again improved and the high percentage of those with normal hearing was maintained. Appendix IIc, page 74, gives details of the average heights and weights of school children measured at routine medical inspection. Consistent increases in height and weight were recorded among the 9 year-olds and 13 year-olds but averages for the 5 year-olds were variable. A table giving the average measurements of Glasgow school children in quinquennial periods since 1910, and a chart of these measurements illustrate the steady improvement which has taken place in the general physique of school children over the period.

Table III, page 82, classifies the results of systematic medical inspection according to the remediability of the major defects observed in the children. The percentage (66·7) of children free from defects (other than clothing, cleanliness or minor dental defects) was not so good as in 1953, but was better than in any year prior to that. As mentioned in connection with Appendix IIa, the percentage of children with no defect of any kind was the highest ever recorded. Appendices IIIa and IIIb give particulars of certain "other examinations" listed in Table I and a new Appendix, IIIc, gives a brief history of cleanliness inspection in Glasgow schools by nurses with the results of inspection in 1954. In Appendix IIId, details of the scheme of cleanliness supervision at selected schools is described and the detailed results of two general inspections during the year are also given.

The summarised results of medical inspection in nursery schools are given in Appendix VII, page 99. Appendix VIII, page 101, contains details of the Mass Miniature Radiography of children attending Glasgow schools; Appendix IX, page 103, gives a brief note on the medical supervision of the Remand Home; while Appendix XIV, page 115, shows the relationship between the parent's occupation and the remediability classes of Table III.

6.—MEDICAL TREATMENT

GENERAL REVIEW

(Detailed statistics on pages 32 to 46 and 103 to 112).

There was an all-over increase in the number of cases treated during the period and total attendances at clinics were also more numerous. Below are some brief explanatory notes on each group of defects.

Cuts, bruises, minor injuries, etc., were again quite numerous—more cases with cuts, bruises and sprains were treated but fewer with burns and scalds. As has been stated in previous Reports, the popularity of the school clinic is undiminished as the centre to which school children are inclined to resort for the treatment of minor ailments.

There was a slight increase in the number of *ear cases*—more than in the previous year were examined by School Medical Officers, many of these being "single visit" cases. Within the year, more actually new cases were treated (an increase of C.S.I. being responsible) but the total was reduced by reason of fewer cases being brought forward from the previous year. Clinic attendances were considerably reduced by the adoption of new methods (including antibiotics) whereby the course of treatment was much reduced and cures effected more rapidly. Aurists at school clinics also examined considerably more cases than usual, and with the addition of the cases seen at the Ear, Nose and Throat Hospital (Hearing Aid Clinic) by special arrangement, the total number of cases examined by specialists was the largest for many years.

Arrangements with the Glasgow Royal Infirmary (Hearing Aid Clinic) for the grading of children with defective hearing were discontinued in November and one of the consultants to school clinics undertook the work on occasion subsequently. Over the year the total number of children examined and classified was smaller.

Under the *audiometric survey* scheme more children were tested at school and clinic by audiometer; attendances at school clinics were more numerous and of these fewer were for first examination.

The total number of new *eye disease* cases was slightly smaller than in the previous year; conjunctivitis cases were more numerous but blepharitis continued to decline (being the lowest since 1950) and hordeolum dropped to the smallest number since 1950. "Single visit" cases again increased and were the most numerous for many years. Clinic attendances continued to fall and were the lowest for some years.

Skin disease was more prevalent, the increase being mainly due to the larger number of impetigo cases (at the time of writing—December, 1954—these cases are steadily on the decline).

As the result of additional sessions becoming available, more cases of *defective vision* were seen at refraction clinics compared with the previous year. For the same reason, more children were supplied with spectacles than in any year back to 1948 (the year in which the greatest number of spectacles was supplied since 1938).

Tonsils and adenoids operations were fewer than in the previous year due to a temporary reduction of hospital accommodation as the result of reconstruction work in one hospital and cross-infection of wards from time-to-time in others.

Fewer *orthopaedic* cases were admitted to hospital compared with the previous year, but more were examined at clinics by School Medical Officers and the consulting Orthopaedic Surgeon—the latter seeing the greatest number for many years. Fewer cases were put on treatment and attendances were also fewer, due partly to fluctuations of staff and to more concentration on individual, as distinct from group treatment.

New cases of "*general diseases*" showed a slight increase and this applied also to attendances for treatment—"single visit" cases, in the main, being responsible. The total attendances for medicine were greatly reduced—"general" cases being mainly affected.

Artificial light treatment cases were slightly fewer than in either of the two previous years—chronic bronchitis cases which were previously on the increase were fewer during the Session.

At the special *cardiac clinic* a greater number of cases was seen than in either of the two previous years and more were interviewed in connection with placing them in suitable employment.

More children with *speech defects* were treated by reason of increased staff—the total number of such cases being the highest ever recorded.

The *diphtheria immunisation* short-term campaign in schools was a great success, the total number of injections administered being the highest ever recorded.

(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—			1954.		1953.	1952.
			Boys.	Girls.	Totals.	Totals.
Cuts, bruises, sprains, etc.	...		1,971	1,052	3,023	2,956
Burns and scalds	...	...	184	149	333	414
Totals	...	...	2,155	1,201	3,356	3,370
						3,251

The attendances are included with those for skin conditions (page 36).

(2a) DISEASES OF THE EAR.

Examined only.

	Boys.	1954. Girls.	Totals.	1953. Totals.	1952. Totals.
Recommended operation for tonsils and/or adenoids ...	239	255	494	482	445
Other operations recommended	—	—	—	2	4
Referred to Hospitals ...	—	—	—	9	9
Single visit cases ...	416	364	780	725	881
Totals ...	655	619	1,274	1,218	1,339

Treated at clinics.

Details of new cases—

	Boys.	1954. Girls.	Totals.	1953. Totals.	1952. Totals.
Chronic suppurative inflammation (otorrhoea)—Single ...	231	182	413	334	415
Double ...	37	28	65	90	90
Results of above disease ...	28	22	50	73	75
Retracted membrane ...	49	40	89	112	114
Chronic aural catarrh ...	2	1	3	5	—
Ceruminous collection (wax) ...	161	164	325	318	364
Nasal catarrh ...	22	19	41	27	33
Laryngitis ...	2	—	2	2	3
Polypus ...	—	1	1	1	—
Other diseases ...	70	39	109	107	199
	602	496	1,098	1,069	1,293
Cases from previous session ...	566	386	952	1,224	1,106
Totals ...	1,168	882	2,050	2,293	2,399
Clinic attendances of above cases ...	24,019	17,305	41,324	49,896	59,158

Examinations by Specialists.

Cases to the number of 1,587 (928 boys and 659 girls) were summoned to school clinics for examination by aurists. Of that total 379 (219 boys and 160 girls) failed to attend, the remainder being dealt with as under :—

At School Clinics—

	Boys.	1954. Girls.	Totals.	1953. Totals.	1952. Totals.
Recommended operation for tonsils and/or adenoids ...	42	29	71	41	59
Other operations recommended	1	—	1	10	11
Referred to hospital ...	86	37	123	99	155
For X-ray ...	67	40	107	137	161
Other recommendations and treatments ...	513	393	896	582	721
	709	499	1,198	869	1,107

In addition to the foregoing, 87 (55 boys and 32 girls) children were referred during the year for specialist examination to the Ear, Nose and Throat Hospital (Hearing Aid Clinic) by arrangement with the Hospital Board organisation. These were children on the waiting list for examination by the certifying aurist who continued absent. Reports totalling 197 (including a number referred during the previous Session) were received from the Hearing Aid Clinic during the period and these are summarised below. Not included in the figures are a number of cases examined more than once, reports on which were also received by the School Health Service.

At E.N. & T.H. (H.A. Clinic)—	1954.		1953.	
	Boys.	Girls.	Totals.	Totals.
Recommended operation for tonsils and/or adenoids	18	11	29	47
Other operations recommended	4	2	6	7
Referred to hospital	11	5	16	10
For X-ray	12	7	19	23
Other recommendations and treatments	49	41	90	152
	<u>94</u>	<u>66</u>	<u>160</u>	<u>239</u>
Failed to attend	24	13	37	44
Total number of reports	<u>118</u>	<u>79</u>	<u>197</u>	<u>283</u>

X-ray Examinations.

The following cases, which include some children from the audiometric surveys, were X-rayed in Stobhill or Southern General Hospitals during the course of the year on the recommendation of the specialists with the results as shown. A few cases were X-rayed for more than one condition.

	Positive		Negative		Totals		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
Sinuses	28	22	34	16	62	38	100
Mastoids	9	4	—	—	9	4	13
Nose	3	—	—	—	3	—	3
Chest	1	—	—	—	1	—	1
Total number examined	<u>41</u>	<u>26</u>	<u>34</u>	<u>16</u>	<u>75</u>	<u>42</u>	<u>117</u>

(2b) DEFECTIVE HEARING.

The classification of school children according to the degree of deafness found was undertaken by the specialists at Glasgow Royal

Infirmery (Hearing Aid Clinic) until November, 1953, and thereafter by one of the aurists attached to school clinics. In all, 34 pupils were examined during the year, and of these, 22 were graded as follows :— school for deaf, 15 ; semi-deaf classes, 3 ; ordinary school (with or without special facilities), 4. The remainder were not classified pending review following treatment.

Hospital treatment was provided for 8 children previously recommended at the Hearing Aid Clinic, 7 having tonsils and adenoids removed. Hearing aids were supplied in 3 instances. Other recommendations included : clinic treatment, 2 ; X-ray examination, 4 ; audiogram, 1 ; speech therapy, 1.

Hearing aids. During the session, 46 children (24 boys and 22 girls) were recommended hearing aids and in the same period instruments were supplied to 28 school children (13 boys and 15 girls). Included in the above are a number of cases seen by a deaf specialist under the auspices of the Ewing Foundation who examined pupils in the deaf and semi-deaf schools and recommended hearing aids in many instances. Although some of the children were much younger than the age at which aids are usually issued, most were supplied with the instruments at the Ear, Nose and Throat Hospital (Hearing Aid Clinic).

It is now the practice when a school child is supplied with a hearing aid, for the Head Teacher to be requested to ensure that the pupil is encouraged in the use of the instrument and is not subjected to the teasing of schoolmates. A progress report for the month following the issue of the aid is then obtained and a copy of the information is forwarded to the Hearing Aid Clinic.

Audiograms. In the course of the year, 341 children (182 boys and 159 girls) referred to the Hearing Aid Clinic, Ear, Nose and Throat Hospital, were tested by audiogram at the request of specialists, school medical officers and others. The peepshow test was given to 1 boy and 1 girl at the Clinic. At 31st July, 1954, a further 5 cases (all girls) were awaiting audiogram testing and 5 (2 boys and 3 girls) were on the list for the peepshow test.

Audiometric Survey Scheme. Details of the work accomplished during the Session, including the findings of the aurists and the treatments provided, are shown in Appendix XII, page 108.

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

Details of new cases—	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Blepharitis	289	270	559	582	624
Hordeolum (stye)	199	232	431	474	459
Conjunctivitis, catarrhal	256	250	506	440	479
Conjunctivitis, muco-purulent	2	1	3	5	2
Ophthalmia, strumous (includes phlyctenular conjunctivitis and keratitis)	9	11	20	16	27
Keratitis (interstitial)	—	2	2	—	—
Corneal ulcers	13	5	18	28	31
Corneal opacities	—	—	—	—	—
Dacrocystitis	—	—	—	—	—
Epiphora	1	—	1	1	—
Injuries	40	15	55	56	51
Other diseases	25	15	40	47	49
Single visit cases	203	160	363	342	278
	<u>1,037</u>	<u>961</u>	<u>1,998</u>	<u>1,991</u>	<u>2,000</u>
Cases from previous session	52	65	117	136	159
Totals	<u>1,089</u>	<u>1,026</u>	<u>2,115</u>	<u>2,127</u>	<u>2,159</u>
Clinic attendances of above cases	8,596	7,974	16,570	17,297	17,851

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

Details of new cases—	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Scabies	123	107	230	221	266
Pediculosis capitis	—	12	12	13	2
Impetigo contagiosa	2,599	1,403	4,002	2,776	2,267
Ped. cap. and imp. cont.	60	139	199	100	22
Ecthyma	83	48	131	153	104
Dermatitis seborrhoica	131	113	244	306	342
Eczema	86	58	144	151	181
Alopecia areata	18	11	29	42	34
Psoriasis	10	14	24	36	38
Herpes zoster (shingles)	130	99	229	241	203
Lupus	—	—	—	—	—
Ulcers and abscesses	2,208	1,141	3,349	3,248	3,569
Urticaria	94	115	209	116	123
Warts	275	280	555	607	720
Other skin diseases	208	191	399	388	387
Single visit cases	2,039	1,482	3,521	3,241	3,372
	<u>8,064</u>	<u>5,213</u>	<u>13,277</u>	<u>11,639</u>	<u>11,630</u>
Cases from previous session	357	281	638	477	447
Totals	<u>8,421</u>	<u>5,494</u>	<u>13,915</u>	<u>12,116</u>	<u>12,077</u>
Clinic attendances of above and ringworm cases	73,040	46,291	119,331	108,738	106,380

Special Cleansing Clinics—

				1954.	1953.	1952.
New cases	...	...	...	492	342	413
Attendances	...	...	...	880	728	804

(4b) RINGWORM.

Drug Treatment—

Details of new cases—

			1954.			1953.	1952.
			Boys.	Girls.	Totals.	Totals.	Totals.
Ringworm (head)	...	...	26	8	34	28	47
Ringworm (body)	...	...	46	32	78	83	136
Totals	...	...	72	40	112	111	183

X-ray Treatment.

27 children (22 boys and 5 girls) were given X-ray treatment for ringworm of the scalp, receiving 135 X-ray exposures.

Other skin conditions were also treated by X-ray, 3 boys making 8 attendances and receiving 12 exposures and 3 girls making 20 attendances and receiving 53 exposures.

(4c) BATH TREATMENT OF SCABIES.

			1954.			1953.	1952.
			Boys.	Girls.	Totals.	Totals.	Totals
Cases receiving baths	...	...	97	86	183	178	250
Baths given	...	...	511	520	1,031	1,307	1,795

(B) DEFECTIVE VISION

The School Eye Service as at present constituted dates from 1st April, 1949, when the Hospital Board organisation took over responsibility for the treatment (including the supply and repair of spectacles) of school children suffering from defective vision.

The new scheme is similar in most respects to that which operated under the auspices of Glasgow Corporation for many years prior to the advent of the National Health Service (Scotland) Act, 1947, comprising a team of School Medical Officers skilled in refraction work, a consulting ophthalmologist, a firm of dispensing opticians under contract to supply and repair prescribed spectacles, a special officer to follow up defaulters and the whole being administered from the central office of the School Health Service. In the past three years, however, the staff of refractionists has become greatly depleted, mainly by reason of

resignations and retirements of School Medical Officers and the vacancies have been filled by oculists seconded by the Hospital Board. (The scheme will be modified further in the 1954-55 Session by the appointment of a dispensing optician to check and fit the children for spectacles prescribed at the various school clinics).

Parents are given the opportunity of choosing the particular type of spectacle frame they desire from the following range : (1) 6 varieties of nickel frame, obtainable in sizes suitable for *all ages* and *free of cost* to parents ; (2) 2 kinds of cellulose acetate frame supplied only to *secondary school* children on request by parent and on payment of a contribution towards the cost ; and (3) special type of cellulose acetate frame for school children *aged 16 and over*, also upon payment by parent of contributory charge. The weekly list of applicants for spectacles is sent to the Executive Council to obviate duplication in supply through the Supplementary Ophthalmic Services scheme.

Below are given the figures relating to (a) the cases dealt with at refraction clinics during 1954, compared with each of the two previous years and (b) the spectacles supplied as prescribed at the school clinics.

(a) CASES DEALT WITH AT REFRACTION CLINICS.

	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Subjected to refraction—					
Spectacles prescribed	2,715	2,822	5,537*	4,757	5,685
Spectacles not prescribed—					
For further treatment ... ..	...	...	1,342	1,179	1,450
No treatment required ... ..	...	...	1,091	1,335	1,356
			<u>7,970</u>	<u>7,271</u>	<u>8,491</u>
Not subjected to refraction—					
For further treatment ... ..	...	...	1,266	1,022	1,051
No treatment required ... ..	...	...	533	429	404
Spectacles checked ... ..	...	...	57	37	121
Postponed ... ..	...	...	1,046	1,396	1,487
			<u>2,902</u>	<u>2,884</u>	<u>3,063</u>
Total number dealt with at refraction clinics			<u>10,872</u>	<u>10,155</u>	<u>11,554</u>
Number of clinics held ... ..	...	...	1,105	1,033	1,111
Average number of children per clinic ... ..	...	...	9.8	9.9	10.4
Average number subjected to refraction at each clinic ... ..	...	...	7.2	6.9	7.6

At the occlusion clinics 79 new cases were put on treatment while an additional 159 were kept under observation. The number of children referred to hospital for further treatment was 162 and a further 85 were put off treatment.

Approximately 1,510 children at the end of the school session were awaiting refraction, distributed as follows :—

New cases—469 ; “ failed to attend ”—872 ; retests—169.

*Classification of refraction errors was as follows :—

Hypermetropia.		Myopia.			Anisopia.	Total.
H.	H.A.	M.	M.A.	MxA.		
993	2,393	1,048	545	429	129	5,537

(b) PROVISION OF SPECTACLES.

New cases were supplied with spectacles under the scheme to the number of 5,537. The nickel type was provided in 5,382 instances free of charge and the cellulose acetate in 155, on payment by each parent of a contribution towards the cost.

Replacements or repairs totalled 1,747, the details being as follows :—new lenses 80 ; replaced lenses, 863 ; frames, sides, etc., 804 (nickel, 787 ; cellulose acetate, 17). A contribution towards the cost of replacement or repair was made by the parent in 63 instances.

(C) EAR, NOSE AND THROAT OPERATIVE TREATMENT.

(i) TONSILS AND ADENOIDS OPERATIONS.

With a view to maintaining an up-to-date waiting list of cases for tonsils and adenoids operation, the parents of children who had been on the list for some time were circularised and asked to state if the operation was or was not still required. Forms totalling 613 (282 boys and 331 girls) were issued during the year and of the 371 returned, 316 signified that treatment was still desired and 65 replied in the negative. Included in the above figures are 26 cases returned as “ not found ” who, on receipt of new address, were again circularised. Where forms were not returned the names were removed from the waiting list.

The Table below shows the number of operations performed in the several hospitals during 1953-54 compared with the figures for the previous two years. Reconstruction work in the Western District Hospital necessitated the closing down of the boys' ward during January, February and part of March, 1954.

	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Tonsils removed—					
Western District Hospital ...	—	4	4	—	1
Mearnskirk Hospital ...	1	1	2	2	1
Adenoids removed—					
Western District Hospital ...	3	4	7	6	3
Mearnskirk Hospital ...	50	16	66	75	46
Stobhill Hospital ...	—	2	2	—	1
Southern General Hospital ...	2	—	2	1	1
Tonsils and Adenoids removed—					
Western District Hospital ...	399	534	933	981	990
Stobhill Hospital ...	117	112	229	247	66
Mearnskirk Hospital ...	186	154	340	402	139
Southern General Hospital ...	3	—	3	—	—
	<u>761</u>	<u>827</u>	<u>1,588</u>	<u>1,714</u>	<u>1,248</u>
Number of operation periods ...	...	...	*108	*94	*91
Average number of cases per period ...	...	...	*10	*11	*11
Clinic (including hospital) attendances ...	...	...	4,879	5,047	3,959

* These figures relate only to the Western District Hospital—and for the year 1954, do not include the number when accommodation was reduced for a time by half and the resultant average was only 5 per period.

In addition to the above, 23 children (8 boys and 15 girls) were admitted to hospital during the year, but were discharged without operation for various reasons, mostly medical.

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 or after operation for medical reasons.

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

The number of cases on the waiting list at 31st July, 1954, was 1,393 (682 boys and 711 girls), being 350 more than at the corresponding date in the previous year.

(ii) OTHER EAR, NOSE AND THROAT OPERATIONS.

In addition to those treated for tonsils and/or adenoids, children to the number of 11 were admitted to hospital during the year for operative and other treatment of various ear, nose and throat conditions. Some of the patients were treated for more than one defect. Treatments were given for one or more of the following :—Mastoid, 3 ; other ear conditions, 4 ; nasal defects, 4.

The number of cases on the waiting list at 31st July, 1954, was 92 (60 boys and 32 girls), fully 30 fewer than at the same date in 1953.

(D) ORTHOPAEDIC AND POSTURAL DEFECTS.

The consulting Orthopaedic Surgeon visits School Health Service orthopaedic clinics advising as regards treatment and making arrangements, where he considers necessary, for the admission of patients to Mearnskirk Hospital.

There are now 4 school clinics having an orthopaedic section. Avenuepark Street Clinic was opened 24/10/49, a feature being the provision of a plaster room to obviate the necessity for patients making long journeys to Mearnskirk Hospital—this clinic replaced the Ashley Street Centre. From October, 1951, Harriet Street Clinic was added to the list of orthopaedic clinics.

Fewer patients were admitted to the Orthopaedic Unit at Mearnskirk Hospital, compared with the previous year, but more were examined by School Medical Officers and the Orthopaedic Surgeon at the various school clinics. Fewer cases also were put on treatment at the clinics but there was an increase in the number of discharges. Attendances at clinics were reduced, partly owing to a shortage of physiotherapy staff throughout the period and partly as the result of more time being expended on individual treatment than, as formerly, on groups.

(a) DEFORMITIES TREATED IN MEARNSKIRK HOSPITAL.

Cases in hospital at 1.8.53	...	...	...	43
Number admitted during Session	...	...	...	82
				<hr/>
				125
Number dismissed during Session	...	...	...	88
				<hr/>
Number still in hospital at 31.7.54	...	...	...	37
				<hr/>

All the above cases had been selected at the School Health Service orthopaedic clinics by the visiting Orthopaedic Surgeon. Of the 88 patients dismissed during the year, the causes of disability were as shown in the following table :—

Foot Deformities—						
Congenital	...	...	...	...	...	4
Post-Poliomyelitis	...	...	...	...	...	42
Others	...	...	...	...	...	11
Scoliosis	...	...	...	...	...	7
Genu Valgum	...	...	...	...	...	3
Cerebral Palsy	...	...	...	...	...	8
Torticollis	...	...	...	...	...	5
Deformities of Hand	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	5
						88
						88

Of the above number, 6 patients were discharged after investigation and/or general physical (non-operative) treatment. The remaining 82 were given operative treatment as undernoted :—

Manipulation (including tenotomy and wrenching), 13 ; stabilisation of feet, 24 ; tendon transplants, 25 ; elongation of tendo Achilles, 9 ; tenotomy for torticollis, 5 ; epiphyseal stapling, 5 ; spinal arthrodesis, 1.

The average stay in hospital of these 88 cases was 64 days.

On 31st July, 1954, the number of patients on the waiting list for admission to hospital was 22.

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

	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Number of children examined by—					
School Medical Officers	... 403	354	757	630	814
Orthopaedic Surgeon	... 574	562	1,136	1,060	1,036
Number of attendances of "old"					
cases reporting for observation	... 657	630	1,287	1,148	1,157
Number of Plaster cases					
(Avenuepark Street Clinic)	... 15	12	27	—	138

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

Details of new cases put on treatment at Clinics—

	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Deformities of spine (kyphosis, lordosis, scoliosis)	57	75	132	194	143
Paralysis, infantile and other ...	83	79	162	131	136
Flat-foot and other deformities of the foot	87	61	148	139	131
Wry-neck (torticollis)	3	7	10	7	19
Deformities of chest	19	12	31	22	19
Knock-knees	15	9	24	38	9
Others	12	17	29	38	30
	<u>276</u>	<u>260</u>	<u>536</u>	<u>569</u>	<u>487</u>
Cases from previous session ...	135	126	261	278	242
Totals	<u>411</u>	<u>386</u>	<u>797</u>	<u>847</u>	<u>729</u>

Discharged from Orthopaedic Clinics—

Fit	234	220	454	428	330
For hospital treatment	7	12	19	36	20
To Convalescent Homes	—	—	—	3	1
Transferred to other clinics or treated by appliances	20	20	40	45	46
For other reasons (leaving school, etc.)	26	30	56	51	72
Totals	<u>287</u>	<u>282</u>	<u>569</u>	<u>563</u>	<u>469</u>

Number still on treatment ... 117 109 226 261 260

Number of attendances made by

children for treatment 15,864 17,422 16,878

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

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

Number of cases treated individually ...	15
Number of treatments given	139
Number of classes held	95

(E) OTHER DISEASES

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

Details of new cases—	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Bronchitis and bronchial catarrh	463	305	768	887	708
Anaemia and/or debility ...	664	708	1,372	1,538	1,496
Rickets	—	—	—	4	9
Tubercular conditions—					
Pulmonary (including contacts)	49	45	94	101	134
Non-pulmonary	18	19	37	25	6
Paralysis	2	1	3	9	3
Heart disease	23	12	35	49	61
Chorea	5	10	15	19	27
Enlarged tonsils and/or adenoids	63	69	132	152	142
Adenitis	26	22	48	52	56
Rheumatism	43	55	98	117	116
Enuresis	290	407	697	631	602
Malnutrition	1	1	2	9	9
Epilepsy	6	4	10	25	14
Digestive disorders	85	79	164	166	188
Infectious diseases	12	22	34	57	26
Mental deficiency	—	1	1	4	2
Nervous disorders	27	18	45	53	50
Others	144	158	302	388	326
Single visit cases	1,118	1,056	2,174	1,659	1,722
Totals	<u>3,039</u>	<u>2,992</u>	<u>6,031</u>	<u>5,945</u>	<u>5,697</u>
Clinic attendances of above cases	9,122	8,419	17,541	17,512	17,272

(b) SUPPLY OF MEDICINES.

Details of new cases seen elsewhere than at "General" Clinics—	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Sent from school inspection for immediate supply ...	440	393	833	1,258	1,254
Sent from skin, eye and ear clinics	836	818	1,654	1,058	754
Additional attendances at "General" clinics for medicine	7,186	6,192	13,378	16,990	16,483
Totals	<u>8,462</u>	<u>7,403</u>	<u>15,865</u>	<u>19,306</u>	<u>18,491</u>

(c) ARTIFICIAL LIGHT TREATMENT.

Details of new cases—	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
Rickets	1	2	3	8	33
Anaemia and/or debility ...	410	382	792	819	858
Nervous disorders	4	2	6	2	8
Enlarged glands	5	8	13	20	22
Chronic bronchitis	278	188	466	509	481
Rheumatism	19	30	49	76	113
Skin conditions	17	34	51	57	60
Eye conditions	2	5	7	15	15
Ear conditions	15	15	30	45	38
Other diseases	94	87	181	128	115
Single visit cases	37	68	105	113	93
Totals	882	821	1,703	1,792	1,836
Clinic attendances of above cases	11,586	11,129	22,715	22,952	24,958

(d) CASES SEEN AT CARDIAC CLINICS.

The cardiology service for Glasgow school children was instituted early in 1947, the heart specialist from Stobhill Hospital attending school clinics as from 16th April that year. The aim of the scheme is to combat cardiac invalidism among school children and, by offering treatment to those with incipient or established heart disease, to enable them within limits to pursue the ordinary activities enjoyed by their fellows. The capabilities for exercise of these children are assessed and they are allowed physical training at school according to a graded plan. It may be noted that a very small proportion of children suffering from heart disease and attending ordinary schools are considered unfit for *any* form of exercise.

The scheme has been extended since Session 1949-50 to deal with children suffering from heart disease who are about to leave school. The heart specialist, in co-operation with Professor Ferguson of Glasgow University, interviews such children shortly before the leaving date and with the aid of Youth Employment Officers places them in work thought to be suitable to their physical condition.

During the period under review, 453 children (203 boys and 250 girls) referred by School Medical Officers were summoned to the cardiac clinics, 86 (37 boys and 49 girls) of these failing to attend. The remainder reported as follows :—

New Cases.		Re-examinations.		Totals.	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
90	112	76	89	166	201

The specialist referred 6 children (1 boy and 5 girls) for electrocardiogram or X-ray examination and 16 (3 boys and 13 girls) for admission to hospital. In 3 instances (all girls) he advised that they should be passed out to ordinary school suitably graded as regards physical training and 1 girl was recommended for admission to a school for the physically handicapped. In addition, 11 children (8 boys and 3 girls) were recommended other forms of specialist and school clinic treatment.

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

December, 1953, 14 (14); March, 1954, 17 (18); June, 1954, 23 (23). Since the commencement of the scheme in June, 1950, 175 children in all have been seen.

In his latest report the heart specialist states as follows :—

“ We are now in the happy position of having control of all actual or potential cardiac invalids throughout their school life and the means of assessing the presence of active disease and the extent of disability when such exists. The degree of co-operation in the attempt to grade P.T. in the schools is variable, but in view of the difficulties which are inherent in the scheme, is in the main satisfactory. The fact that I have a part to play in the placing of the cardiac invalids in employment, whereby I attend the interviews where this is arranged, is most satisfactory, certainly to myself and I hope to the children and their parents also.”

He also mentions that the success of the scheme is due in no small measure to the fact that the School Medical Officers have made full use of the scheme and he expresses his gratitude for the whole-hearted co-operation of the medical and nursing staffs of the School Health Service.

(c) INVESTIGATION OF ASTHMA AND ALLERGY CASES.

The special clinic at Crail Street continued to function, under the control of a school medical officer for the purpose of investigating and treating various allergic conditions. New cases were added throughout the year and the old cases were reviewed from time to time. In this connection, the findings given in last year's Report were amply borne out by further investigation in the period under review.

7.—DENTAL INSPECTION AND TREATMENT

Compared with the year 1953, the number of schools inspected fell by one and the percentage of children found to require treatment rose by 1.8. Of these, 42.9 per cent. accepted clinic treatment (a decrease of 7.3 per cent.) while there was an almost corresponding increase in those promising private treatment. The latter, comprising a group of 19,000 have all received the "follow-up" cards introduced last year, and an increasing number actually appear to be seeking treatment. 4,572 fewer children were treated at the clinics than in 1953. The over-all ratio of fillings to extractions—permanent teeth only—rose from 268 : 100 to 291 : 100, and in "R.D.I." schools from 418 : 100 to 456 : 100. In spite of reduced staff (one full-time Dental Officer resigned as from 15th January, 1954, and one part-time Dental Officer from 11th May, 1954), the total number of fillings increased, while a greater number of these involved root-treatment.

Orthodontic Clinic. Although 141 more appliances were inserted this year, 87 fewer children were treated, this decrease being due to the unpredictable nature of the work involved.

Other work shows the following comparisons.

	1953-54.	1952-53.
Crowns	2	9
Artificial Dentures	181	159
Special Operations	3	7
Gold Inlays	3	2
X-ray Examinations	513	353

A considerable increase may be noted in the use of the X-ray unit and in the number of artificial dentures supplied, most of which were semi-orthodontic in purpose.

As five years have elapsed since the present Routine Dental Inspection scheme was introduced in a number of selected schools, a brief reference to this feature may be permitted. It was stated in the Annual Report for 1948-49 that "It is anticipated that the number of these selected schools will gradually increase as the service expands and because the future requirements of the original selection will dwindle in proportion to its more concentrated attention." This has been borne out in practice, the number of "R.D.I." schools now being 76, compared with 53 five years ago.

A most satisfactory feature of the scheme is its effect on the individual mouth; and although the percentage of children requiring treatment remains fairly constant, the type of treatment required has

changed and gives statistical evidence which corroborates the Dental Officers' observations that in those schools which have been under "R.D.I." for some time, gross caries and sepsis have been greatly reduced. Coupled with this there is a steady increase of attendances for treatment from 26,425 in 1949 to 43,768 in 1953. The actual figures for 1954, 40,503, can be attributed to the depletion of staff already mentioned.

Although the numbers now inspected have more than doubled (20,687 in 1948-49 to 45,305 in 1953-54), extractions of permanent teeth have shown a much smaller increase than would have been expected (from 3,849 to 5,756, which latter figure includes the multiple extractions at the "gas" clinic, introduced in January, 1951) while the extractions of temporary teeth have fallen from 38,277 to 27,645. Fillings of permanent teeth, on the other hand, have increased from 8,886 to 16,764. Although the 78·3 per cent. still requiring treatment has not fallen during these 5 years, the statistical position is somewhat masked by the "intakes" from non-"R.D.I." schools, and of 5 year-old children, there being no separate statistics for such.

8.—SPECIAL SCHOOLS AND CLASSES AND RESIDENTIAL SCHOOLS

(a) FOR HANDICAPPED CHILDREN

The Corporation makes provision for children handicapped as follows :—

- (1) Mentally handicapped—18 Day Schools and 9 Occupational Centres.
- (2) Physically handicapped, delicate or convalescent—10 Day Schools, 6 Residential Schools, 6 Hospital Schools and a Scheme of Home Tuition.
- (3) Defective vision—1 Day/Residential School for blind children, and 1 Day School for the partially sighted.
- (4) Defective hearing—1 Nursery/Infant Day School, 1 Day School and 1 Day/Residential School for the partially deaf, and 2 Day/Residential Schools for the deaf.
- (5) Mentally handicapped and deaf—1 Class in a Day School (Rottenrow).

At 30th June, 1954, the number of children receiving special educational treatment in schools administered by the Corporation was as given below :—

Physically handicapped children, 1,373 ; children with hearing defects, 380 ; children with defects of vision, 105 ; mentally handicapped (educable) children, 3,101 ; mentally handicapped (trainable) children, 423 ; total 5,382. This total compares with 5,344 handicapped children in 1953 and 5,275 in 1952.

Children who are classified as handicapped are required to remain at school until the " leaving date " following their sixteenth birthday.

Educational provision is made from the age of 3 years for blind and deaf children while for all other categories the age of entry to school is 5 years. Deaf children under the age of 3 years may be taken to the advisory clinics at the nursery/infant schools where parents are given help and advice on the early training of such children.

School Medical Officers examine all handicapped children at frequent intervals to ascertain progress and to recommend, where possible, return to ordinary school. In addition, specialist services are provided for children with defects of hearing or vision and for orthopaedic and heart cases.

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

Hospital Schools—Victoria Auxiliary Infirmary, Philipshill ; Strathblane Home ; Mearns Kirk Hospital ; Stobhill Hospital ; Lenzie Home ; and Drumchapel Home.

Residential Schools—

Caol Ruadh, Colintrave ...	36	Protestant P.H. and convalescent boys.
Southpark, Ascog	23	Protestant P.H. and convalescent girls.
Craig, Kilmarnock ...	56	Roman Catholic P.H. and convalescent boys.
Lumsden, Maybole ...	29	Roman Catholic P.H. and convalescent girls.
Hillfoot, Bearsden ...	65	Protestant convalescent girls.
Seafield, Ardrossan ...	65	Protestant convalescent boys.

There is also a residential school at Nerston, East Kilbride, having accommodation for 40 " maladjusted " children (Protestant and Roman Catholic boys and girls).

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

HOME TUITION SCHEME.

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

At 30th June, 1954, the number of children participating in the scheme was 79 and the main causes of incapacity from which they suffered were :—

Heart disease, 7 ; non-pulmonary tuberculosis, 11 ; spina bifida, 10 ; spastic paralysis, 11 ; Perthe's disease, 9 ; pseudo-hypertrophic muscular dystrophy, 5 ; cerebral diplegia, 2 ; epilepsy, 2 ; poliomyelitis, 8 ; nephritis, 2 ; miscellaneous, 12.

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 :—

	1954.			1953.	1952.
	Boys.	Girls.	Totals.	Totals.	Totals.
First Examinations	452	370	822	679	736
Re-examinations	1,065	798	1,863	1,646	1,819
	<u>1,517</u>	<u>1,168</u>	<u>2,685</u>	<u>2,325</u>	<u>2,555</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.

In addition to the foregoing provision, 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—50 severely physically handicapped children requiring long-term nursing care.

Westerlea School for Spastics, Edinburgh—2 Protestant children suffering from cerebral palsy.

The Colony for Epileptics, Bridge of Weir—10 Protestant children suffering from serious epilepsy.

The Royal Blind School, Edinburgh—24 Protestant blind children.

The Mary Hare Grammar School for the Deaf, Newbury—4 deaf children requiring academic secondary education.

The Rudolph Steiner Schools, Aberdeenshire—7 Protestant mentally handicapped children with additional severe physical handicap.

Lennox Castle Certified Institution—44 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—57 Roman Catholic mentally handicapped children.

St. Joseph's Certified Institution, Rosewell—11 Roman Catholic mentally handicapped children with gross physical handicap.

Waverley Park Certified Institution, Kirkintilloch—18 Protestant mentally handicapped girls.

Birkwood Certified Institution, Lesmahagow—8 Protestant mentally handicapped children.

Woodilee Mental Hospital, Lenzie—1 Protestant mentally handicapped girl.

(b) FOR NORMAL CHILDREN

There are 4 Residential Schools outwith the City for normal children who 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).

*58 places at Agnes Patrick/Stevenson, Ascog (Roman Catholic primary boys and girls).

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

* In view of the considerable waiting list of convalescents, part of the accommodation has been allocated thus :—Agnes Patrick/Stevenson for Roman Catholic convalescent boys and Castle Toward for Protestant convalescent 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, three and a half weeks.

In addition, the Corporation leased Dounan's Residential School, Aberfoyle, in October, 1953, and in March and June, 1954, when a total of 560 children were accommodated for an average period of four weeks. Arrangements were also made for parties of post-primary school children to undergo character training courses and, for this purpose, 121 boys were sent to the Moray Sea School, Burghead while 159 boys and girls went to Glenmore Lodge, Aviemore.

An intensive course in domestic science was held at Duncraig Castle, Plockton and 20 girls from 3rd year Protestant Junior Secondary schools were sent for a period of four weeks.

(c) FOR MALADJUSTED CHILDREN

CHILD GUIDANCE.

The Child Guidance Clinics dealt with 3,427 children as compared with 3,409 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)—1,555 instances; *behaviour disturbances* (unmanageable behaviour, aggression and temper tantrums, sadistic tendencies, exhibitionism, truancy and wandering)—641; *delinquency* (theft, lying, malicious mischief and sexual offences)—339; *educational disability* (general backwardness and specific disability)—958. Of these children, 109 were given residential treatment at Nerston Home as compared with 113 in the preceding session.

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

9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

The Education Committee in April, 1954, adopted for use in schools the " Syllabus of Physical Education for Primary Schools " issued by the Scottish Education Department.

Principal Teachers from secondary schools visited neighbouring primary schools to demonstrate the appropriate physical training lessons and to advise class teachers. A number of primary schools also received a weekly visit from an 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 departments class teachers gave short lessons on health habits. These lessons were based on the " Model Syllabuses in General Hygiene " issued by the Scottish Council for Health Education and adopted for use in schools by the Education Committee.

In schools where facilities were available, pupils, with the consent of their parents, attended spray baths at one of the physical training periods. During the months of September and October, 1953, and May and June, 1954 (when swimming is a recognised part of the school curriculum for schools which can be offered facilities)—23,500 boys and girls attended weekly at school ponds or at Corporation Public Baths for instruction in swimming given by the teachers of physical education. During the winter months, November, 1953 till April, 1954, approximately 15,500 boys and girls, with the consent of their parents, continued to receive a weekly period of instruction in swimming. Several Corporation Public Baths and one school pond were not available for part of the session owing to repairs being carried out.

The Mobile Spray Bath Scheme, which was initiated in May, 1949 with one unit, was extended in April, 1954, by the addition of two new units. During the current Session, the three units visited 15 selected schools, each unit providing approximately 200 baths daily, and a School Health Service nurse was in attendance to examine children before they used the sprays. Over the complete year, 44,980 baths were given.

10.—ARRANGEMENTS FOR FEEDING AND CLOTHING OF CHILDREN

(a) ADMINISTRATION AND NATURE OF MEALS

Under the experienced direction of the Organiser of School Meals and of the Supervisors of the main cooking centres, the service is extending and developing and is providing varied and palatable meals with adequate protein, fat and carbohydrate content. The menus are adapted or special diets are provided, where necessary, for the needs of special cases, including children suffering from such conditions as gastric and kidney troubles, coeliac disease and diabetes. Endeavour is always being made to extend the range of foods taken by the children and to inculcate satisfactory deportment at meal times. The general hygiene of the service is under constant supervision and close co-operation is maintained with the School Health Service.

Dining Centres are provided in school premises, prefabricated dining rooms and in church halls, some of the latter being the only available accommodation, though far from ideal. The position is, however, constantly under review and improved conditions obtained wherever possible.

At 31st July, 1954, there were 29 Kitchens and 5 School Meals Centres preparing meals for school children.

On an average day in May, 1954 (Friday, 21st May), the total number of meals served was 59,335 of which 57,657 were dinners. Of the meals supplied, 16,783 dinners were provided free of charge.

The meals were served in 334 Dining Rooms, 264 of which were in school premises and 70 in church halls. Of the 264 Dining Rooms in schools, 31 were at schools for handicapped children and 39 were in nursery schools.

(b) NUMBER AND COST OF MEALS

The numbers of meals prepared in kitchens during each of the years ending 31st May, 1952, 1953 and 1954, were as follows :—

Year Ending.	Breakfasts.	Dinners.	Teas.	Totals.
31st May, 1952 ...	222,730	14,378,183	1,305,604	15,906,517
31st May, 1953 ...	216,560	14,644,399	1,387,304	16,248,263
31st May, 1954 ...	219,322	13,095,677	1,376,783	14,691,782

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 and to children who held tickets purchased at partial remission rates.

Weekly tickets may be purchased by pupils having dinner in school at the following prices :—

For five meals per week—3s. 6d. for the first child of a family, 3s. 1d. for the second and 2s. 11d. for the third and subsequent children ; equivalent prices for six dinners are 4s. 1d., 3s. 8d., and 3s. 6d. Remission rates of 2s. 11d., 2s. 3d., 1s. 6d. or 9d. (according to the family income) are charged for a ticket entitling a child to six dinners per week, the price being the same for each member of a family.

In schools for handicapped children, the prices are 1s. 10d. and 2s. 1d. for five and six dinners respectively, or at remission rates for six dinners of 1s. 6d. and 9d.

(c) BOOTS AND CLOTHING

During the year 1st June, 1953, to 31st May, 1954, 1,419 children were provided with footwear and clothing as compared with 1,605 during the previous twelve months. The undertaking given by the National Assistance Board to accept responsibility for the clothing needs of children of their dependants continued satisfactorily ; only in exceptional circumstances was it necessary to make provision in terms of 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, 1954, was 33,810,433, compared with 32,880,671 in 1953. The most recent census figures showed that 86·2 per cent. of the children on the registers in October, 1953, were taking school milk compared with 85·5 per cent. in October, 1952.

The Senior Food Inspector of the Health and Welfare Department reported that 160 samples of pasteurised milk were taken for examination from various schools supplied by the contractors. These samples were found to have an average fat content of 3·70 per cent. and 8·77 per cent. non-fatty solids. No samples were found to be infected with

tubercle bacilli, but eight failed in one or other of the two prescribed tests. Of these eight, two samples failed to pass the Phosphatase Test, but on enquiry it was found that the presence of a phenolic substance in the milk was almost certainly due to the storage of the milk in the school in close proximity to the store room containing firelighters. The attention of the Headmaster was drawn to the matter and subsequent samples were found to comply with the test. Six samples failed in the test for presumptive coliform organisms and the creameries were inspected subsequently, advice and directions to the management resulting in satisfactory samples being obtained thereafter.

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 14), and (b) OTHER SYSTEMATIC EXAMINATIONS, i.e., children missed at recommended age groups or otherwise outwith these groups.

GROUP.	1954			1953	1952
	Boys.	Girls.	Totals.	Totals.	Totals.
(a) Entrants	9,775	9,123	18,898	20,767	19,837
Second Age Group ...	7,976	7,644	15,620	15,347	14,458
Third Age Group ...	7,514	7,468	14,982	14,884	15,313
Fourth Age Group ...	821	566	1,387	1,227	1,067
	26,086	24,801	50,887	52,225	50,675
(b) Others	447	561	1,008	714	674
Totals	26,533	25,362	51,895	52,939	51,349

For age distribution of these children see Appendix Ib on page 60

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.	1954			1953	1952
	Boys.	Girls.	Totals.	Totals.	Totals.
Physically handicapped children	181	183	364	422	686
Mentally handicapped children	566	354	920	829	559
Totals	747	537	1,284	1,251	1,245

(B) OTHER EXAMINATIONS—

GROUP.	1954	1953	1952
<i>(i) In Schools—</i>			
Systematic Inspection of Nursery School Children	979	962	976
Other Examinations in Nursery Schools (including abnormals)	2,085	3,427	4,092
1946 age-group (Visual Acuity and Hearing only)—(by school nurses)	16,178	13,790	15,046
Special Cases (in respect of particular defects)	14,276	10,937	9,958
Re-inspections by Medical Officers	20,847	12,718	12,055
Leaving Interviews	10,177	8,862	7,921
Examinations regarding Mental Defect	2,685	2,325	2,555
Discharges in Special Schools and Classes	182	211	197
Totals	67,409	53,232	52,800
<i>(ii) Mainly at Clinics—</i>			
Applicants for preliminary training as Teachers	—	—	—
Applicants for Licences under the Corporation Bye-laws for the Employment of Children	888	701	799
Adult Employees of the Corporation	976	913	1,054
*Certifications—Blind Persons Act, 1920	—	3	9
Candidates for Printers' Apprenticeships	143	171	140
Children as to fitness for camps, etc.—			
Harvesters, etc.	5,831	5,848	5,987
School and Junior Club groups	11,743	11,528	11,801
Children as to fitness for "School Journeys" abroad, etc.	2,240	774	842
Children as to fitness for admission to Residential Schools and Institutions	10,244	8,245	8,215
Pre-vocational Students	804	740	673
Other Special Cases	119	246	128
Examinations in Remand Home	2,724	3,324	3,817
Totals	35,712	32,493	33,465
<i>(iii) Cleanliness and Special Examinations—</i>			
†Cleanliness inspections—(by school nurses)	167,218	166,515	162,220

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

† In addition, Nurse Inspectresses of the Sanitary Divisions made 129,718 cleanliness inspections in 1,118 visits to 89 schools (see page 87).

APPENDIX 1a.—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 defects, were as follows :—

GROUP.	1954			1953	1952
	Boys.	Girls.	Totals.	Totals.	Totals.
Entrants	3,499 (35·8)	3,160 (34·6)	6,659 (35·2)	6,821 (32·8)	6,479 (32·7)
2nd Age Group	2,556 (32·0)	2,396 (31·3)	4,952 (31·7)	4,904 (31·9)	5,459 (37·8)
3rd Age Group	2,003 (26·7)	1,968 (26·4)	3,971 (26·5)	3,808 (25·6)	4,336 (28·3)
4th Age Group	120 (14·6)	94 (16·6)	214 (15·4)	172 (14·0)	248 (23·2)
Others	109 (24·4)	176 (31·4)	285 (28·3)	198 (27·7)	214 (31·7)
Totals	8,287 (31·2)	7,794 (30·7)	16,081 (31·0)	15,903 (30·0)	16,736 (32·6)

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 70.

STATE OF CALIFORNIA - DEPARTMENT OF AGRICULTURE

ANNUAL REPORT FOR THE YEAR 1911

CHAPTER I - AGRICULTURE

SECTION 1 - CEREALS

Year	Wheat	Oats	Rye	Barley	Total
1907	1,234,567	876,543	123,456	543,210	2,777,776
1908	1,345,678	987,654	134,567	654,321	3,122,120
1909	1,456,789	1,098,765	145,678	765,432	3,466,664
1910	1,567,890	1,209,876	156,789	876,543	3,811,098
1911	1,678,901	1,320,987	167,890	987,654	4,155,432

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1909	1,456,789	1,098,765	145,678	765,432	3,466,664
1910	1,567,890	1,209,876	156,789	876,543	3,811,098
1911	1,678,901	1,320,987	167,890	987,654	4,155,432

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) ...	279	6,102	232	52	12
Do.	(b) ...	—	—	—	8	13
Transferred Schools	(a) ...	107	2,828	121	33	9
Do.	(b) ...	—	—	—	1	11
Totals	(a) ...	386	8,930	353	85	21
Do.	(b) ...	—	—	—	9	24
Totals, 1954	... ..	386	8,930	353	94	45
Totals, 1953	... ..	245	9,756	375	70	20
GIRLS.						
Non-transferred Schools	(a) ...	246	5,651	243	55	7
Do.	(b) ...	—	—	—	10	18
Transferred Schools	(a) ...	101	2,649	132	38	1
Do.	(b) ...	—	—	—	3	11
Totals	(a) ...	347	8,300	375	93	8
Do.	(b) ...	—	—	—	13	29
Totals, 1954	... ..	347	8,300	375	106	37
Totals, 1953	... ..	216	9,671	381	76	20
ALL.						
Totals	(a) ...	733	17,230	728	178	29
Do.	(b) ...	—	—	—	22	53
Totals, 1954	... ..	733	17,230	728	200	82
Totals, 1953	... ..	461	19,427	756	146	40

† 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	19	Totals
278	4,981	336	—	344	4,498	287	35	509	129	—	—	18,074
—	17	47	48	34	18	43	52	17	1	4	2	304
169	2,115	97	—	197	2,016	172	—	122	26	—	—	8,012
—	5	36	41	22	—	20	7	—	—	—	—	143
447	7,096	433	—	541	6,514	459	35	631	155	—	—	26,086
—	22	83	89	56	18	63	59	17	1	4	2	447
447	7,118	516	89	597	6,532	522	94	648	156	4	2	26,533
195	6,695	1,094	53	394	6,456	716	47	574	131	1	—	26,822
190	4,760	423	—	339	4,444	241	7	307	126	—	—	17,039
—	20	47	38	27	6	55	24	3	2	—	—	250
117	2,017	137	—	193	2,115	136	—	110	16	—	—	7,762
—	6	150	53	23	5	44	16	—	—	—	—	311
307	6,777	560	—	532	6,559	377	7	417	142	—	—	24,801
—	26	197	91	50	11	99	40	3	2	—	—	561
307	6,803	757	91	582	6,570	476	47	420	144	—	—	25,362
161	6,197	1,263	48	366	6,414	762	41	374	127	—	—	26,117
754	13,873	993	—	1,073	13,073	836	42	1,048	297	—	—	50,887
—	48	280	180	106	29	162	99	20	3	4	2	1,008
754	13,921	1,273	180	1,179	13,102	998	141	1,068	300	4	2	51,895
356	12,892	2,357	101	760	12,870	1,478	88	948	258	1	—	52,939

the (a) lines on the table.

4 SKIN		2	1	1	1	1	2	2	—	—	5	.2	7	2	6
(a) Head	Ringworm	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	—	—	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
	Impetigo	64 (0.7)	46 (0.5)	60 (0.8)	16 (0.2)	25 (0.3)	9 (0.1)	—	—	—	151 (0.6)	74 (0.3)	225 (0.4)	153 (0.3)	98 (0.2)
	Injuries	6	1	2	—	2	—	—	—	—	10 (0.0)	1 (0.0)	11 (0.0)	8 (0.0)	9 (0.0)
	Others	32 (0.3)	27 (0.3)	26 (0.3)	18 (0.2)	33 (0.4)	20 (0.3)	7 (0.9)	1 (0.2)	—	99 (0.4)	66 (0.3)	165 (0.3)	171 (0.3)	180 (0.4)
	Ringworm	5	4	—	2	4	3	—	—	9	(0.0)	9	18	17	14
	Impetigo	54 (0.6)	28 (0.3)	24 (0.3)	12 (0.2)	4 (0.1)	7 (0.1)	—	—	—	84 (0.3)	47 (0.2)	131 (0.3)	92 (0.2)	61 (0.1)
	Scabies	12 (0.1)	11 (0.1)	7 (0.1)	4 (0.1)	3 (0.0)	2 (0.0)	—	—	—	22 (0.1)	18 (0.1)	40 (0.1)	24 (0.0)	21 (0.0)
	Injuries	6	6	5	2	9	6	—	—	—	20 (0.1)	14 (0.1)	34 (0.1)	29 (0.1)	13 (0.0)
	Others	153 (1.6)	139 (1.5)	108 (1.4)	78 (1.0)	95 (1.3)	60 (0.8)	8 (1.0)	2 (0.4)	—	372 (1.4)	284 (1.1)	656 (1.3)	684 (1.3)	576 (1.1)
	Totals	334 (3.4)	263 (2.9)	233 (2.9)	133 (1.7)	177 (2.4)	107 (1.4)	15 (1.8)	3 (0.5)	772 (2.9)	515 (2.0)	1,287 (2.5)	1,180 (2.2)	978 (1.9)	
5. NUTRITION	Slightly defective	248 (2.5)	411 (4.5)	260 (3.3)	361 (4.7)	171 (2.3)	—	1 (0.2)	687 (2.6)	999 (3.9)	1,686 (3.2)	1,686 (3.2)	2,560 (5.0)		
	Bad	10 (0.1)	21 (0.2)	7 (0.1)	29 (0.4)	3 (0.0)	—	—	20 (0.1)	68 (0.3)	88 (0.2)	109 (0.2)	214 (0.4)		
	Totals	258 (2.6)	432 (4.7)	267 (3.3)	390 (5.1)	174 (2.3)	215 (2.9)	—	2 (0.4)	707 (2.7)	1,067 (4.2)	1,774 (3.4)	2,774 (5.4)		
6. MOUTH AND TEETH UNHEALTHY	273 (2.8)	175 (1.9)	143 (1.8)	123 (1.6)	96 (1.3)	135 (1.8)	11 (1.3)	14 (2.5)	529 (2.0)	452 (1.8)	981 (1.9)	1,133 (2.1)	851 (1.7)		

TABLE II—Continued.

Age Groups.	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1954.	1953.	1952.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
											Totals.	Totals.	Totals.
7. NASO-PHARYNX													
(a) <i>Nose</i>													
Obstruction—for observation	141 (1.4)	116 (1.3)	36 (0.5)	26 (0.3)	20 (0.3)	9 (0.1)	—	2 (0.4)	200 (0.8)	155 (0.6)	355 (0.7)	320 (0.6)	329 (0.6)
Obstruction—for operation	75	60	31	19	4	5	—	—	111	87	198	215	231
Catarrh	74	39	68	42	14	17	2	1	160	102	262	245	226
Other conditions	8	4	7	4	12	3	2	1	29	13	42	27	25
	(0.1)	(0.0)	(0.1)	(0.1)	(0.2)	(0.0)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(0.1)	(0.0)
(b) <i>Throat</i>													
Tonsils—for observation	727 (7.4)	716 (7.8)	275 (3.4)	345 (4.5)	110 (1.5)	204 (2.7)	—	2	1,125 (4.2)	1,287 (5.1)	2,412 (4.6)	2,485 (4.7)	2,430 (4.7)
Tonsils—for operation	395	363	145	177	47	96	1	1	591	646	1,237	1,393	1,496
Other conditions	1	6	8	4	1	7	—	—	10	18	28	31	29
	(0.0)	(0.1)	(0.1)	(0.1)	(0.0)	(0.1)	(0.1)	(0.2)	(0.0)	(0.1)	(0.1)	(0.1)	(0.1)
(c) <i>Glands</i>													
For observation	73	34	29	17	6	7	1	—	109	59	168	191	185
For operation	3	3	—	—	1	—	—	—	4	3	7	—	3
	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)
Totals	1,497 (15.3)	1,341 (14.7)	599 (7.5)	634 (8.3)	215 (2.9)	348 (4.7)	5	7	2,339 (8.8)	2,370 (9.3)	4,709 (9.1)	4,907 (9.3)	4,954 (9.6)
8. EYES													
(a) <i>External Diseases</i>													
Blepharitis	79 (0.8)	59 (0.6)	85 (1.1)	68 (0.9)	64 (0.9)	48 (0.6)	8	—	240 (0.9)	179 (0.7)	419 (0.8)	438 (0.8)	436 (0.8)
Conjunctivitis	6	10	10	5	12	6	—	1	28	23	51	53	43
Corneal opacities	6	5	1	3	8	7	—	—	15	15	30	27	26
Strabismus	395	409	235	256	130	145	5	3	775	829	1,604	1,597	1,479
Other diseases	27	21	8	12	14	12	1	—	51	45	96	108	119
	(0.3)	(0.2)	(0.1)	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)
Totals	513 (5.2)	504 (5.5)	339 (4.3)	344 (4.5)	228 (3.0)	218 (2.9)	14	4	334 (1.3)	1,091 (4.3)	2,200 (4.2)	2,223 (4.2)	2,103 (4.1)

(b) Visual acuity (Snellen)*												
Fair, 6/9 or 6/12	—	826	879	816	859	72	62	1,750	1,872	3,622	3,446	3,416
...	—	(10·4)	(11·5)	(10·9)	(11·5)	(8·8)	(11·0)	(10·5)	(11·5)	(11·0)	(10·7)	(10·8)
Bad, 6/18 or worse	—	158	134	246	247	35	24	445	430	875	923	995
...	—	(2·0)	(1·8)	(3·3)	(3·3)	(4·3)	(4·2)	(2·7)	(2·7)	(2·7)	(2·9)	(3·2)
Totals	—	984	1,013	1,062	1,106	107	86	2,195	2,302	4,497	4,369	4,411
...	—	(12·4)	(13·3)	(14·1)	(14·8)	(13·0)	(15·2)	(13·1)	(14·2)	(13·7)	(13·6)	(14·0)
Recommended for Refraction												
...	156	384	361	490	456	36	23	1,083	1,026	2,109	2,253	2,117
...	(1·6)	(4·8)	(4·7)	(6·5)	(6·1)	(4·4)	(4·1)	(4·1)	(4·0)	(4·1)	(4·3)	(4·1)
Recommended for Re-test	28	120	147	156	187	19	15	329	393	722	624	562
...	(0·3)	(1·5)	(1·9)	(2·1)	(2·5)	(2·3)	(2·7)	(1·2)	(1·5)	(1·4)	(1·2)	(1·1)
Totals	184	504	508	646	643	55	38	1,412	1,419	2,831	2,877	2,679
...	(1·9)	(6·3)	(6·6)	(8·6)	(8·6)	(6·7)	(6·7)	(5·3)	(5·6)	(5·5)	(5·4)	(5·2)
9. EARS												
(a) Diseases												
Otorrhoea	72	74	68	70	64	4	1	221	203	424	394	462
...	(0·7)	(0·9)	(0·9)	(0·9)	(0·9)	(0·5)	(0·2)	(0·8)	(0·8)	(0·8)	(0·7)	(0·9)
Other diseases	11	21	18	8	7	1	—	42	39	81	43	49
...	(0·1)	(0·3)	(0·2)	(0·1)	(0·1)	(0·1)	—	(0·2)	(0·2)	(0·2)	(0·1)	(0·1)
(b) Defective hearing												
Grade I—For ordinary class	22	29	30	12	22	—	2	65	75	140	170	137
...	(0·2)	(0·4)	(0·4)	(0·2)	(0·3)	—	(0·4)	(0·2)	(0·3)	(0·3)	(0·3)	(0·3)
“ IIa—For front seat	3	15	8	7	18	2	—	27	29	56	56	45
...	(0·0)	(0·2)	(0·1)	(0·1)	(0·2)	(0·2)	—	(0·1)	(0·1)	(0·1)	(0·1)	(0·1)
“ IIb—For class for semi-deaf	1	—	1	—	1	—	—	1	2	3	2	1
...	(0·0)	—	(0·0)	—	(0·0)	—	—	(0·0)	(0·0)	(0·0)	(0·0)	(0·0)
“ III—For deaf class	—	—	1	—	—	—	—	—	1	1	—	—
...	—	—	(0·0)	—	—	—	—	—	(0·0)	(0·0)	—	—
Totals	109	139	126	97	112	7	3	356	349	705	665	694
...	(1·1)	(1·7)	(1·6)	(1·3)	(1·5)	(0·9)	(0·5)	(1·3)	(1·4)	(1·4)	(1·3)	(1·4)

* 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: 32,939 children in all—58 cases fewer than the total number examined outwith the “entrants” age group. (See, however, Appendix IIb, page 72, for the results of examination of children born in 1946.)

TABLE II—Continued.

Age Groups. ...	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1954.	1953.	1952.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Totals.	Totals.	Totals.
											(0.0)	(0.3)	(0.0)
10. SPEECH													
Defective articulation ...	98 (1.0)	62 (0.7)	26 (0.3)	6 (0.1)	11 (0.1)	9 (0.1)	—	—	137 (0.5)	78 (0.3)	215 (0.4)	233 (0.4)	341 (0.7)
Stammering ...	23 (0.2)	7 (0.1)	23 (0.3)	7 (0.1)	26 (0.3)	5 (0.1)	1 (0.2)	—	72 (0.3)	20 (0.1)	92 (0.2)	87 (0.2)	96 (0.2)
Totals ...	121 (1.2)	69 (0.8)	49 (0.6)	13 (0.2)	37 (0.5)	14 (0.2)	1	1	209 (0.8)	98 (0.4)	307 (0.6)	320 (0.6)	437 (0.9)
11. MENTAL AND NERVOUS CONDITION													
Backward ...	6 (0.1)	5 (0.1)	22 (0.3)	13 (0.2)	4 (0.1)	7 (0.1)	—	—	32 (0.1)	26 (0.1)	58 (0.1)	58 (0.1)	46 (0.1)
Dull ...	2 (0.0)	3 (0.0)	9 (0.1)	1 (0.0)	6 (0.1)	3 (0.0)	—	—	19 (0.1)	7 (0.0)	26 (0.1)	34 (0.1)	31 (0.1)
Mentally handicapped (educable)	3 (0.0)	1 (0.0)	1 (0.0)	—	—	—	—	—	4 (0.0)	1 (0.0)	5 (0.0)	2 (0.0)	5 (0.0)
" " (ineducable)	—	—	—	—	—	—	—	—	—	—	—	1	—
Highly nervous ...	20 (0.2)	9 (0.1)	10 (0.1)	4 (0.1)	3 (0.0)	2 (0.0)	—	—	34 (0.1)	16 (0.1)	50 (0.1)	41 (0.1)	43 (0.1)
Difficult in behaviour ...	7 (0.1)	4 (0.0)	1 (0.0)	—	1 (0.0)	1 (0.0)	—	—	9 (0.0)	5 (0.0)	14 (0.0)	10 (0.0)	7 (0.0)
Epilepsy (Mild) ...	7 (0.1)	5 (0.1)	4 (0.1)	3 (0.0)	6 (0.1)	2 (0.0)	—	—	18 (0.1)	11 (0.0)	29 (0.1)	36 (0.1)	Not available
" (Severe) ...	—	—	1 (0.0)	—	—	—	—	—	1 (0.0)	—	1 (0.0)	1	—
Totals ...	45 (0.5)	27 (0.3)	48 (0.6)	21 (0.3)	20 (0.3)	15 (0.2)	—	—	117 (0.4)	66 (0.3)	183 (0.4)	183 (0.3)	132 (0.3)

12 CIRCULATORY SYSTEM													
(a) Organic Heart Disease													
Congenital	...	28 (0.3)	30 (0.3)	18 (0.2)	22 (0.3)	16 (0.2)	12 (0.2)	—	63 (0.2)	67 (0.3)	130 (0.3)	103 (0.2)	141 (0.3)
Acquired	...	12 (0.1)	7 (0.1)	17 (0.2)	16 (0.2)	37 (0.5)	39 (0.5)	3 (0.5)	68 (0.3)	65 (0.3)	133 (0.3)	129 (0.2)	172 (0.3)
(b) Functional Conditions	...	114 (1.2)	83 (0.9)	44 (0.6)	52 (0.7)	57 (0.8)	88 (1.2)	2 (0.2)	221 (0.8)	229 (0.9)	450 (0.9)	289 (0.5)	402 (0.8)
Totals	...	154 (1.6)	120 (1.3)	79 (1.0)	90 (1.2)	110 (1.5)	139 (1.9)	5 (0.9)	352 (1.3)	361 (1.4)	713 (1.4)	521 (1.0)	715 (1.4)
13. LUNGS													
Chronic Bronchitis	...	34 (0.3)	24 (0.3)	21 (0.3)	4 (0.1)	12 (0.2)	10 (0.1)	—	70 (0.3)	40 (0.2)	110 (0.2)	114 (0.2)	140 (0.3)
Suspected Tuberculosis	...	27 (0.3)	20 (0.2)	24 (0.3)	13 (0.2)	13 (0.2)	25 (0.3)	1 (0.2)	67 (0.3)	61 (0.2)	128 (0.2)	110 (0.2)	128 (0.2)
Catarrh	...	439 (4.5)	363 (4.0)	200 (2.5)	140 (1.8)	102 (1.4)	82 (1.1)	3 (0.4)	749 (2.8)	596 (2.3)	1,345 (2.6)	1,495 (2.8)	1,068 (2.1)
Other diseases	...	11 (0.1)	3 (0.0)	4 (0.1)	4 (0.1)	7 (0.1)	6 (0.1)	—	23 (0.1)	13 (0.1)	36 (0.1)	27 (0.1)	43 (0.1)
Totals	...	511 (5.2)	410 (4.5)	249 (3.1)	161 (2.1)	134 (1.8)	123 (1.6)	4 (0.7)	909 (3.4)	710 (2.8)	1,619 (3.1)	1,746 (3.3)	1,379 (2.7)
14. DEFORMITIES													
(a) Congenital	...	80 (0.8)	49 (0.5)	35 (0.4)	24 (0.3)	22 (0.3)	30 (0.4)	2 (0.4)	142 (0.5)	109 (0.4)	251 (0.5)	230 (0.4)	224 (0.4)
(b) Acquired	...	24 (0.2)	10 (0.1)	8 (0.1)	8 (0.1)	5 (0.1)	8 (0.1)	—	38 (0.1)	26 (0.1)	64 (0.1)	61 (0.1)	73 (0.1)
Infantile Paralysis	...	69 (0.7)	39 (0.4)	20 (0.3)	19 (0.2)	19 (0.3)	7 (0.1)	—	112 (0.4)	65 (0.3)	177 (0.3)	155 (0.3)	120 (0.2)
Probable Rickets	...	2 (0.0)	1 (0.0)	—	—	1 (0.0)	—	—	3 (0.0)	1 (0.0)	4 (0.0)	8 (0.0)	Not available
Cerebral Palsy	...	77 (0.8)	60 (0.7)	85 (1.1)	84 (1.1)	64 (0.9)	56 (0.7)	5 (0.6)	237 (0.9)	217 (0.9)	454 (0.9)	428 (0.8)	353 (0.7)
Other causes	...	252 (2.6)	159 (1.7)	148 (1.9)	135 (1.8)	111 (1.5)	101 (1.4)	8 (1.0)	532 (2.0)	418 (1.6)	950 (1.8)	882 (1.7)	770 (1.5)

TABLE II—Continued.

Age Groups. ...	Entrants.		2nd age group.		3rd age group.		4th age group.		All ages.		1954. Totals.	1953. Totals.	1952. Totals.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			
15. INFECTIOUS DISEASES ...	8 (0.1)	12 (0.1)	—	2 (0.0)	2 (0.0)	2 (0.0)	—	—	10 (0.0)	16 (0.1)	26 (0.1)	39 (0.1)	12 (0.0)
16. ASTHMA ...	38 (0.4)	20 (0.2)	43 (0.5)	12 (0.2)	40 (0.5)	12 (0.2)	4 (0.5)	2 (0.4)	126 (0.5)	46 (0.2)	172 (0.3)	146 (0.3)	Not available
17. DIABETES ...	6 (0.1)	—	—	1 (0.0)	—	2 (0.0)	—	1 (0.2)	6 (0.0)	4 (0.0)	10 (0.0)	1 (0.0)	Not available
18. OTHER DISEASES OR DEFECTS ...	371 (3.8)	453 (5.0)	265 (3.3)	265 (3.5)	118 (1.6)	157 (2.1)	6 (0.7)	8 (.4)	776 (2.9)	901 (3.6)	1,677 (3.2)	1,630 (3.1)	1,548 (3.0)

Year	Month	Day	Time	Location	Remarks
1950	Jan	1	10:00	...	...
1950	Jan	2	10:00	...	...
1950	Jan	3	10:00	...	...
1950	Jan	4	10:00	...	...
1950	Jan	5	10:00	...	...
1950	Jan	6	10:00	...	...
1950	Jan	7	10:00	...	...
1950	Jan	8	10:00	...	...
1950	Jan	9	10:00	...	...
1950	Jan	10	10:00	...	...
1950	Jan	11	10:00	...	...
1950	Jan	12	10:00	...	...
1950	Jan	13	10:00	...	...
1950	Jan	14	10:00	...	...
1950	Jan	15	10:00	...	...
1950	Jan	16	10:00	...	...
1950	Jan	17	10:00	...	...
1950	Jan	18	10:00	...	...
1950	Jan	19	10:00	...	...
1950	Jan	20	10:00	...	...
1950	Jan	21	10:00	...	...
1950	Jan	22	10:00	...	...
1950	Jan	23	10:00	...	...
1950	Jan	24	10:00	...	...
1950	Jan	25	10:00	...	...
1950	Jan	26	10:00	...	...
1950	Jan	27	10:00	...	...
1950	Jan	28	10:00	...	...
1950	Jan	29	10:00	...	...
1950	Jan	30	10:00	...	...
1950	Jan	31	10:00	...	...

This is a record of the observations made during the study of the ...
 The data is presented in the following table ...
 The results of the study are as follows ...
 It is concluded that ...
 The author wishes to thank ...
 The work was supported by ...

Teeth—	Sound ...	5,720 (58.5)	5,259 (57.6)	5,603 (70.2)	5,334 (69.8)	6,187 (82.3)	6,084 (81.5)	711 (86.6)	500 (88.3)	18,566 (70.0)	17,580 (69.3)	36,146 (69.7)	35,731 (67.5)	33,832 (65.9)	
Number Recorded 51,895	One to four decayed	3,348 (34.3)	3,226 (35.4)	2,180 (27.3)	2,155 (28.2)	1,277 (17.0)	1,328 (17.8)	98 (11.9)	63 (11.1)	7,001 (26.4)	6,923 (27.3)	13,924 (26.8)	14,928 (28.2)	15,103 (29.4)	
	Five or more decayed	707 (7.2)	638 (7.0)	193 (2.4)	155 (2.0)	50 (0.7)	56 (0.7)	12 (1.5)	3 (0.5)	966 (3.6)	859 (3.4)	1,825 (3.5)	2,280 (4.3)	2,413 (4.7)	
Visual acuity (Snellen) :—															
Children who wore glasses at examination		With glasses—													
		Good, 6/6 ...	461 (5.8)	523 (6.9)	419 (5.6)	530 (7.1)	112 (13.6)	97 (17.1)	1,021 (6.1)	1,188 (7.3)	2,209 (6.7)	1,901 (5.9)	1,897 (6.0)		
		Fair, 6/9, 6/12	207	246	205	269	30	35	453	573	1,026	870	865		
		Bad, 6/18, etc.	41 (0.5)	32 (0.4)	29 (0.4)	51 (0.7)	9 (1.1)	4 (0.7)	79 (0.5)	95 (0.6)	174 (0.5)	181 (0.6)	183 (0.6)		
		Without glasses													
		Good, 6/6 ...	250 (3.1)	293 (3.8)	160 (2.1)	230 (3.1)	23 (2.8)	33 (5.8)	447 (2.7)	578 (3.6)	1,025 (3.1)	883 (2.7)	940 (3.0)		
		Fair, 6/9, 6/12	243	284	173	244	31	19	460	564	1,024	881	880		
		Bad, 6/18, etc.	216 (2.7)	224 (2.9)	320 (4.3)	376 (5.0)	97 (11.8)	84 (14.8)	646 (3.9)	714 (4.4)	1,360 (4.1)	1,188 (3.7)	1,125 (3.6)		
Children not wearing glasses at examination		See page 65													
		Good, 6/6 ...	6,510 (81.8)	6,097 (79.9)	6,025 (80.3)	5,824 (78.1)	602 (73.3)	383 (67.7)	13,506 (80.8)	12,727 (78.5)	26,233 (79.6)	25,885 (80.5)	25,179 (80.0)		
		Fair, 6/9, 6/12	619	633	611	590	42	27	1,297	1,299	2,596	2,576	2,551		
		Bad, 6/18, etc.	117 (1.5)	102 (1.3)	217 (2.9)	196 (2.6)	26 (3.2)	20 (3.5)	366 (2.2)	335 (2.1)	701 (2.1)	742 (2.3)	812 (2.6)		
Immunisation (Diphtheria).		Partial ...	87 (0.9)	96 (1.1)	40 (0.5)	60 (0.8)	2 (0.2)	8 (1.4)	140 (0.5)	206 (0.8)	346 (0.7)	271 (0.5)	312 (0.6)		
Number Recorded 51,895		Completed ...	6,861 (70.2)	6,526 (71.5)	7,208 (94.3)	7,030 (94.1)	775 (94.4)	529 (93.5)	22,645 (85.3)	21,792 (85.9)	44,437 (85.6)	45,410 (85.7)	43,982 (85.7)		
		Not immunised	2,827 (28.9)	2,501 (27.4)	396 (5.2)	378 (5.1)	44 (5.4)	29 (5.1)	29 (5.1)	3,748 (14.1)	3,364 (13.3)	7,112 (13.7)	7,258 (13.7)	7,050 (13.7)	
Vaccination (Smallpox)		Successful vaccination	5,524 (56.5)	5,151 (56.5)	5,977 (79.5)	6,126 (82.0)	648 (78.9)	461 (81.4)	18,244 (68.8)	17,695 (69.8)	35,939 (69.3)	37,955 (71.7)	34,700 (67.6)		
Number Recorded 51,895		Successful re-vaccination	20	16	302	261	104	57	503	435	938	2,280	6,418		
		Unsuccessful or no vaccination	4,231 (43.3)	3,956 (43.4)	1,998 (26.1)	1,081 (14.5)	69 (8.4)	69 (8.4)	48 (8.5)	7,786 (29.3)	7,232 (28.5)	15,018 (28.9)	12,702 (24.0)	10,229 (19.9)	

APPENDIX IIb.—*VISUAL ACUITY AND HEARING OF CHILDREN BORN IN 1946.*

The testing for visual acuity and hearing of pupils approximately 7 years old was instituted in February, 1948, and has been included in the annual scheme of systematic inspection each year since that date. Nurses undertake the work—in addition to other duties which mainly relate to cleanliness inspection—and arrange with head teachers for dates and times mutually convenient.

The examination of this age-group in respect of the visual acuity is valuable in revealing defects which might not have become apparent before the routine medical inspection at 9 years of age, since school children in the Infant-Entrant group are not given a vision test. This is less applicable to hearing, as pupils in all age-groups have always been tested at routine medical inspection and, during the past few years, the audiometric survey in schools has taken care of the 8 year-olds.

In the course of testing the vision of these 7 year-olds, nurses make due allowance for the unfamiliarity of the children with their letters and for the nervousness and diffidence which are probably due to the absence of parents at the time of the examination. Care is also taken that children are not classed as "fair" merely because they are unable to identify all the letters. In testing for hearing, allowance is also made for some of the above-mentioned reasons and for the unfamiliarity of the children with the voice of the examiner. The results of these examinations, therefore, although not claimed as accurate assessments of the defects alleged to be found, are useful indications and provide additional means for revealing unsatisfactory conditions at an early stage.

Detailed results of inspection during the year 1954 are shown below and comparative totals for 1954 and 1953 are also given. The percentage of "good" vision among children not wearing glasses was the best ever recorded and the high percentage of those with normal hearing was maintained.

VISUAL ACUITY.

Result of Eyesight (Snellen) Test.

		No. and percentage.				
		1954.			1953.	1952.
		Boys.	Girls.	Totals.	Totals.	Totals.
Children who wore glasses at examination.	With Glasses—					
	Good, 6/6 ...	161 (2.0)	167 (2.1)	328 (2.0)	282 (2.0)	234 (1.6)
	Fair, 6/9, 6/12 ...	265 (3.3)	290 (3.6)	555 (3.4)	454 (3.3)	575 (3.8)
	Bad, 6/18, etc. ...	36 (0.4)	42 (0.5)	78 (0.5)	84 (0.6)	106 (0.7)
	Without Glasses—					
	Good, 6/6 ...	91 (1.1)	82 (1.0)	173 (1.1)	152 (1.1)	129 (0.9)
Fair, 6/9, 6/12 ...	196 (2.4)	247 (3.1)	443 (2.7)	378 (2.7)	471 (3.1)	
Bad, 6/18, etc. ...	175 (2.1)	170 (2.1)	345 (2.1)	290 (2.1)	315 (2.1)	
Children not wearing glasses at examination	Good, 6/6 ...	5,284 (65.1)	5,227 (64.8)	10,511 (65.0)	8,743 (63.4)	8,501 (56.5)
	Fair, 6/9, 6/12 ...	1,795 (22.1)	1,770 (21.9)	3,565 (22.0)	3,212 (23.3)	4,446 (29.5)
	Bad, 6/18, etc. ...	568 (7.0)	573 (7.1)	1,141 (7.0)	1,015 (7.4)	1,184 (7.9)
	Totals ...	8,109	8,069	16,178	13,790	15,046

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

		No. and percentage.				
		1954.			1953.	1952.
		Boys.	Girls.	Totals.	Totals.	Totals.
Good, 6/6 ...	...	5,445 (67.1)	5,394 (66.8)	10,839 (67.0)	9,025 (65.4)	8,735 (58.0)
Fair, 6/9, 6/12 ...	...	2,060 (25.4)	2,060 (25.5)	4,120 (25.4)	3,666 (26.6)	5,021 (33.4)
Bad, 6/18, etc. ...	...	604 (7.4)	615 (7.6)	1,219 (7.5)	1,099 (8.0)	1,290 (8.6)
Totals ...	...	8,109	8,069	16,178	13,790	15,046

Of those with defective eyesight, 1,419 (720 boys and 699 girls) were recommended for refraction or for re-test.

HEARING.

Result of Hearing Test.

	No. and percentage.			1953.	1952.
	1954.				
	Boys.	Girls.	Totals.	Totals.	Totals.
Normal	8,053 (99·3)	8,016 (99·3)	16,069 (99·3)	13,690 (99·3)	14,941 (99·3)
Defective—					
Grade I, for ordinary class	10 (0·1)	12 (0·1)	22 (0·1)	25 (0·2)	62 (0·4)
Grade IIa, for front seat	3 (0·0)	5 (0·0)	8 (0·0)	11 (0·1)	11 (0·1)
Grade IIb, for class for semi-deaf	26 (0·3)	26 (0·3)	52 (0·3)	51 (0·4)	26 (0·2)
Grade III, for deaf class	17 (0·2)	10 (0·1)	27 (0·2)	13 (0·1)	6 (0·0)
	<u>8,109</u>	<u>8,069</u>	<u>16,178</u>	<u>13,790</u>	<u>15,046</u>

86 of the above children (46 boys and 40 girls) were referred to clinic for investigation of the cause of deafness.

APPENDIX IIc.—AVERAGE MEASUREMENTS OF SCHOOL CHILDREN.

The averages for age, height and weight of children in the four age-groups measured at routine inspection during the year 1953-54 are given below with comments.

PUPILS AGED SIXTEEN YEARS.

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

	Non-transferred		Transferred		All	
	Boys	Girls	Boys	Girls	Boys	Girls
Number examined	526	310	122	110	648	420
Average age (in months beyond year of age)	5·68	6·60	6·67	5·95	5·87	6·43
Height (in inches)	67·76	63·95	66·61	62·96	67·54	63·69
Weight (in pounds)	134·67	122·13	131·04	119·60	133·99	121·46

PUPILS IN OTHER AGE-GROUPS.

On page 79 is a table showing the averages of 5, 9 and 13 year-olds in 1954 and the relative average measurements adjusted to the uniform ages of 5 years 4 months, 9 years 5 months and 13 years 5 months for that school year and for each of the previous school years back to 1945. To simplify the study of these adjusted measurements, the highest in each column is printed in **heavy** type and the second highest in *italics*.

The findings may be summarised as follows :—

(1) PUPILS AGED FIVE YEARS.

(a) BOYS. The average for height showed a slight decline in each series, and only in one instance ("transferred" pupils) was even the second highest place attained. Weights failed to reach even second place in any series, but "non-transferred" pupils were slightly improved compared with the averages in either of the two previous years.

(b) GIRLS. The average heights were below those for the previous year, the best return being in respect of "transferred" pupils who only dropped to the second highest position. *Weights* attained the *highest* place in two of the columns, the other, "transferred" pupils, falling to second place in the series.

(2) PUPILS AGED NINE YEARS.

(a) BOYS. Average *heights* and *weights* were the *highest* in each series.

(b) GIRLS. *Highest* place was attained for *height* and *weight* in each series.

(3) PUPILS AGED THIRTEEN YEARS.

(a) BOYS. The *highest* place was attained in each column.

(b) GIRLS. In five of the six columns, the *highest* place was reached, "non-transferred" pupils just failing to equal the highest position in the series for height which was recorded in the previous year.

(4) In each relative group the average measurement in 1954 was higher than the highest average in any year prior to 1949.

In connection with the adjustment of the average measurements for slight variations in age, relative to the 5, 9 and 13 year-olds, the factors used are based on the estimated increases per month of age (as revised from time to time) for each group. Thus : for the adjustment calculations in each of the years between 1934 and 1944 the increases per month of age were obtained from the measurements in 1934 ; for the years 1945 to 1953 (inclusive) the average of the 1934 and 1944 monthly increases were used ; and for 1954, the increases in each of the years 1934, 1944 and 1954 were averaged. The table below gives the details.

AVERAGE RATE OF INCREASE PER MONTH OF AGE OF GLASGOW SCHOOL CHILDREN MEDICALLY INSPECTED
IN ORDINARY SCHOOLS

AGE GROUP	5 YEARS						9 YEARS						13 YEARS						
	Boys			Girls			Boys			Girls			Boys			Girls			
	Ht. Ins.	Wt. Lbs.		Ht. Ins.	Wt. Lbs.		Ht. Ins.	Wt. Lbs.		Ht. Ins.	Wt. Lbs.		Ht. Ins.	Wt. Lbs.		Ht. Ins.	Wt. Lbs.		
(a) 1934	0.132	0.189	0.159	0.159	0.220	0.188	0.462	0.181	0.493	0.219	0.818	0.150	0.855	0.964	0.910	0.917
(b) 1944	0.154	0.275	0.130	0.130	0.227	0.149	0.430	0.169	0.492	0.156	0.735	0.163	0.964	0.910	0.917	0.917
(c) Average of (a) and (b)	0.143	0.232	0.145	0.145	0.224	0.169	0.446	0.175	0.493	0.188	0.777	0.157	0.910	0.917	0.917	0.917
(d) 1954	0.137	0.255	0.159	0.159	0.271	0.147	0.479	0.178	0.555	0.184	0.778	0.122	0.917	0.917	0.917	0.917
(e) Average of (a), (b) and (d)	0.141	0.240	0.149	0.149	0.239	0.161	0.457	0.176	0.513	0.186	0.777	0.145	0.912	0.912	0.912	0.912

NOTE.—For adjustment calculations the factors used were the figures in (a) for each of the years between 1934 and 1944, (c) for each year from 1945 to 1953 (inclusive) and (e) for the year 1954.

As the 1954 Session marks the forty-fifth anniversary of the introduction of Routine Medical Inspection in schools by the former School Board of Glasgow, it may be convenient to trace the progress since the early days by comparing the average measurements of the children in the age-groups 5, 9 and 13 years over the whole period. Comparison of these average measurements in the mass has always been regarded as a rough but useful indication of the general physique among school children and along with other signs is a reliable method of assessing their health and well-being.

In the table below the average heights and weights of pupils in the age-groups 5, 9 and 13 years (adjusted to uniform ages where possible) are arranged in quinquennial periods. A chart of these figures is also provided on page 80. It may be noted, however, that in the earlier years either the month of age was unrecorded or an approximation to the nearest complete month was given, usually fluctuating between 4 and 5 months beyond the year of age. These differences would not be such as to affect the general trend of the average measurements. Attention is also drawn to the fact that in the table for two of the periods shown, 1915/19 and 1940/44 only the average of 3 and 4 years respectively are given owing to war disruption—no measurements were recorded in 1915, 1916 or in 1940.

The table and chart reveal that the average measurements in each group have shown consistent increase with comparatively few exceptions, these latter occurring only during the first world-war and post-war periods (e.g. 5 year-old girls during 1915/19 and 13 year-old boys during 1920/24). The continued improvement has been attributed to a combination of circumstances which would include health education, the provision of milk and meals in school and the continuous medical supervision of pupils throughout their school life.

AVERAGE MEASUREMENTS OF GLASGOW SCHOOL CHILDREN IN QUINQUENNIAL PERIODS SINCE 1910.

Quinquennial Period	5 YEARS				9 YEARS				13 YEARS			
	Ht. in ins.		Wt. in lbs.		Ht. in ins.		Wt. in lbs.		Ht. in ins.		Wt. in lbs.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1910-14	40.0	39.9	38.5	37.9	47.1	47.2	54.0	51.7	54.5	55.0	72.8	76.4
1915-19	41.1	39.4	38.5	37.5	48.0	47.5	54.6	52.1	55.9	56.0	76.1	77.3
1920-24	40.5	40.1	39.1	38.0	48.5	47.9	54.3	52.8	55.1	55.9	75.0	78.2
1925-29	40.8	40.3	39.1	37.7	49.0	48.7	56.7	54.6	56.0	56.3	78.2	80.9
1930-34	41.1	40.8	39.5	38.0	49.3	49.1	57.2	55.1	56.4	57.3	80.1	83.8
1935-39	41.5	41.2	40.1	38.6	49.9	49.6	58.6	56.7	57.2	58.2	83.1	88.0
1940-44	41.9	41.6	41.3	39.6	50.5	50.2	60.0	58.1	58.1	58.8	86.5	90.8
1945-49	42.1	41.7	41.7	40.1	50.8	50.3	61.2	58.9	58.3	59.0	87.2	91.8
1950-54	42.4	42.1	42.1	40.5	51.2	50.7	62.2	60.1	58.8	59.3	89.8	94.1

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		Non-transf'd		Transferred		All		Non-transf'd		Transferred		All			
	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.	Ht. ins.	Wt. lbs.		
No. of Boys & Age (months)* Actual Average Measurements (uniform ages of 5 yrs. 4 mths., 9 yrs. 5 mths., and 13 yrs. 5 mths. respectively)	6,101 (3.68)		2,826 (3.92)		8,927 (3.76)		4,997 (5.58)		2,120 (5.23)		7,117 (5.47)		4,516 (5.58)		2,016 (5.27)		6,532 (5.48)			
	Ht. ins. 42.49		Wt. lbs. 42.24		Ht. ins. 42.39		Wt. lbs. 42.00		Ht. ins. 51.72		Wt. lbs. 64.08		Ht. ins. 51.47		Wt. lbs. 63.38		Ht. ins. 58.47		Wt. lbs. 89.11	
	42.53		42.32		42.43		42.05		51.63		63.81		51.40		63.16		59.27		91.85	
	42.59		42.27		42.48		42.07		51.38		62.55		51.22		62.14		59.20		91.25	
	42.65		42.30		42.49		42.02		51.38		62.30		51.22		61.90		59.16		90.90	
	42.55		42.40		42.40		42.05		51.35		62.43		51.15		61.82		59.11		90.50	
	42.60		42.60		42.47		42.31		51.26		62.33		51.08		61.84		58.89		89.19	
	42.47		42.25		42.36		42.05		51.26		62.23		51.11		61.73		58.85		88.86	
	42.29		41.85		41.91		41.61		51.05		61.62		50.89		61.32		58.54		87.97	
	42.19		41.69		41.77		41.49		51.13		61.67		50.90		61.11		58.49		87.60	
	42.23		41.90		41.73		41.68		50.88		61.22		50.67		60.78		58.44		87.70	
	42.15		41.75		41.68		41.52		50.87		61.30		50.66		60.88		58.52		87.91	
	5,647 (3.86)		2,646 (3.88)		8,293 (3.87)		4,778 (5.70)		2,023 (5.52)		6,801 (5.64)		4,450 (5.69)		2,120 (5.02)		6,570 (5.48)			
	Ht. ins. 42.16		Wt. lbs. 40.99		Ht. ins. 42.02		Wt. lbs. 40.66		Ht. ins. 51.18		Wt. lbs. 62.12		Ht. ins. 50.95		Wt. lbs. 61.42		Ht. ins. 58.94		Wt. lbs. 93.36	
	42.18		41.03		42.04		40.69		51.06		61.76		50.83		61.08		59.75		96.40	
42.26		40.73		42.16		40.54		50.94		60.89		50.73		60.24		59.76		94.87		
42.21		40.74		42.07		40.44		50.83		60.27		50.62		59.72		59.70		95.33		
42.18		40.89		42.03		40.58		50.84		60.27		50.62		59.71		59.46		94.42		
42.11		40.78		42.00		40.46		50.73		60.22		50.54		59.64		59.52		94.10		
42.12		40.73		41.98		40.41		50.76		60.05		50.54		59.49		59.32		92.94		
41.91		40.13		41.74		39.83		50.59		59.51		50.38		58.95		59.24		92.28		
41.82		40.10		41.70		39.81		50.63		59.34		50.40		58.86		59.29		92.50		
41.82		40.41		41.70		40.20		50.52		59.36		50.24		58.76		59.05		92.07		
41.81		40.33		41.64		40.07		50.45		59.13		50.20		58.64		59.26		93.08		
No. of Girls & Age (months)* Actual Average Measurements		5,647 (3.86)		2,646 (3.88)		8,293 (3.87)		4,778 (5.70)		2,023 (5.52)		6,801 (5.64)		4,450 (5.69)		2,120 (5.02)		6,570 (5.48)		
Ht. ins. 42.16		Wt. lbs. 40.99		Ht. ins. 42.02		Wt. lbs. 40.66		Ht. ins. 51.18		Wt. lbs. 62.12		Ht. ins. 50.95		Wt. lbs. 61.42		Ht. ins. 58.94		Wt. lbs. 93.36		
42.18		41.03		42.04		40.69		51.06		61.76		50.83		61.08		59.75		96.40		
42.26		40.73		42.16		40.54		50.94		60.89		50.73		60.24		59.76		94.87		
42.21		40.74		42.07		40.44		50.83		60.27		50.62		59.72		59.70		95.33		
42.18		40.89		42.03		40.58		50.84		60.27		50.62		59.71		59.46		94.42		
42.11		40.78		42.00		40.46		50.73		60.22		50.54		59.64		59.52		94.10		
42.12		40.73		41.98		40.41		50.76		60.05		50.54		59.49		59.32		92.94		
41.91		40.13		41.74		39.83		50.59		59.51		50.38		58.95		59.24		92.28		
41.82		40.10		41.70		39.81		50.63		59.34		50.40		58.86		59.29		92.50		
41.82		40.41		41.70		40.20		50.52		59.36		50.24		58.76		59.05		92.07		
41.81		40.33		41.64		40.07		50.45		59.13		50.20		58.64		59.26		93.08		
Adjusted Average Measurements (uniform ages of 5 yrs. 4 mths., 9 yrs. 5 mths., and 13 yrs. 5 mths. respectively)		42.18		42.26		42.21		42.18		42.11		42.12		41.91		41.82		41.82		
Ht. ins. 59.01		Wt. lbs. 88.90		Ht. ins. 58.96		Wt. lbs. 89.80		Ht. ins. 59.10		Wt. lbs. 88.43		Ht. ins. 58.57		Wt. lbs. 88.13		Ht. ins. 58.20		Wt. lbs. 86.67		
59.01		88.90		58.40		88.90		59.01		88.90		58.40		88.90		59.01		88.90		
58.96		88.13		58.96		89.80		58.88		88.43		58.57		88.13		58.20		86.67		
58.88		89.80		58.88		89.80		58.79		89.38		58.60		88.43		58.57		88.13		
58.82		86.82		58.82		86.33		58.60		88.43		58.57		88.13		58.20		86.67		
58.60		88.43		58.60		88.43		58.57		88.13		58.20		86.67		58.18		87.01		
58.57		88.13		58.57		88.13		58.44		87.01		58.26		87.15		58.26		87.15		

*Beyond years of age given at head of sections.

Average Heights and Weights of Glasgow School Children in Quinquennial Periods since the Session 1909-10.

BOYS ———
GIRLS ———

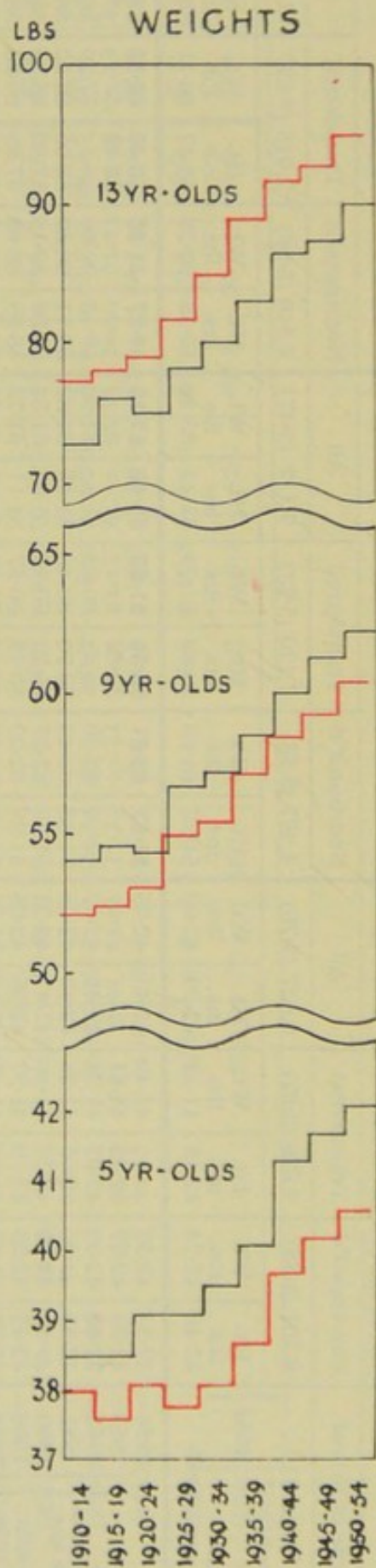
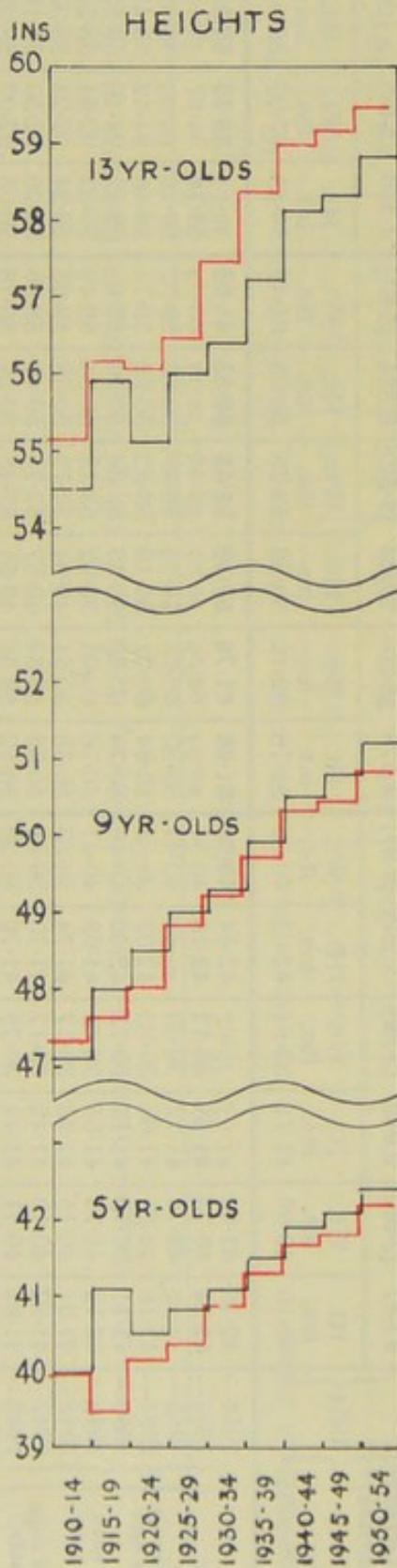


TABLE III - SUMMARY OF RESULTS OF THE INVESTIGATION INTO THE CAUSES OF THE ACCIDENTS

No.	Date	Time	Location	Type of Accident	Cause	
					Primary	Secondary
1	10/15/50	10:30	St. Louis	Collision	Human Error	Weather
2	11/20/50	14:15	Chicago	Loss of Control	Pilot Error	Clear Air Turbulence
3	12/5/50	08:45	San Francisco	Controlled Flight Into Terrain	Procedural Error	Weather
4	1/10/51	19:30	Los Angeles	Collision	Human Error	Weather
5	2/18/51	11:00	Seattle	Loss of Control	Pilot Error	Weather
6	3/25/51	07:15	Portland	Controlled Flight Into Terrain	Procedural Error	Weather
7	4/12/51	15:45	Denver	Collision	Human Error	Weather
8	5/30/51	09:30	Phoenix	Loss of Control	Pilot Error	Weather
9	6/15/51	13:00	San Diego	Controlled Flight Into Terrain	Procedural Error	Weather
10	7/22/51	10:15	Las Vegas	Collision	Human Error	Weather
11	8/10/51	16:45	Albuquerque	Loss of Control	Pilot Error	Weather
12	9/5/51	08:30	Phoenix	Controlled Flight Into Terrain	Procedural Error	Weather
13	10/18/51	12:00	San Francisco	Collision	Human Error	Weather
14	11/25/51	14:30	Los Angeles	Loss of Control	Pilot Error	Weather
15	12/10/51	07:45	Seattle	Controlled Flight Into Terrain	Procedural Error	Weather
16	1/15/52	11:15	Portland	Collision	Human Error	Weather
17	2/20/52	09:00	Denver	Loss of Control	Pilot Error	Weather
18	3/10/52	13:45	Phoenix	Controlled Flight Into Terrain	Procedural Error	Weather
19	4/5/52	10:30	San Diego	Collision	Human Error	Weather
20	5/15/52	15:15	Las Vegas	Loss of Control	Pilot Error	Weather
21	6/20/52	08:45	Albuquerque	Controlled Flight Into Terrain	Procedural Error	Weather
22	7/10/52	12:30	Phoenix	Collision	Human Error	Weather
23	8/5/52	16:00	San Francisco	Loss of Control	Pilot Error	Weather
24	9/15/52	09:15	Los Angeles	Controlled Flight Into Terrain	Procedural Error	Weather
25	10/25/52	11:45	Seattle	Collision	Human Error	Weather
26	11/10/52	14:00	Portland	Loss of Control	Pilot Error	Weather
27	12/20/52	07:30	Denver	Controlled Flight Into Terrain	Procedural Error	Weather
28	1/10/53	11:00	Phoenix	Collision	Human Error	Weather
29	2/15/53	13:30	San Diego	Loss of Control	Pilot Error	Weather
30	3/25/53	08:15	Las Vegas	Controlled Flight Into Terrain	Procedural Error	Weather
31	4/10/53	12:45	Albuquerque	Collision	Human Error	Weather
32	5/5/53	15:30	Phoenix	Loss of Control	Pilot Error	Weather
33	6/15/53	09:45	San Francisco	Controlled Flight Into Terrain	Procedural Error	Weather
34	7/20/53	11:15	Los Angeles	Collision	Human Error	Weather
35	8/10/53	14:00	Seattle	Loss of Control	Pilot Error	Weather
36	9/5/53	07:45	Portland	Controlled Flight Into Terrain	Procedural Error	Weather
37	10/15/53	11:30	Denver	Collision	Human Error	Weather
38	11/20/53	13:15	Phoenix	Loss of Control	Pilot Error	Weather
39	12/10/53	08:00	San Diego	Controlled Flight Into Terrain	Procedural Error	Weather
40	1/15/54	12:15	Las Vegas	Collision	Human Error	Weather
41	2/20/54	14:45	Albuquerque	Loss of Control	Pilot Error	Weather
42	3/10/54	09:30	Phoenix	Controlled Flight Into Terrain	Procedural Error	Weather
43	4/5/54	13:00	San Francisco	Collision	Human Error	Weather
44	5/15/54	15:45	Los Angeles	Loss of Control	Pilot Error	Weather
45	6/20/54	08:15	Seattle	Controlled Flight Into Terrain	Procedural Error	Weather
46	7/10/54	11:45	Portland	Collision	Human Error	Weather
47	8/5/54	14:30	Denver	Loss of Control	Pilot Error	Weather
48	9/15/54	07:00	Phoenix	Controlled Flight Into Terrain	Procedural Error	Weather
49	10/25/54	10:45	San Diego	Collision	Human Error	Weather
50	11/10/54	13:30	Las Vegas	Loss of Control	Pilot Error	Weather
51	12/20/54	08:45	Albuquerque	Controlled Flight Into Terrain	Procedural Error	Weather
52	1/10/55	12:00	Phoenix	Collision	Human Error	Weather
53	2/15/55	14:15	San Francisco	Loss of Control	Pilot Error	Weather
54	3/25/55	09:30	Los Angeles	Controlled Flight Into Terrain	Procedural Error	Weather
55	4/10/55	11:45	Seattle	Collision	Human Error	Weather
56	5/5/55	14:00	Portland	Loss of Control	Pilot Error	Weather
57	6/15/55	07:15	Denver	Controlled Flight Into Terrain	Procedural Error	Weather
58	7/20/55	10:30	Phoenix	Collision	Human Error	Weather
59	8/10/55	13:15	San Diego	Loss of Control	Pilot Error	Weather
60	9/5/55	08:00	Las Vegas	Controlled Flight Into Terrain	Procedural Error	Weather
61	10/15/55	11:30	Albuquerque	Collision	Human Error	Weather
62	11/20/55	13:45	Phoenix	Loss of Control	Pilot Error	Weather
63	12/10/55	09:15	San Francisco	Controlled Flight Into Terrain	Procedural Error	Weather
64	1/15/56	12:45	Los Angeles	Collision	Human Error	Weather
65	2/20/56	14:30	Seattle	Loss of Control	Pilot Error	Weather
66	3/10/56	07:45	Portland	Controlled Flight Into Terrain	Procedural Error	Weather
67	4/5/56	11:00	Denver	Collision	Human Error	Weather
68	5/15/56	13:15	Phoenix	Loss of Control	Pilot Error	Weather
69	6/20/56	08:30	San Diego	Controlled Flight Into Terrain	Procedural Error	Weather
70	7/10/56	11:45	Las Vegas	Collision	Human Error	Weather
71	8/5/56	14:00	Albuquerque	Loss of Control	Pilot Error	Weather
72	9/15/56	07:15	Phoenix	Controlled Flight Into Terrain	Procedural Error	Weather
73	10/25/56	10:30	San Francisco	Collision	Human Error	Weather
74	11/10/56	13:45	Los Angeles	Loss of Control	Pilot Error	Weather
75	12/20/56	08:00	Seattle	Controlled Flight Into Terrain	Procedural Error	Weather
76	1/10/57	11:15	Portland	Collision	Human Error	Weather
77	2/15/57	13:30	Denver	Loss of Control	Pilot Error	Weather
78	3/25/57	09:45	Phoenix	Controlled Flight Into Terrain	Procedural Error	Weather
79	4/10/57	12:00	San Diego	Collision	Human Error	Weather
80	5/5/57	14:15	Las Vegas	Loss of Control	Pilot Error	Weather
81	6/15/57	08:30	Albuquerque	Controlled Flight Into Terrain	Procedural Error	Weather
82	7/20/57	11:45	Phoenix	Collision	Human Error	Weather
83	8/10/57	13:15	San Francisco	Loss of Control	Pilot Error	Weather
84	9/5/57	07:00	Los Angeles	Controlled Flight Into Terrain	Procedural Error	Weather
85	10/15/57	10:30	Seattle	Collision	Human Error	Weather
86	11/20/57	13:45	Portland	Loss of Control	Pilot Error	Weather
87	12/10/57	09:15	Denver	Controlled Flight Into Terrain	Procedural Error	Weather
88	1/15/58	12:45	Phoenix	Collision	Human Error	Weather
89	2/20/58	14:30	San Diego	Loss of Control	Pilot Error	Weather
90	3/10/58	07:45	Las Vegas	Controlled Flight Into Terrain	Procedural Error	Weather
91	4/5/58	11:00	Albuquerque	Collision	Human Error	Weather
92	5/15/58	13:15	Phoenix	Loss of Control	Pilot Error	Weather
93	6/20/58	08:30	San Francisco	Controlled Flight Into Terrain	Procedural Error	Weather
94	7/10/58	11:45	Los Angeles	Collision	Human Error	Weather
95	8/5/58	14:00	Seattle	Loss of Control	Pilot Error	Weather
96	9/15/58	07:15	Portland	Controlled Flight Into Terrain	Procedural Error	Weather
97	10/25/58	10:30	Denver	Collision	Human Error	Weather
98	11/10/58	13:45	Phoenix	Loss of Control	Pilot Error	Weather
99	12/20/58	09:15	San Diego	Controlled Flight Into Terrain	Procedural Error	Weather
100	1/10/59	12:00	Las Vegas	Collision	Human Error	Weather

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	6,179 (63.2)	5,879 (64.4)	12,058 (63.8)	5,197 (65.2)	5,029 (65.8)	10,226 (65.5)
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	—	—	—	582 (7.3)	614 (8.0)	1,196 (7.6)
(b) Oral Sepsis	175 (1.8)	121 (1.3)	296 (1.6)	92 (1.2)	83 (1.1)	175 (1.1)
(c) Both (a) and (b)	—	—	—	17 (0.2)	9 (0.1)	26 (0.2)
Totals	175 (1.8)	121 (1.3)	296 (1.6)	691 (8.7)	706 (9.2)	1,397 (8.9)
III Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks ...	1,789 (18.3)	1,771 (19.4)	3,560 (18.9)	1,021 (12.8)	955 (12.5)	1,976 (12.6)
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 ...	1,176 (12.0)	1,021 (11.2)	2,197 (11.6)	707 (8.9)	639 (8.4)	1,346 (8.6)
(b) Where improvement only is considered possible, e.g. without complete restoration of function	451 (4.6)	328 (3.6)	779 (4.1)	358 (4.5)	312 (4.1)	670 (4.3)
Totals	1,627 (16.6)	1,349 (14.8)	2,976 (15.7)	1,065 (13.4)	951 (12.4)	2,016 (12.9)
V. Children suffering from defects from which improvement is not considered possible	5 (0.1)	3 (0.0)	8 (0.0)	2 (0.0)	3 (0.0)	5 (0.0)
Total numbers of children examined ...	9,775	9,123	18,898	7,976	7,644	15,620

* Includes 1008 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, 1954			Totals, 1953	Totals, 1952
Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total		
5,359 (71.3)	5,207 (69.7)	10,566 (70.5)	665 (81.0)	433 (76.5)	1,098 (79.2)	17,720 (66.8)	16,904 (66.7)	34,624 (66.7)	35,602 (67.3)	34,106 (66.4)
645 (8.6)	646 (8.7)	1,291 (8.6)	56 (6.8)	54 (9.5)	110 (7.9)	1,312 (4.9)	1,368 (5.4)	2,680 (5.2)	2,607 (4.9)	2,566 (5.0)
69 (0.9)	108 (1.4)	177 (1.2)	9 (1.1)	11 (1.9)	20 (1.4)	349 (1.3)	326 (1.3)	675 (1.3)	762 (1.4)	562 (1.1)
6 (0.1)	13 (0.2)	19 (0.1)	—	1 (0.2)	1 (0.1)	23 (0.1)	23 (0.1)	46 (0.1)	47 (0.1)	35 (0.1)
720 (9.6)	767 (10.3)	1,487 (9.9)	65 (7.9)	66 (11.7)	131 (9.4)	1,684 (6.3)	1,717 (6.8)	3,401 (6.6)	3,416 (6.5)	3,163 (6.2)
728 (9.7)	750 (10.0)	1,478 (9.9)	39 (4.8)	31 (5.5)	70 (5.0)	3,615 (13.6)	3,580 (14.1)	7,195 (13.9)	7,669 (14.5)	7,575 (14.8)
390 (5.2)	450 (6.0)	840 (5.6)	34 (4.1)	18 (3.2)	52 (3.7)	2,339 (8.8)	2,175 (8.6)	4,514 (8.7)	4,196 (7.9)	4,573 (8.9)
313 (4.2)	289 (3.9)	602 (4.0)	17 (2.1)	17 (3.0)	34 (2.5)	1,163 (4.4)	974 (3.8)	2,137 (4.1)	2,044 (3.9)	1,910 (3.7)
703 (9.4)	739 (9.9)	1,442 (9.6)	51 (6.2)	35 (6.2)	86 (6.2)	3,502 (13.2)	3,149 (12.4)	6,651 (12.8)	6,240 (11.8)	6,483 (12.6)
4 (0.1)	5 (0.1)	9 (0.1)	1 (0.1)	1 (0.2)	2 (0.1)	12 (0.0)	12 (0.0)	24 (0.0)	12 (0.0)	22 (0.0)
7,514	7,468	14,982	821	566	1,387	26,533	25,362	51,895	52,939	51,349

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"—14,276 children were presented for "non-routine" inspection (generally on account of defect observed or suspected by teachers); 12,693 of these were pupils in ordinary schools and 1,583 in special schools.

Some of these children were found on examination to have more than one defect. The individual results were: nits minor, 398; nits major and/or vermin, 354; skin conditions, 1,481; eye conditions (including defective vision), 4,314; ear, nose and throat defects, 1,663; "general" defects, 4,811; defective teeth, 217; no apparent disease, 239; and other causes, 970.

RE-INSPECTION BY MEDICAL OFFICERS OF "ABNORMALS."—The total number of re-inspections was 20,847. Of these, 8,037 (38·6 per cent. were found to be receiving treatment at the school clinics, 4,297 (20·6 per cent.) were being treated elsewhere, 5,173 (24·8 per cent.) did not require treatment, and 3,340 (16·0 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 101).

APPENDIX IIIb.—OTHER SPECIAL INSPECTIONS.

(a) LEAVING INTERVIEWS.—These were granted in order to bring medical records up-to-date and to give advice, in some cases, regarding unsuitability for certain occupations. The 10,177 pupils who presented themselves was the greatest number ever interviewed for this purpose by School Medical Officers in any one year.

(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. Slightly more children were examined than in the previous year, principally those for camping holidays.

(i) *School, Junior Club and Play Centre Holiday Camps (June-July, 1954).*

	Boys.		GIRLS.	
	Preliminary Inspection.	Final Inspection.	Preliminary Inspection.	Final Inspection.
	No. and %.	No. and %.	No. and %.	No. and %.
Fit	2,712 (86.2)	3,086 (98.0)	2,058 (75.3)	2,607 (96.0)
*Fit?	396 (12.6)	—	655 (24.0)	—
Unfit	38 (1.2)	63 (2.0)	20 (0.7)	108 (4.0)
Totals	3,146	3,149	2,733	2,715

* Doubtful fitness at preliminary inspection.

In the above table the percentage shown for children recorded as "fit" at both inspections compare favourably with those of other years. The girls in particular were much improved, the returns being the best for some time past.

(ii) *Children for Harvesting Camps (October, 1953).*

	Boys.		GIRLS.	
	Preliminary Inspection.	Final Inspection.	Preliminary Inspection.	Final Inspection.
	No. and %.	No. and %.	No. and %.	No. and %.
Fit	1,826 (74.2)	1,972 (93.0)	321 (42.6)	394 (79.4)
*Fit?	515 (20.9)	—	362 (48.0)	—
Unfit	119 (4.8)	149 (7.0)	71 (9.4)	102 (20.6)
Totals	2,460	2,121	754	496

* Doubtful fitness at preliminary inspection.

The percentage of children passed as "fit" at the final inspection was better than in the previous year but otherwise the returns at both inspections were the least satisfactory for some years.

APPENDIX IIIc.—CLEANLINESS INSPECTION IN SCHOOLS BY NURSES.

Cleanliness inspection of school children by nurses dates from the early years of the last war when children were systematically examined in connection with the evacuation scheme. In 1942 "Cleanliness Inspectresses" were appointed to the School Health Service, these

being eventually increased to a total of seven, partly for the purpose of taking over the regular inspection for cleanliness of a number of the worst schools, and partly for other duties relating to the medical inspection and treatment of school children (e.g., testing of 7 year-olds for vision and hearing). A further number of schools are inspected by Nurse Inspectresses of the Sanitary Divisions, who also visit the homes of recurring cases.

The cleanliness inspectress acts under the provisions of the Education (Scotland) Act, 1946 (Section 52), the senior woman teacher in each school being encouraged to take an interest in the scheme and given authority to examine the bodies and clothing of pupils. Parents are notified and instructions on the best methods of cleansing the children are sent under cover; cleansing clinics are also available where children may be treated. The statutory procedure is adopted for persistent offenders, who are given 24 hours' notice to cleanse, following which the children are compulsory cleansed at school or at the special cleansing clinic. Prosecution follows if the offence is repeated.

During 1954, cleanliness inspectresses saw the greatest number of children ever previously recorded in this connection, and the nurse inspectresses examined slightly more children than in the previous Session. The results of these inspections, shown below, indicate a decided improvement compared with the previous five years in respect of the children seen by cleanliness inspectresses at both inspections. The returns by nurse inspectresses, although better than in the previous year, otherwise showed little improvement except in regard to the girls with minor conditions who gave the best percentage since the year 1950.

Cleanliness Inspectresses of the School Health Service.

	Boys.		GIRLS.	
	1954	1953	1954	1953
<i>First Inspections</i>				
Examined ...	55,591	54,536	56,122	55,758
Infested ...	768 (1.4)	868 (1.6)	2,340 (4.2)	2,789 (5.0)
Infected ...	2,925 (5.3)	3,416 (6.3)	10,370 (18.5)	11,614 (20.8)
<i>Re-Inspections.</i>				
Examined ...	17,241	16,425	38,264	39,796
Infested ...	833 (4.8)	952 (5.8)	3,946 (10.3)	4,443 (11.2)
Infected ...	4,545 (26.4)	5,264 (32.0)	16,956 (44.3)	19,801 (49.8)

In 857 instances, formal notices to cleanse children within 24 hours were issued, mainly by Cleanliness Inspectresses and Senior Woman Assistants. On re-inspection, 235 were found to have been cleansed at home by the parents and 329 to have been compulsorily disinfested at school or clinic.

Under Section 52 of the Education (Scotland) Act, 1946, 82 cases were referred to the Procurator Fiscal during the course of the year. Of that total, 2 cases were deserted, 10 were admonished and on the remainder fines were imposed as follows: 2 of £5 each, 2 of £3, 1 of £2, 1 of £1 10s., 51 of £1, 8 of 10s., 2 of 7s.6d., and 3 of 5s.

Nurse Inspectresses of the Sanitary Divisions.

	Boys.		GIRLS.	
	1954	1953	1954	1953
<i>General Inspections.</i>				
Examined ...	51,732	49,165	47,987	46,761
Infested ...	129 (0.2)	164 (0.3)	441 (0.9)	460 (1.0)
Infected ...	5,758 (11.1)	5,919 (12.0)	13,753 (28.7)	13,824 (29.6)

The Nurse Inspectresses also visited 3,895 houses and re-visited 480. They issued 304 formal printed notices to parents to cleanse the children within 24 hours, and reported that 61 children had been cleansed at clinics and 7,215 by the parents.

APPENDIX III d.—*CLEANLINESS SUPERVISION BY SENIOR WOMAN ASSISTANTS (ASSISTED BY WELFARE ATTENDANTS) AT SELECTED SCHOOLS.*

The scheme was initiated in January, 1941, with six schools and was subsequently extended until 26 schools in all had each a so-called "Hygiene Unit" functioning. The Senior Woman Assistant in each school is responsible for the cleanliness supervision of the children and she has the assistance of a Welfare Attendant, who devotes part of her time to the duties of milk attendant and the remainder to the work of the Unit.

From the first, the main objective of the scheme has been the inculcation of cleanliness of person and clothing and the keeping of footgear in good condition by methods of persuasion and encouragement in a friendly atmosphere. Repressive measures are kept in the background, and only in cases of persistent neglect are the statutory powers of the Education (Scotland) Act, 1946, and the Children and Young Persons (Scotland) Act, 1937, invoked.

Some of the methods employed in these Units include :—

- (1) Provision of regular lessons in hygiene to classes above the infant department.
- (2) Examination of all pupils by the Senior Woman Assistant with the aid of the Welfare Attendant and the making of returns in May and September of the conditions found.
- (3) Registration and re-examination of unsatisfactory cases, the giving of marks for cleanliness, etc., and the informing of parents where necessary.
- (4) In troublesome cases cleansing children in school with parent's consent, or in persistent cases arranging for the issue of a formal notice to cleanse, and on non-compliance cleansing the child in school without consent.

In Session 1950-51, an investigation of individual Units was conducted by Cleanliness Inspectresses with satisfactory results, but it showed clearly that the success of the scheme depended upon the Senior Woman Assistant having sufficient time free from teaching duties, and on the ability and intelligence of the Welfare Attendant. Some reorganisation was subsequently decided upon, including the supply of up-to-date equipment to each Unit, the provision of a special course of instruction for all Attendants, approval by the Principal Medical Officer of all new appointments and the probation of the latter for three months at the end of which period a report was to be supplied on each employee by the visiting School Medical Officer. It was also decided to appoint a number of full-time Welfare Attendants in some of the schools and eventually six were engaged. Three Units were also discontinued and the three places taken by other schools.

During the year under review, most of the Units were inspected by School Medical Officers and the Cleanliness Inspectresses visited the Units where full-time Welfare Attendants were employed. On the whole, impressions were favourable and it was apparent that much effort had been expended on the work with good results in many instances—in particular, the experiment of employing full-time Welfare Attendants appeared to be successful. The statistics of the results of the two general inspections during the year are given below, and discussed in relation to the returns of previous years.

The following table gives the percentages of children in 25 of the selected schools (one Unit was not in operation during the period) found to be "clean and well-cared for in every respect" at two general inspections during the Session.

	First Inspection.		Second Inspection.	
	Boys.	Girls.	Boys.	Girls.
Six original schools (January, 1941) ...	88·6%	66·8%	88·1%	70·5%
All selected schools	88·2%	68·5%	89·4%	73·9%

In the *six original schools* the boys at the first inspection showed considerable improvement and returned the best percentage (except for the year 1951) ever previously recorded; at the second inspection, however, the boys showed some deterioration. The girls continued to improve, the percentages at the first inspection being the best (except for those returned in 1951 and 1950) since the scheme was instituted; while at the second inspection the figure was the best since 1946.

The percentages for *all selected schools* were much improved. The boys at first inspection returned the best figures ever recorded and at the second inspection were only exceeded once since the year 1946. The girls showed an even more consistent improvement; at first inspection returning the best percentage since the year 1946 and at the second inspection the best ever recorded.

A useful indication of the success of the scheme during the course of the Session is provided by the comparison of results of the first (in September, 1953) with those of the second inspection (in May, 1954). Except for the boys in the six original schools, percentages at second inspection were improved over those of first inspection.

As regards the Units with full-time Welfare Attendants the returns for these are, of course, included in those discussed above but it will be convenient to show the position for this group of schools before and after the appointment of the full-time attendants. For this purpose, the percentages for each of the two general inspections are shown below for the year immediately preceding the appointments, and these are compared with the latest returns.

Percentage of Cleanliness in Units with Full-time Welfare Attendants.

	First Inspection.		Second Inspection.	
	Boys.	Girls.	Boys.	Girls.
From Latest Returns	88.6%	71.4%	90.7%	75.3%
Prior to Appointment of Full-time Attendant	79.1%	56.8%	86.5%	65.3%

As will be seen from perusal of the above table, the latest percentages were much improved compared with the position prior to the appointment of the full-time Attendants. In the returns for individual schools, one Unit was unimproved for girls at first inspection and for boys at second inspection, another school was unimproved for boys at the second inspection, but in all other instances the latest percentages were better, particularly those for the girls.

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

Disability.	(a)	(b)	(c)	(d)	Totals.
	At ordinary school.	At special schools or classes.	At no school or institution.	At hosp. or other institution.	
1. BLIND	—	54	—	—	54
2. PARTIALLY SIGHTED—					
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition ...	—	30	—	—	30
(b) Other conditions of the eye, <i>e.g.</i> , cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	—	58	—	—	58
3. DEAF—Grade I	*140	—	—	—	140
Grade IIA	*56	—	—	—	56
Grade IIB	—	135	—	—	135
Grade III	—	237	—	—	237
4. DEFECTIVE SPEECH—					
(a) Defects of articulation requiring special educational measures	†708	4	—	—	712
(b) Stammering requiring special educational measures					
5. MENTALLY HANDICAPPED— (Children between 5 and 16 years—					
(a) Educable (I.Q. approx. 50-70)	—	3,101	—	124	3,225
(b) Ineducable (I.Q. generally less than 50) ...	—	423	84	84	591
6. EPILEPSY—					
(a) Mild and occasional ...	93	115	—	—	208
(b) Severe (suitable for care in a residential school) ¶	—	—	‡2	‡10	12
7. PHYSICALLY HANDICAPPED— (Children between 6 and 16 years—					
(a) Non-pulmonary tuberculosis (excluding cervical glands)	—	125	‡11	—	136
(b) General orthopaedic conditions	—	180	‡35	—	215
(c) Organic heart disease ...	—	52	‡7	—	59
(d) Other causes of ill-health	—	467	‡24	—	491

Disability.	(a)	(b)	(c)	(d)	Totals.
	At ordinary school.	At special schools or classes.	At no school or institution.	At hosp. or other institution.	
8. MULTIPLE DEFECTS—					
(i) Mentally handicapped (ineducable) and physically handicapped ("general orthopaedic conditions") ...	—	16	22	—	38
(ii) Mentally handicapped (ineducable) and physically handicapped ("other causes of ill-health") ...	—	75	4	—	79
(iii) Mentally handicapped (ineducable) and epilepsy	—	23	23	—	46
(iv) Mentally handicapped (ineducable) and defective hearing ...	—	4	2	—	6
(v) Mentally handicapped (ineducable) and defective vision ...	—	31	8	—	39
(vi) Mentally handicapped (educable) and physically handicapped ("general orthopaedic conditions") ...	—	104	—	—	104
(vii) Mentally handicapped (educable) and epilepsy ...	—	55	—	—	55
(viii) Mentally handicapped (educable) and physically handicapped ("other causes of ill-health") ...	—	380	—	—	380
(ix) Mentally handicapped (educable) and defective hearing ...	—	138	—	—	138
(x) Mentally handicapped (educable) and defective vision ...	—	336	—	—	336
(xi) Other multiple defects	—	69	—	—	69

* Pupils examined at Routine Medical Inspection during the session.

† Children provided with speech therapy during the session.

‡ In addition a number of cases of severe epilepsy "not suitable for care in a residential school" are lodged in Certified Institutions.

‡ Home Tuition cases.

TABLE V.—DENTAL INSPECTION AND TREATMENT.

DENTAL INSPECTION.

(1) NUMBER OF CHILDREN INSPECTED BY THE DENTAL OFFICERS.	1954			1953	1952
	System- atic Exam- inations	Other Cases.	Totals.	Totals.	Totals.
AGE.					
3	—		—	—	3
4	7		7	16	66
5	5,441		5,441	5,805	5,089
6	6,330		6,330	6,243	4,802
7	6,104		6,104	5,173	5,135
8	5,087		5,087	5,444	5,585
9	5,071	Nil.	5,071	5,714	4,961
10	5,073		5,073	5,373	5,135
11	4,796		4,796	5,078	4,838
12	2,819		2,819	3,358	2,839
13	2,033		2,033	2,129	2,324
14	2,103		2,103	2,151	2,223
15	419		419	302	310
16	22		22	10	19
Totals	45,305		45,305	46,796	43,329
(1A). No. of schools in- spected	76		76	77	72
(1B). Half-days spent at inspection	203		203	205	192
(2). Found to require treatment	35,481 (78·3%)	Nil.	35,481 (78·3%)	35,791 (76·5)%	33,242 (76·7%)
(2A). Number of children accepting treatment	15,230 (42·9%)		15,230 (42·9%)	17,983 (50·2%)	18,436 (55·4%)
(2B). Cards not returned or returned blank ...	1,237 (3·5%)		1,237 (3·5%)	934 (2·6%)	1,072 (3·3%)
(2c). Promised private treatment	19,014 (53·6%)		19,014 (53·6%)	16,874 (47·2%)	13,734 (41·3%)

DENTAL TREATMENT.

	1954			1953	1952
	System- atic Exam- inations.	Other* Cases.	Totals.	Totals.	Totals.
(3). Actually treated by the school dental officers	14,925	7,532	22,457	27,029	25,019
(3A) Number of the above cases where treatment was completed ...	9,467 (64.1%)	4,533 (60.2%)	14,000 (62.3%)	16,654 (61.6%)	18,343 (73.3%)
(4). Number of attendances for treatment	40,503	19,555	60,058	64,390	60,531
(4A). Attendances, but treatment not given	1,649	1,055	2,704	2,823	3,797
(5). Fillings—					
(a) Permanent teeth	11,597	5,167	16,764	16,557	16,685
(b) Temporary teeth	1,704	385	2,089	2,258	2,138
(6) Extractions—					
(a) Permanent teeth—					
Without anaesthetic	11	3	14	8	49
With local anaesthetic	2,281	2,920	5,201	5,751	5,402
With general anaesthetic ...	249	304	553	422	443
(b) Temporary teeth—					
Without anaesthetic	55	6	61	78	30
With local anaesthetic	17,730	9,006	26,736	30,075	29,415
With general anaesthetic ...	464	384	848	1,011	1,112
(7). Number of administrations of general anaesthetic for extractions ...	143	142	285	291	320
(8). Other operations—					
(a) Permanent teeth—					
Scalings ...	1,358	572	1,930	2,258	2,846
Gum treatment ...	423	301	724	670	1,077
Silver nitrate dressings	399	83	482	570	553
Temporary fillings	2,963	2,080	5,043	5,390	4,978
Others ...	6,274	1,098	7,372	8,178	2,850
(b) Temporary teeth—					
Scalings ...	2	—	2	1	34
Gum treatment ...	35	19	54	56	130
Silver nitrate dressings	4,571	836	5,407	6,267	6,478
Temporary fillings	210	99	309	527	305
Others ...	664	45	709	221	292

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

	1954			1953	1952
	Systematic Examinations.	Other Cases.	Totals.	Totals.	Totals.
(9). Half-days devoted to inspection	203	—	203	205	192
Half-days devoted to treatment	4,938	1,982	6,920	7,213	7,122
Half-days devoted to orthodontic treatment	Not available.		622	653	658
(10). Number of children treated under private arrangements ...	Not known				
(11). Ratio of fillings to extractions(permanent teeth only) ...	456 : 100	160 : 100	291 : 100	268 : 100	283 : 100

Orthodontic treatment—293 cases were treated, 77 being completed ; attendances totalled 4,118 and there were 7 attendances without treatment being given. Treatment included : appliances—first impression, 330 ; progress impression, 1,042 ; insertions—first, 183 ; subsequent, 588 ; total, 771. Adjustments numbered 2,174, and 234 other operations were performed.

Other work—Crowns, 2 ; artificial dentures, 181 ; root treatments, 32 ; special operations, 3 ; X-ray examinations, 513 ; gold inlays, 3.

AGE DISTRIBUTION OF " OTHER CASES."

Age in years ...	1	2	3	4	5	6	7	8
Number treated ...	4	19	113	237	588	635	751	721
Age in years ...	9	10	11	12	13	14	15	16 or over
Number treated ...	1,006	782	653	658	731	516	97	21

TOTAL 7,532

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 1954	Cases 1953	Cases 1952
Systematic Examinations (<i>page 56</i>)	51,895	52,939	51,349
Systematic Examinations— Special Schools (<i>page 56</i>)	1,284	1,251	1,245
Other Examinations in Schools (<i>page 57</i>) ...	67,409	53,232	52,800
Other Examinations mainly in Clinics (<i>page 57</i>)	35,712	32,493	33,465
Cleanliness Examinations (<i>page 57</i>)	167,218	166,515	162,220
Dental Inspections (<i>page 93</i>)	45,305	46,796	43,329
Totals	368,823	353,226	344,408

B. TREATMENT.

Disease or Defect.	Cases.			Attendances.		
	1954	1953	1952	1954	1953	1952
<i>(a) MINOR AILMENTS—</i>						
EAR—						
Examined only ...	1,274	1,218	1,339	} 41,324	49,896	59,158
Clinic Treatment ...	2,050	2,293	2,399			
Aurists' Examinations	1,358	1,108	1,107	1,358	1,108	1,107
Aurists' Classifications	34	150	11	34	150	26
Audiometric Surveys	1,141	1,032	1,034	1,146	1,036	1,201
<i>(page 33)</i>	5,857	5,801	5,890	43,862	52,190	61,492
EYE <i>(page 36)</i>	2,115	2,127	2,159	16,570	17,297	17,851
SKIN—						
Cuts, minor injuries, etc.	3,356	3,370	3,251	} 119,331	108,738	106,380
Clinic Treatment ...	13,915	12,116	12,077			
Cleansing Clinics ...	492	342	413	880	728	804
Ringworm—Head ...	34	28	47	34	30	48
Body ...	78	83	136	<i>Included under "Clinic Treatment" above.</i>		
Scabies Baths ...	* <i>(183)</i>	* <i>(178)</i>	* <i>(250)</i>	1,031	1,307	1,795
<i>(pages 37 and 40)</i>	17,875	15,939	15,924	121,276	110,803	109,027
<i>b) DEFECTIVE VISION</i>						
Clinic Treatment ...	9,769	8,722	9,946	10,872	10,155	11,554
Spectacles supplied ...	5,537	4,629	5,516	7,284	6,271	7,297
<i>(page 38)</i>	15,306	13,351	15,462	18,156	16,426	18,851

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

Disease or Defect.	Cases.			Attendances.		
	1954	1953	1952	1954	1953	1952
<i>(c) EAR, NOSE AND THROAT—</i>						
Tonsils and Adenoids Operations	1,588	1,714	1,248	4,879	5,047	3,959
Other Operations	11	12	13	11	12	13
<i>(page 40)</i>	1,599	1,726	1,261	4,890	5,059	3,972
<i>(d) ORTHOPAEDIC—</i>						
Examined only	1,357	1,121	1,363	1,357	1,121	1,363
Plaster Cases	27	—	138	27	—	138
Treated by Exercises	797	847	729	17,151	18,570	18,035
Treated outwith clinics	15	20	119	139	372	1,032
<i>(page 42)</i>	2,196	1,988	2,349	18,674	20,063	20,568
<i>(e) OTHER DISEASES—</i>						
General	6,031	5,945	5,697	17,541	17,512	17,272
Supply of Medicines	2,487	2,316	2,008	15,865	19,306	18,491
Artificial Light	1,703	1,792	1,836	22,715	22,952	24,958
Cardiac Cases	202	175	162	367	347	316
<i>(page 44)</i>	10,423	10,228	9,703	56,488	60,117	61,037
<i>(f) DENTAL</i> <i>(page 94)</i>	22,457	27,029	25,019	62,762	67,213	64,328
<i>(g) REMAND HOME ...</i> <i>(page 103)</i>	328	410	459	328	410	459
<i>(h) DEFECTIVE SPEECH</i> <i>(pages 106 and 107)</i>	1,084	935	773	9,069	8,711	7,721
TOTALS	79,240	79,534	78,999	352,075	358,289	365,306

APPENDIX VII.—NURSERY SCHOOLS AND DAY NURSERIES.

At the end of July, 1954, the Education Department was responsible for the administration of 39 Nursery Schools having places for 1,527 children and of Southannan Residential Nursery School, Fairlie and Dunclutha Nursery School, Kirn, where 36 and 24 children respectively 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.

Arrangements for the medical supervision of children in nursery schools remained with the School Health Service, a member of which staff visited each school weekly; the Superintendent or Teacher-in-charge was encouraged to seek advice at all other times from the nearest school clinic. A School Medical Officer attended monthly and examined any child presented: (a) for systematic (routine) medical inspection (i.e. any child who had not been subjected previously to detailed routine inspection), (b) because of ailment suspected or observed by teacher, or (c) for re-inspection on account of defect observed by the doctor at a previous examination. In the weeks when the doctor was not due a school nurse visited and gave advice if required.

During the year ended 31st July, 1954, children to the number of 979 (482 boys and 497 girls) were subjected to "routine inspection," 2,085 were medically examined at the request of teachers, and 21 were re-inspected. The results of these examinations are detailed below.

ROUTINE INSPECTION.

(i) *Numbers and Percentages of Children Suffering from Defects*
(see Table II, page 62 for full details of headings).

Nature of defects found	1954			1953	1952
	Boys.	Girls.	Totals.	Totals.	Totals.
Unsatisfactory clothing ...	—	2	2 (0.2%)	1 (0.1%)	9 (0.9%)
Uncleanliness of head (nits) ...	12	35	47 (4.8%)	28 (2.9%)	36 (3.7%)
Skin conditions of head or body	25	24	49 (5.0%)	32 (3.4%)	19 (1.9%)
Defective nutrition ...	8	17	25 (2.6%)	13 (1.4%)	37 (3.8%)
Mouth and teeth unhealthy ...	1	5	6 (0.6%)	11 (1.2%)	4 (0.4%)
Naso-pharyngeal conditions ...	93	85	178 (18.2%)	147 (15.4%)	178 (18.2%)
Eye diseases (excluding defective vision) ...	6	8	14 (1.4%)	33 (3.5%)	45 (4.6%)
Defective vision ...	13	29	42 (4.3%)	38 (4.0%)	33 (3.4%)
Ear diseases (including defective hearing) ...	—	3	3 (0.3%)	10 (1.0%)	6 (0.6%)
Defective speech ...	9	7	16 (1.6%)	8 (0.8%)	24 (2.5%)
Mental and nervous conditions	1	—	1 (0.1%)	2 (0.2%)	2 (0.2%)
Defects of circulatory system ...	6	3	9 (0.9%)	16 (1.7%)	22 (2.3%)
Pulmonary conditions ...	50	46	96 (9.8%)	65 (6.8%)	78 (8.0%)
Deformities ...	13	21	34 (3.5%)	27 (2.8%)	22 (2.3%)
Other diseases or defects ...	17	18	35 (3.6%)	27 (2.8%)	40 (4.1%)

(ii) *Classification of Children according to Remediability of Major Defects Found in the Individual Child* (see Table III, page 82, for full details of headings).

Classification.	1954			1953	1952
	Boys.	Girls.	Totals.	Totals.	Totals.
Free from defects ...	279	304	583 (59.6%)	629 (65.8%)	596 (61.1%)
Defects of mouth and teeth only	1	4	5 (0.5%)	7 (0.7%)	4 (0.4%)
Temporary ailments ...	130	121	251 (25.6%)	205 (21.5%)	226 (23.2%)
"Curable" defects ...	57	42	99 (10.1%)	74 (7.7%)	116 (11.9%)
"Improvable" defects ...	15	26	41 (4.2%)	40 (4.2%)	33 (3.4%)
Defects "not improvable" ...	—	—	—	—	1 (0.1%)
Totals ...	482	497	979	955	976

(iii) *Additional Information.*

Parents were notified of defects found in 292 instances, 56 (5.7 per cent.) of these being due to clothing, cleanliness, or minor dental defects, and 236 (24.1 per cent.) being in respect of other defects. School Medical Officers also noted 36 cases (3.7 per cent.) for re-inspection as a result of defects observed in clothing or cleanliness, or for minor dental defects, and 363 children (37.1 per cent.) having other defects. "Sound teeth" was recorded in 771 cases (78.8 per cent.), 731 pupils (74.7 per cent.) were recorded as having had complete diphtheria immunisation

and 558 (57·0 *per cent.*) as having been successfully vaccinated or re-vaccinated. The age distribution of the children at the date of inspection was : 1 year, 2 ; 2 years, 289 ; 3 years, 447 ; 4 years, 230 ; 5 years, 11.

INSPECTION OF NON-ROUTINE CASES.

Children to the number of 2,085 were presented for inspection on account of defects observed or suspected by teachers. The individual results were as follows :—

Nits minor, 3 ; skin conditions, 223 ; eye conditions, 391 ; ear, nose and throat defects, 179 ; "general" defects, 889 ; defective teeth, 28 ; no apparent disease, 197 ; and other causes, 175.

RE-INSPECTION OF "ABNORMAL" CASES.

21 pupils were re-inspected during the Session.

APPENDIX VIII.—MASS MINIATURE RADIOGRAPHY.

The School Health Service continued to arrange with the Mass Miniature Radiography Centre (which was transferred on 22nd December, 1953, from Ruchill Hospital to premises at 10 Elmbank Street) for the X-raying of pupils attending Glasgow schools. Children mostly of 14 years and over were conveyed to and from the centre, a miniature photograph being taken of each and any case of apparent abnormality being recalled for a large film and/or medical examination.

In the course of Session 1953-54 pupils to the number of 2,113 (946 boys and 1,167 girls)—a much smaller total than usual—were seen. Of these, 2,076 (929 boys and 1,147 girls) had a miniature film only taken and the remaining 37 were recalled as follows :—

	Boys.		Girls.		Totals.	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
For large film only ...	11	11·6	6	5·1	17	8·0
For medical examination only	3	3·2	3	2·6	6	2·8
For medical examination and large film ...	1	1·0	—	—	1	0·5
For observation by M.R. Unit	2	2·1	11	9·4	13	6·2
Total number recalled ...	17	17·9	20	17·1	37	17·5

Details of the abnormalities discovered during the year are shown in the following table, with particulars of the action taken :—

ABNORMALITIES FOUND AND ACTION TAKEN BY MASS RADIOGRAPHY UNIT.

	No action (miniature film only)		No action after investigation		Referred to own doctor		Referred to dispensary		Still under observation by M.M.R. Unit		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	1	1	—	1	2	4	1	5	(2.4)
Inactive ...	—	—	—	—	1	—	—	—	—	—	1	3	4	(1.9)
<i>First Infection—</i>														
Active primary ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Healed primary ...	85	51	5	5	—	—	—	—	—	—	90	62	152	(71.9)
OTHER PULMONARY ABNORMALITIES—														
Root involvement ...	1	—	—	—	—	—	—	—	—	—	1	—	1	(0.5)
Pulmonary fibrosis ...	—	—	—	—	—	—	—	—	1	1	1	1	2	(0.9)
Pleural abnormality ...	14	11	1	1	—	—	—	—	—	—	15	12	27	(12.8)
Bronchiectasis ...	—	—	—	—	2	—	—	—	—	—	2	—	2	(0.9)
CARDIAC DISEASE—														
Congenital ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acquired ...	2	—	2	3	1	—	—	—	—	—	5	3	8	(3.8)
ALL OTHER ABNORMALITIES—														
Scoliosis, cervical ribs, etc.	17	18	—	—	—	—	—	—	—	—	17	18	35	(16.6)
Totals ...	119	80	8	9	6	1	—	—	2	10	136	100	236	(111.7)

APPENDIX IX.—*MEDICAL SUPERVISION OF REMAND HOME.*

The medical supervision of children in the Remand Home is undertaken by School Medical Officers who visit the Home on a weekly rota and are on call at any time of the day or night. Children are medically examined within twenty-four hours of admission, immediately prior to discharge and at any other time considered necessary by the visiting Medical Officer or the Superintendent. Routine inspection of every child is made in the Home each Friday afternoon.

On admission, all children are treated for nits and vermin to ensure the Home against preventable infestation, as it was found that there were few who were free from such conditions on arrival. These and any other defects found by the Medical Officer in the course of visitation subsequently, are dealt with as considered advisable.

During the year ending 31st July, 1954, 1,178 boys were admitted to the Home and during this period there were 2,724 medical examinations. Children found to be suffering from various ailments were, on the advice of the visiting School Medical Officer, disposed of as follows:—

Treated in the Home, 298 ; treated at clinic, 19 ; X-rayed, 4 ; removed to hospital, 7.

APPENDIX X.—*DIPHTHERIA IMMUNISATION CAMPAIGN.*

Each year, usually during the early spring and before the Easter holiday period, a diphtheria immunisation campaign in schools is carried through. Use is made of publicity methods and parents are invited by means of a circular letter to give their consent to the inoculation of any children attending primary school classes and to bring to the school on the prescribed dates any other children under school age. The offer includes the provision of "boosting" doses where these may be necessary.

Prior to the year 1949, reinforcing injections were only given to children up to nine years of age during the course of the "drive" in schools and the older children were instructed to go to the standing clinics. Following complaints from these clinics, however, that they were being inundated with demands for reinforcing injections with which they were unable to cope, it was decided to extend the scheme to include children of any age in primary school classes.

The success of this short-term campaign in schools may be attributed not only to the convenience for the pupils of the injections being given on the familiar school premises but also in great measure to the enthusiastic co-operation of the teaching staffs.

In the Table below, details are provided showing (i) the numbers of injections administered in schools (as compiled from the returns of School Medical Officers) and (ii) the numbers recorded at the regular clinics. Comparative statistics are also given for each of the previous years back to 1949 (the first year of the reorganised scheme).

		At Schools.			At Clinics.		
		Under 5 years.	Over 5 years.	Totals.	Under 5 years.	Over 5 years.	Totals.
First Injections	1954	296	9,335	9,631	5,211	230	5,441
	1953	294	8,056	8,350	5,300	288	5,588
	1952	365	7,376	7,741	4,695	300	4,995
	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
Final Injections (completed)	1954	229	8,234	8,463	4,723	607	5,330
	1953	307	6,661	6,968	4,584	689	5,273
	1952	329	7,199	7,528	3,985	676	4,661
	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
Re-inforcing Doses	1954	71	21,694	21,765	131	344	475
	1953	257	19,287	19,544	123	366	489
	1952	223	15,530	15,753	123	405	528
	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
Total number of Injections	1954	596	39,263	39,859	10,065	1,181	11,246
	1953	858	34,004	34,862	10,007	1,343	11,350
	1952	917	30,105	31,022	8,803	1,381	10,184
	1951	1,347	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

A study of the figures above clearly indicates the following :—

- (1) The total number of injections given in schools compared with those administered at the *ad hoc* clinics has increased in favour of the former from the proportion of 2 to 1 for 1949 to more than 3½ to 1 for 1954.
- (2) The total number of injections at schools (except for 1 in 4,000) was given *during the course of the "drive"* as compared with the number of inoculations at the standing clinics *during the whole year*.
- (3) More children were immunised at schools during the 1954 campaign than in any previous "drive."

APPENDIX XI.—*SPEECH THERAPY.*

The visitation and treatment of children in special schools (instituted last year) was continued throughout the period, two speech therapists sharing this work. The treatment of children attending ordinary schools was continued on the same lines as in the previous year.

In addition, from March until June, 1954, speech training was given to two remedial reading groups of approximately 19 boys and 8 girls respectively; each group was visited twice weekly, a total of 35 visits being made to each. The aim was principally to stimulate interest in the spoken word and no direct therapy was given.

The following tables give details of the work accomplished among children at special schools and those in ordinary schools. More "ordinary" school children were treated as the result of increased staff and greater numbers of these cases were discharged as satisfactory or improved. Slightly fewer physically handicapped pupils were treated than in the previous year but more treatments were given.

APPENDIX XII.—AUDIOMETRIC SURVEYS.

The aim of this scheme is to ascertain, at an early age, children who have a defect of hearing which may interfere with their education and to provide them with necessary medical and surgical treatment, where necessary, to enable them to benefit from the educational facilities available to their aptitude and age. When the scheme was instituted during the 1948-49 Session, retired Head Teachers were engaged temporarily, in the absence of trained staff, to undertake preliminary testing in the first two surveys. Subsequently (late in the 1950-51 Session), two qualified audiometricians were appointed and the scheme was reorganised.

All children are "screen" tested in school at the age of 9 years by audiometer set at a level of 10 decibels' intensity on five frequencies which cover most speech sounds. Any child who cannot hear two or more of the frequencies is noted for further examination; such children are then summoned to a special centre—the Audiometric Clinic at Florence Street—where a full scale test (by pure-tone audiometer) is given in a sound-proof room. There the child's hearing is tested on each of eight frequencies, the intensity in decibels being decreased until the last level at which the child can hear is found. A graph is thus obtained of the child's Threshold of Hearing for the eight frequencies and from this graph an assessment of the child's degree of hearing loss is made, the child tentatively graded and thereafter referred to the School Health Service.

An experienced School Medical Officer first examines the children referred from the audiometric surveys and passes the more serious cases to a consulting aurist seconded by the Western Regional Hospital Board for this work. These cases are then given any necessary medical or surgical treatment, are re-assessed and subsequently forwarded to the Special Schools Section with the appropriate recommendation as regards the education facilities indicated (e.g., hearing aid, front seat in class, semi-deaf class, etc.).

In the course of Session 1953-54, 4,558 pupils born in 1944 (remainder of Survey No. V) and 11,673 pupils born in 1945 (January to July of Survey No. VI) were given the preliminary test by audiometricians in 42 and 183 schools respectively. During the same period 13 and 47 "non-routine" pupils (i.e., pupils outwith the selected age-groups being dealt with as routine cases) were given a preliminary test at the request of head teachers. In addition, 19 and 37 "non-routine" pupils respectively were reported direct to the Audiometric Survey by head teachers for a pure-tone test.

The pure-tone test was given at the Audiometric Clinic to 785 from Survey V and 633 from Survey No. VI. Of these, 431 and 448 respectively were referred for otological examination. In addition 43 and 24 special cases respectively were tested by pure-tone audiometer. These special cases were (a) children who had been tested in previous years and were now re-tested to ascertain what change, if any, had taken place in their hearing acuity and (b) children who were tested at the request of Special Schools Section of Child Guidance Clinics to find out to what extent, if any, deafness was the cause of the educational retardation from which the children suffered.

A summary of work done throughout the year by the audiometricians may be summarised thus :—

	Survey No. V (Born in 1944)			Survey No. VI (Born in 1945)			(7) Totals
	(1) Routine (New cases)	(2) Non- Routine (New cases)	(3) Retests and Special cases	(4) Routine (New cases)	(5) Non- Routine (New cases)	(6) Retests and Special cases	
No. "sweep" tested in schools	4,558	13	—	11,673	47	—	16,291
No. pure-tone tested (Cols. 2 and 5 in- clude non-routine cases not "swept" but referred direct for pure-tone test- ing)	734	51	62	572	61	30	1,510
Referred to Otologist	391	40	31	394	54	14	924
Schools visited ...		42			183		225

The results of the otological examination of cases referred from the various surveys are included elsewhere in this Report under the appropriate headings along with similar information from other sources. As in previous Reports, however, some details of the work done during the period in connection with individual surveys are given on succeeding pages.

MEDICAL EXAMINATION.

The following table shows the numbers of children summoned to clinic during the year for examination, the numbers who attended, a summary of the recommendations by the specialists and the classification of the cases according to the degree of deafness found at the first examination.

Fewer cases were seen by the specialists at the first examination compared with the previous year but there was a considerable increase in the number of re-examinations. A greater proportion of children were graded as suitable for education in an ordinary class. By 31st July, 1954, the cases from Surveys I to V had been summoned at least once and as many of the limited number referred from Survey VI for whom arrangements could be made before the end of the Session.

OTOLOGICAL EXAMINATIONS DURING YEAR ENDED 31ST JULY, 1954.

	Survey No. I		Survey No. II		Survey No. III		Survey No. IV		Survey No. V		Survey No. VI		Totals		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Totals
SUMMONSES—															
First Examination ...	14	9	61	82	20	50	4	1	364	348	109	101	477	450	927
Re-examination ...	—	—	—	—	—	—	23	30	147	108	3	7	268	286	554
ATTENDANCES—															
First Examination ...	7	8	42	48	17	38	3	1	316	255	93	87	412	343	755
Re-examination ...	—	—	—	—	—	—	19	20	105	73	3	6	193	193	386
Not examined ...	—	—	—	—	—	—	—	—	—	4	—	1	—	5	5
RECOMMENDATIONS—															
Clinic treatment (Ear)	1	3	12	12	6	11	7	4	127	107	35	46	188	183	371
Clinic treatment (U.V.R., M.I., Dental) ...	—	—	2	3	—	—	—	—	18	11	3	3	23	17	40
Tonsils and adenoids operation	—	—	4	3	1	3	—	2	97	79	34	38	136	125	261
Audiogram ...	3	2	16	19	6	12	5	6	28	21	5	7	63	67	130
Specialist examination	—	—	—	—	—	—	—	—	44	28	8	8	52	36	88
X-ray examination	—	—	1	—	—	1	—	—	2	1	—	—	3	2	5
Hospital treatment	—	—	1	1	—	2	1	—	1	—	—	—	3	3	6
Hearing aid ...	—	1	1	1	—	—	—	—	7	1	—	—	8	3	11
Front seat in class ...	—	—	—	—	—	—	—	—	29	27	—	—	29	27	56
Other recommendations	1	—	—	2	—	4	1	1	12	12	2	1	16	20	36
GRADINGS—First examination only—															
Normal	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
1—for ordinary class	—	—	—	—	—	—	1	1	259	195	86	78	346	274	620
2A—for front seat ...	—	—	—	—	—	—	1	—	48	47	4	6	53	53	106
2B—for semi-deaf class	—	—	—	—	—	—	—	—	1	2	—	—	1	2	3
Not graded meantime	—	—	—	—	—	—	1	—	8	9	3	2	12	11	23
Totals	—	—	—	—	—	—	3	1	316	254	93	86	412	341	753

TREATMENT.

All cases recommended for clinic treatment were summoned in the usual manner to the local School Health Service clinic, given the prescribed treatment and subsequently referred back to the specialist. Operations and other forms of treatment and investigation were undertaken in conjunction with the various hospitals and special clinics—the results of some of these are given below.

Ear, Nose and Throat Operations.—Over the period, 158 children (85 boys and 73 girls) had tonsils and/or adenoids removed in one or other of the hospitals. Included in these numbers are 5 cases (4 boys and 1 girl) who were also treated for other ear, nose and throat conditions.

Audiograms.—Audiograms totalling 105 were completed during the Session at the Ear, Nose and Throat Hospital (Hearing Aid Clinic) where bone and air conduction tests were given.

Hearing Aids.—Children to the number of 11 (8 boys and 3 girls) were referred during the year to the Hearing Aid Clinic. During the same period 2 boys were supplied with instruments.

DISPOSAL.

In the course of the Session a number of cases were passed to the Education Department for disposal in respect of their educational needs, most of them having been graded according to the degree of deafness. These cases are listed in the following Table under the various Audiometric Surveys.

	Survey Number.						Total.
	I	II	III	IV	V	VI	
Reason for Disposal— Graded according to degree of deafness	2	19	11	19	499	124	674
Repeatedly failed to attend	—	—	1	—	31	4	36
Parent intimated private treatment being obtained	—	—	—	—	27	4	31
Over school age—referred to E.N. and T. hospital	51	—	—	—	—	—	51
Transferred to other local authorities, institutions, etc.	1	3	1	1	4	1	11
	54	22	13	20	561	133	803

APPENDIX XIII.—MORTALITY OF SCHOOL CHILDREN.

The appended Table shows the numbers of Glasgow children aged between 5 and 15 years who died during the year ended 31st July, 1954. Causes of death are listed and the figures are arranged in two age-groups and according to sex. Totals for the years 1953 and 1952 are supplied for comparison.

Certain points of interest may be noted from perusal of the statistics :—

- (1) The total number of deaths was fewer than in any previous year including 1951 (the first year in which such figures were recorded in this Report.).
- (2) Deaths from violence showed no improvement—road traffic accidents were more numerous but other violent causes of fatalities were fewer.
- (3) The increased number of infectious disease deaths had little or no significance—in the two deaths classified as chicken-pox, this disease was simply a complication of other severe conditions. It is worthy of note that diphtheria claimed not even one victim.

*Deaths During Year Ended 31st July, 1954,
of Children Aged 5-15 Years.*

Cause of Death	5-10 years		10-15 years		All Ages		1954	1953	1952
	Boys	Girls	Boys	Girls	Boys	Girls	Totals	Totals	Totals
Tuberculosis—									
Respiratory	—	—	1	—	1	—	1	4	11
Meningeal	4	2	—	—	4	2	6	2	8
Abdominal	—	—	—	—	—	—	—	—	—
Others	—	—	—	—	—	—	—	—	3
Infectious Disease—									
Diphtheria	—	—	—	—	—	—	—	1	3
Acute Poliomyelitis	1	—	—	1	1	1	2	1	—
Dysentery	—	—	—	—	—	—	—	—	1
Chickenpox	—	2	—	—	—	2	2	—	—
Others	—	1	—	1	—	2	2	1	1
Mental and Nervous Diseases—									
Epilepsy	1	1	1	—	2	1	3	—	1
Cerebral Diplegia	2	—	—	—	2	—	2	—	—
Meningitis (non-Meningo- coccal)	—	—	—	—	—	—	—	—	4
Others	1	3	1	—	2	3	5	4	7
Circulatory Diseases—									
Rheumatic Fever	1	—	—	1	1	1	2	3	2
Chronic Rheumatic Heart Disease	—	—	—	—	—	—	—	2	2
Other Heart Diseases	—	—	1	—	1	—	1	2	—
Other Circulatory Diseases	—	—	—	—	—	—	—	1	—
Respiratory Diseases—									
Influenza	—	—	—	—	—	—	—	—	1
Pneumonia	—	2	1	—	1	2	3	1	2
Others	1	1	—	—	1	1	2	—	1
Digestive Diseases—									
Enteritis and Colitis	—	—	—	—	—	—	—	—	1
Appendicitis	2	1	2	—	4	1	5	4	—
Others	—	—	—	—	—	—	—	—	2
Violence—									
Road Traffic Accidents	11	7	1	2	12	9	21	14	11
Other Violent Causes	10	4	7	4	17	8	25	31	27
Other Diseases—									
Malignant Neoplasms	2	2	4	1	6	3	9	7	10
Benign and Unspecified Neoplasms	—	—	1	1	1	1	2	5	2
Anaemias	—	1	—	—	—	1	1	3	1
Congenital Malformations	1	2	—	—	1	2	3	4	4
Nephritis and Nephrosis	—	—	—	—	—	—	—	4	1
All Other Causes	—	1	1	—	1	1	2	8	2
Totals	37	30	21	11	58	41	99	102	108

By analysing the information obtained at systematic medical inspection it is possible to show the comparative health conditions of children belonging to each of the so-called Social Groups. In the following table, therefore, the occupations of the parents have been arranged in five groups and related to the medical remediability classifications of Table III.

Numbers and Percentages of Children in Ordinary Schools Placed in Various Medical ("Remediability") Classes Arranged According to Social Group of Parent.

Social Group of Parent	1		2		3		4		5		Totals	
	Professional		Clerical		Skilled		Semi-Skilled		Labouring			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
I Children free from defects (other than clothing, cleanliness or minor dental defects)	387	75.9	5,399	73.4	10,588	68.5	11,265	65.4	6,985	61.5	34,624	66.7
II Children suffering only from slightly defective vision and/or oral sepsis	27	5.3	426	5.8	999	6.5	1,128	6.6	821	7.2	3,401	6.6
III Children suffering from temporary defects (other than in II)	45	8.8	754	10.2	2,025	13.1	2,524	14.7	1,847	16.3	7,195	13.9
IV Children suffering from curable or improvable defects	51	10.0	770	10.5	1,845	11.9	2,287	13.3	1,698	15.0	6,651	12.8
V Children suffering from defects not considered improvable	—	—	7	0.1	4	0.0	8	0.0	5	0.0	24	0.0
Total Numbers of Children Examined	510	100.0	7,356	100.0	15,461	100.0	17,212	100.0	11,356	100.0	51,895	100.0

Perusal of the statistics in the table reveals the following :—

- (1) The percentage of children free from defects was greatest for Social Group 1 (Professional) and diminished progressively for each of the remaining groups.
- (2) The percentage of children in each class of medical defect increased consistently from Social Group 1 to 5, except in Class V where the numbers were very small.

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