

[Report 1946] / School Health Service, Banff County Council.

Contributors

Banffshire (Scotland). County Council. School Health Service.

Publication/Creation

1946.

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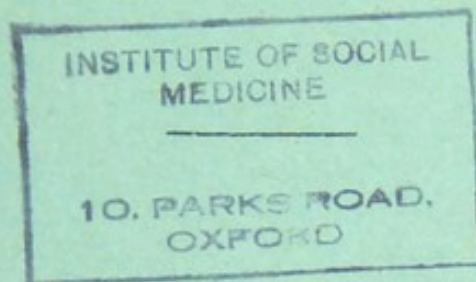


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COUNTY OF BANFF.

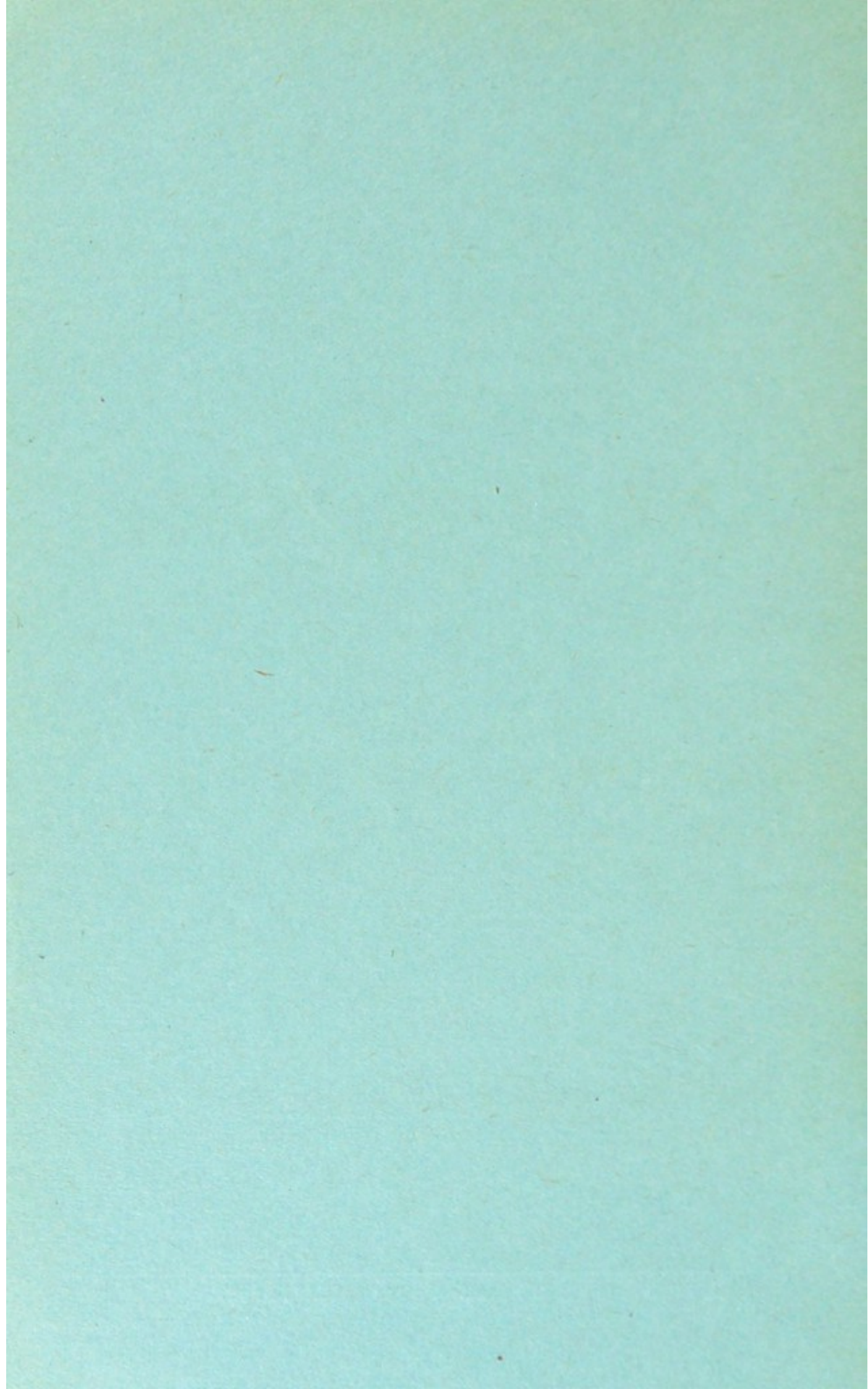


THIRTIETH
ANNUAL REPORT

ON THE

*Medical Inspection and Supervision
of School Children*

For Year ending 31st July 1946.



COUNTY OF BANFF.

INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

THIRTIETH
ANNUAL REPORT

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*Medical Inspection and Supervision
of School Children*

For Year ending 31st July 1946.

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**To the Department of Health for Scotland, the Department of
Education for Scotland and the County Council of Banff.**

Ladies and Gentlemen,

I beg to submit the THIRTIETH ANNUAL REPORT on the Medical Inspection, Supervision and Treatment of School Children in the County of Banff for the year ending 31st July, 1946.

The report is in the revised form set out in Part II. of the Appendix to N.M. & C. Circular, No. 60/1938, dated 3rd June 1938. Appended is a report on the Diphtheria Immunisation Scheme up to June 1946.

I wish to express again my thanks to the head and class teachers for their valuable assistance in the work both of Medical Inspection and Diphtheria Immunisation, and I would like also to thank District Nurses for their co-operation.

I have the honour to be,

Your obedient servant,

ERNEST J. MICHIE,
School Medical Officer.

Public Health Offices,
Sandyhill Road,
Banff.

**MEMBERS OF
SCHOOL MEDICAL INSPECTION SUB-COMMITTEE.**

Col. Sir G. W. ABERCROMBY, Bart., D.S.O., Forglen House, by
Turriff.

Revd. D. A. ANDERSON, The Manse, Rothiemay (Chairman).

Revd. G. A. M. DICKSON, The Manse, Fordyce.

Provost JAMES FALCONER, The Anchorage, Portknockie.

Major J. L. S. FERGUSON, Todhills, Banff.

GEORGE GRANT, of Glenfarclas, Blacksboat, by Grantown-on-Spey.

Provost JOHN KEIR, Ardmannoch, Cullen.

R. C. A. M'NICOL, Knock Farm, Grange.

Bailie JOHN SCOTT, J.P., 8 Blantyre Terrace, Iainstown, Buckie.

Dean of Guild WOOD, Hamewith, Hill Street, Portsoy.

Councillor THOMAS MOWATT, 40 East Church Street, Buckie.

BANFF COUNTY COUNCIL.

REPORT

ON

THE MEDICAL EXAMINATION, SUPERVISION AND TREATMENT OF SCHOOL CHILDREN for the year ending 31st July, 1946.

1.—LIST OF STAFF.

(a) Whole Time.†

Medical Officer of Health—

Daniel I. Walker, M.A., M.B., Ch.B., D.P.H.

School Medical Officer and Assistant Medical Officer of Health—

Ernest J. Michie, M.B., Ch.B., D.P.H.

Dental Surgeon—

K. M. Yorston, L.D.S., R.C.S.Ed.

School Nurse—

Miss E. J. A. Bremner.

Clerkesses—

Miss B. Massie.

„ M. Mair.

*†All except the Dental Surgeon have other duties in the
Public Health Department.*

(b) Part Time.

School Oculist—

H. Edgar Smith, M.A., M.B., Ch.B.

School Nurses—

Name.	Area.
Miss H. Gloyer	Aberlour.
„ I. Sim	Banff.
„ E. I. Crawford	Boharm.
„ J. M. Milton	Boyndie and Banff Landward.
„ L. C. Ogilvie	Buckie.
„ A. Carnie	
„ M. A. MacIver	Cairnie and Grange.
„ A. E. Thomson ...	Findochty and Rathven (Eastern).
„ A. Roy	Fordyce and Portsoy
„ M. S. Blackhall ...	Gardenstown and East Gamrie
„ E. Miller	Glass and Cabrach.

School Nurses—*Continued.*

Name.	Area.
Mrs M. A. Matheson	Inveravon and Glenlivet.
Miss A. H. M'Arthur ...	Keith.
" M. M'Cullagh ...	Keith Landward and Botriphnie.
" E. Waller	Kirkmichael and Tomintoul.
" M. Webster	King-Edward (Dunlugas).
* " A. Jack	Knock, Ordiquhill and Rothiemay.
" R. Campbell	Macduff.
" F. Donald	Marnoch and neighbouring Parishes.
* Mrs F. Hastilow	
Miss M. K. MacPherson	Mortlach.
" J. Middleton	Portgordon and Rathven (Western).

* Nurses who took up duty during the current year.

2. GENERAL STATISTICS.

Population of the area	54,835
Number of schools—	
(a) Primary	{ Under 37
(b) Secondary (Junior)	{ Education 30
(c) Secondary (Senior)	{ Authority 7
(d) (i) Special Schools	—
(ii) Special classes in ordinary schools	—
(e) In receipt of grant from education authority and under medical inspection	1
Number of children on the registers	8969

3.—SANITARY CONDITION OF SCHOOLS.**Cleaning.**

The standard of cleanliness in the schools is fairly high. The use of "Dusmo" or moistened sawdust or such like substance in connection with the routine sweeping of the classrooms is general and gives satisfaction. Occasionally, in certain circumstances, resort is had to scrubbing with soap and water, and is probably justifiable. The ready use and full benefit of the "Dusmo" method is in some instances hindered by the presence in the classroom of unwieldy furniture, and lack of sufficient cupboard accommodation, or store rooms for appliances and material. It is very seldom, however, that one finds dust on window sills, &c., and usually only in the older schools in windy weather where the window frames are worn. The improvement in the playgrounds that has taken place through the laying of pre-tar chips is a helpful factor from this point of view.

Heating.

Most of the classrooms are comfortable, and have satisfactory heating. Those with open fires are the smaller rural schools. In some of the latter the number of pupils concerned is so small that in cold weather they can be gathered round the open fire. In others, such as Inverkeithny P., where the rooms are large and the control of the ventila-

tion inadequate, a central heating system only could make the heating satisfactory. Temperature charts are kept in a majority of the schools.

The following improvements are being carried out:—

Portgordon P. School—Heating throughout School.

Cullen J.S. School—Heating in Infant Department and new heating installation to be installed in remainder of school.

Fordyce Academy (old buildings)—New Heating Installation to be installed.

Keith R.C. School—New Heating Installation to be installed.

Water Supplies.

Dunlugas P. School—New water supply was fitted.

There was shortage of water at Crossroads, Maggieknockater and Longmanhill Schools.

The County Architect also compiled the following details with regard to the constructional additions, alterations, and improvements which have been carried out during the year in the various schools, &c.

1. General Repairs and Painting Works carried out at various schools throughout the County, including the limewashing of latrines.
2. Repairs to heating systems throughout the County.
3. Repairs at Playgrounds.
4. New Bathroom at Morinsh Schoolhouse.
5. Repairs, New Tub and Sink, &c., at Easterfield Schoolhouse.
6. New Water Supply at Glenrinnies P. School nearing completion.
7. New Porch at Headrooms Schoolhouse and General Repairs.
8. Cycle Shed at Blacklaw P. School and General Repairs.
9. New Range, General Repairs, &c., at Tombae Schoolhouse.
10. New Ranges fitted at Cookery Rooms at Deskford, Rothiemay, Marnoch, Alvah, and Lower Cabrach Schools.
11. New Boiler fitting at Heating Installation at Buckie High School.
12. Repairs, Painter Work, &c., throughout at Enzie Schoolhouse.
13. Vulcanite roof renewed at Keith Grammar School.
14. Temporary Soup Kitchens erected at Keith and Banff.
15. Electric Lighting installed at Banff Janitor's house.
16. Electric Lighting installed at Earlsmonth, Keith.
17. New Water pipe laid at Longmanhill County Housing.

4—ORGANISATION AND ADMINISTRATION.

A.—System and extent of Medical Inspection and Treatment.

Staff.

One full-time Medical Officer is engaged in the Medical Inspection and Supervision of School Children in the County. In addition the Medical Officer of Health for the County visits the schools in connection with outbreaks of infectious disease and an Ophthalmic Surgeon from Aberdeen does the refraction work. A full-time Nurse assists the School Medical Officer at his inspections, and with the general clerical work. The School Medical Officer and the full-time Nurse are however available for other Public Health duties. Arrangements are also in force whereby local general medical practitioners may be employed if the need arises on a per session basis.

The Visits.

1. Each school is visited once a year for routine inspection when a systematic examination is made of all "Entrants" (children of 4, 5, or 6 years of age); 13-year-old, and 16-year-old children. At this visit also there are examined children who have defects (ascertained at a previous visit and requiring further observation), children due for inspection but who had been absent at the previous visit; and children specially referred to for inspection by parents or teachers mainly as regards some particular defect. In addition, the 7- and 9-year-old children are inspected as regards their visual acuity.

2. Each school is also visited once a year or oftener as circumstances demand or time permits for the purpose of re-examining children listed as requiring further observation whether recommended for treatment or not. Such a list includes children absent at the previous routine visit. This visit is usually paid in the school term immediately following the term in which the routine visit for the year was paid.

3. The Schools are also visited as occasion arises to see special cases—individual or groups of children. This is necessary mainly in connection with infectious diseases.

4. The homes of children, who are the subject of special investigation or report, are also visited usually at the request of the Executive Officer of the Education Committee.

Arrangements for the Visits.

At least a week prior to the date of the proposed routine inspection visit a notice is sent to the head teacher intimating the date and time of the proposed visit, specifying the age groups, etc., that are to be inspected, instructing the issue of a medical history form to the parents or guardians of the age group children if the proposed date is suitable, and inviting the assistance of the teaching staff in the completion of certain particulars on the individual Medical Record Cards, especially where a new card is required. The Medical History Forms are sent by the hands of the children, and on them the parent may indicate whether he or she wishes to be present at the inspection, and may draw the attention of the Medical Officer to any condition regarding the child. Where a parent or guardian expresses a wish to be present an appointment is made for a stated time.

No intimation is sent to the schools in connection with re-examination or special visits except in exceptional circumstances.

Action taken at the Visits.

Following on the inspection of each child an appropriate entry is made on the Medical Record Card. Where a defect requiring treatment is found intimation is sent to the parent or guardian drawing his or her attention to the defect or defects, and indicating how or what treatment may be adopted. At the conclusion of each visit a list of children with defects requiring to be followed up is sent to the local district nurse who is the part-time school nurse. A list of children with defective eyesight who are to be referred to the visiting ophthalmic surgeon is also left with the head teacher along with a note of all children regarding whom special consideration should be given in connection with their school work, and a complete list of all children with defects recommended for treat-

ment is prepared showing the name, age and defect found for the purposes of the record of the treatment carried out during the year.

At the conclusion of the routine visits to schools in an area, lists of children with defective eyesight are sent to the part-time ophthalmic surgeon who makes his own arrangements with the head teachers as to when and where he will see the cases referred to him. Completed forms received by the School Medical Officer in connection with the tonsil treatment scheme are sent to the Director of Education who makes the arrangements for the treatment of the cases at the local hospitals. Certain other pupils with special conditions are also referred to the Director of Education for action.

Similar appropriate action is taken at or following on the re-examination visits.

Filing.

The Medical Record Cards are at present filed in the larger schools under the year of birth, except that the cards of those children who have defects which it is considered necessary to see again at the next visit are filed separately.

Transference of Medical Record Cards.

When a child leaves school on reaching the leaving age or on being exempted from further attendance the medical record card is sent to the office of the School Medical Officer. When a child removes from one school to another whether outside the County or not the Medical Record Card is sent along with a note regarding the change to the Director of Education, who forwards the card.

B.—Scheme and extent of Dental Inspection and Treatment.

One full-time Dental Surgeon carries out the whole of the dental inspection and treatment of school children for the Education Committee. Each school in the County is visited once a year by him, if time permits, for the purposes of inspection and treatment. This visit is in two parts, a short interval—usually less than a week—intervening between the visit for inspection and the visit for treatment.

The schools in any one area or district are generally visited about the same time each year.

The schools themselves are grouped into two classes for the dental work, namely:—

- (1) Schools with four full-time teachers or less (smaller schools).
- (2) Schools with five or more full-time teachers (larger schools).

In the case of the former schools all children from 6 years of age and upwards are inspected every year. At the latter schools children of 6, 7, 8, 9, and 10 years of age only are inspected annually. In the latter schools, however, any child above 10 years of age is given an opportunity of being inspected and treated if necessary. Such children are termed special cases. This arrangement allows pupils to continue to receive treatment from the dental surgeon to whom they have become accustomed.

At a reasonable period, a week or thereby, before the date of the proposed visit of inspection, intimation is sent to the head teacher indi-

cating the proposed date, etc., and asking the teacher in the larger schools to arrange for the completion of a treatment record card for each child of 6 years of age. These cards show name of school and pupil, date of birth, and address of pupil, and a sufficient number of them is sent along with the letter intimating the proposed date of inspection. If the proposed date is unsuitable this may be stated in reply, so that another date may be arranged.

All inspections and operations are carried out at the schools in the most suitable room available. This may be a properly equipped medical and dental inspection room or a class, practical or staff room.

Every child, who at the inspection is found to require treatment, is given a card to take home completed by the dental surgeon, on which is marked the treatment suggested. The parent or guardian signifies his or her consent to the treatment being carried out by signing this card on the appropriate space, and no treatment is carried out until such a card is signed.

Record Cards in use for the larger schools are retained and filed by the Dental Surgeon at his office.

TREATMENT SCHEMES.

Eye Treatment.

A part-time Oculist is employed by the Council. He visits ten centres, namely Aberchirder, Aberlour, Banff, Buckie, Cullen, Dufftown, Keith, Macduff, Portsoy, and Tomintoul. One or more visit is paid to each centre per year depending on the number of cases to be seen. The pupils requiring treatment are reported by the School Medical Officer to the Oculist. Those from outlying schools attend the most convenient centre and where necessary, arrangements are made for their conveyance.

The Oculist sees urgent cases at his private residence, 12 Rubislaw Terrace, Aberdeen, by arrangement.

The usual procedure is that the Oculist notifies the head teacher, a few days before the date of his proposed visit, as to the time and place at which the cases should attend. He sends, at the same time, an appropriate number of cards which the parent or guardian concerned must sign before the child is examined. Where a special style of spectacle frame is desired the parent may arrange for this with the Oculist at the time of the examination otherwise steel frames are supplied. The glasses themselves are supplied under contract on the prescription of the Oculist by a local optician who sends them for checking to the Oculist, who then sends them to the head teacher for distribution. The relative prescription which accompanies each set of glasses is usually filed in the school with the other medical records.

In the event of spectacles being broken, minor repairs are arranged for locally by the owner if possible. Where a lens is broken and in certain other circumstances, the glasses are sent, along with the prescription to the oculist, who arranges for the necessary replacement.

Tonsil Treatment.

Arrangements have been made with the Managers of the undernoted hospitals in the County for the treatment of pupils in respect of whom

the School Medical Officer has recommended the removal of tonsils and/or adenoids :—

Chalmers Hospital, Banff ;
Turner Memorial Hospital, Keith ;
Seafield Hospital, Buckie ;
Rose Innes Cottage Hospital, Aberchirder ;
Stephen Cottage Hospital, Dufftown ;
Fleming Cottage Hospital, Aberlour.

Parents or guardians are given a form to complete on which they may signify consent to the treatment being carried out. Thereafter lists of children to be treated are sent to the nearest hospital, and at an early subsequent date the children are treated in small groups. The family doctor or his nominee carries out the treatment except at Keith where arrangements have been made recently whereby an Ear, Nose and Throat Surgeon operates.

The Director of Education makes arrangements regarding treatment between parents and the hospitals.

Other Treatment.

Treatment is carried out as need arises, with respect to other conditions, e.g. supply of artificial eye, special boots, etc.

C.—School Nursing and Arrangements for Following Up.

The County Council employs one full-time Nurse on school work, and in addition has the part-time services of 21 Nurses employed by the various District Nursing Associations in the County. The names of those Nurses and the areas in which they are employed are detailed in Section 1 (b) of this Report.

Where a child is suffering from a defect requiring treatment, the Medical Officer sends a card intimating the defect to the parent or guardian by the hand of the child, and at the end of the inspection visit he prepares a list of all children with defects requiring treatment.

A copy of this list or part of it is given to the District Nurse concerned and the Nurses endeavour by visiting the homes of the children to influence the parents or guardians to have treatment carried out as soon as possible.

On their visit to the homes they explain where necessary the treatment schemes of the Education Committee.

The part-time Nurses also visit each school in their area once a month for the purpose of examining individual children or whole classes from the point of view of cleanliness. Special visits may also be paid by the Nurses at the request of the Medical Officer or the head teachers.

At Buckie High School a Clinic is held three times a week to which special cases are sent for observation and treatment.

Each month the part-time Nurses report where necessary on cases that have been referred to them and at the end of the year return their lists indicating thereon whether treatment has been carried out or not, explaining the reason for non-treatment.

From August to July the part-time Nurses made 682 visits to schools when they examined or treated 27,904 children, and 629 visits to homes when they examined or treated 808 children.

D.—Co-ordination with the Public Health Service, and with other Departments of the Authority which render services to children.

School Medical Inspection and Treatment forms part of the Public Health Service of the County and the School Medical Inspection Sub-Committee of the Public Health Committee is composed of members of the latter Committee who are members of the Education Committee.

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

There is full co-operation.

F.—Co-operation with Teachers and Parents, with special reference to the attendance of parents at inspections, the formation of parent-teacher associations and general health propaganda in schools.

Parents are invariably given an opportunity to be present at the Routine Inspection of their children. The numbers present at the Routine Inspection were 229 or 13.7%, while 42 were present with Special cases.

In several of the schools there are facilities for visual aids, as follows:—

School.	Apparatus Available.
Banff Academy :	Epidiascope—Leiss Lektor (Mains).
Boyndie J.S.S. :	Kodascope by Kodak Coy. (Battery and Mains).
Hilton J.S.S. :	Kodascope—Model EE (Battery)
Macduff High S. :	Cinema Projector—Bolex G 16—Silent (Mains).
Deskford J.S.S. :	Kodascope EE—Battery.
Fordyce Academy :	Cinema Projector—Bolex (for 16m.m. silent films). Model G 16 monofilm (Mains).
Portsoy J.S.S. :	Cinema Projector—Bolex Paillard G 916 Mains.
Buckie High S. :	Lantern for slides—Houghton-Butcher Gas.
Findochty J.S.S. :	Lantern—"Old Magic Lantern" type ("Limelight").
Portessie J.S.S. :	Kodascope EE (16 m.m.) (Mains)
Portgordon J.S.S. :	Kodak Model E. (Mains).
Portknockie J.S.S. :	Episcope—Ross No. 141815 A (Battery).
Aberchirder J.S.S. :	Kodascope EE (Mains).
Forglen J.S.S. :	Kodascope Model EE (Battery).
Ordiquhill J.S.S. :	Kodascope 16 m.m. Projector (Dual Model EE) (Battery and Mains).
	Film Slide Lantern (Battery).
Keith G.S. :	Paillard-Bolex Cine Projector G. 16 Model, 16 m.m. silent $1\frac{1}{2}$ lens (Mains).
	Epidiascope "Ross Standard" with projection lamp 250 v. (Mains).
	Lothian Micro-Projector (Mains).
	Photogenic Lantern by Steward.
	Kershaw's Lantern (Skinner and Hamilton).
	Photographer's enlarging lantern.
Newmill J.S.S :	Film slide lantern attached to Epidiascope—Zeiss-Ikon—Series III., No. 147482 (Mains).
	Epidiascope—Zeiss-Ikon—W88838 (Mains).
	Lantern attached to Epidiascope—Zeiss-Ikon—Drikar No. 189935 (Mains).

Ternemny P.S. :	Film-slide lantern—"Universal"—Newton & Co. Ltd. (Battery).
Aberlour S.S. :	Film-slide lantern (still film attachment for Epidiascope). Epidiascope—Zeiss-Ikon Adept (Mains). Micro-slide Projection attachment for Epidiascope. Microscope Beck N. 22 B.
Glenlivet J.S.S. :	Kodascope EE (Battery).
Inveravon J.S.S. :	"Kodascope" Model EE (Universal Model) (Battery).
Mortlach S.S. :	Film-slide lantern—Neoken De Luxe (Mains). Epidiascope—Lektor—Zeiss-Ikon (Mains).
Tomintoul J.S.S. :	Kodascope EE (Eastman Kodak Co.) (Battery).

5.—THE FINDINGS OF MEDICAL INSPECTION.

A.—General Review :—

(1) Clothing.

1676 children were examined systematically and none were found to have insufficient clothing.

Among the specials 2 were found to have unsatisfactory clothing.

With regard to clothing, several of the headmasters of schools in the County operate schemes whereby clothing no longer required by children in certain families is handed in and is issued to others who have poor clothing.

(2) Footgear.

1676 children were examined systematically and 3 or .18% were found to have unsatisfactory footgear. There were 10 special cases with unsatisfactory footgear.

(3) Uncleanliness (Head and Body).

1676 children were examined systematically, and 51 or 3% were found to have unclean conditions of the head, and 1 or .06% to have unclean conditions of the body.

There were 243 special cases with head nits or vermin, and 8 with vermin on the body.

(4) Skin (Head and Body).

1676 children were examined systematically with regard to skin condition and the following cases were found :—

(a) Head

Ringworm	—	or	—
Impetigo	3	or	.18
Other diseases	9	or	.54

(b) Body.

Impetigo	6	or	.36
Scabies	16	or	.95
Other diseases	13	or	.77

Special Cases.

Among the special cases, Ringworm was found on the body of 4 children, impetigo on the head of 7 and on the body of 8, and scabies on 63 children. There were 9 cases of other head conditions and 36 of other body conditions.

Other diseases include cases of alopecia, ichthyosis, seborrhoea, dermatitis, eczema, urticaria, psoriasis and acne vulgaris.

(5) Nutrition.

There were 2 cases with slightly defective nutrition found during the Routine inspections.

(6) Mouth and Teeth.

1676 children were examined systematically, and 298 or 17.8% were found with unhealthy conditions of the mouth and teeth. In the Entrant group only such cases as Dental Abscess, &c., were noted. There were 144 special cases with unhealthy conditions of the mouth and teeth.

(7) Naso Pharynx.

1676 children were examined systematically, and the following defects were found:—

(a) Nose:

(1) Obstruction requiring observation	21	or	1.2%
(2) Obstruction requiring operative treatment	1	or	.06%
(3) Other conditions (mostly catarrh)	13	or	.77%

(b) Throat:

(1) Tonsils requiring observation	178	or	10.6%
(2) Tonsils requiring operative treatment	69	or	4.1%

(c) Glands:

(1) Requiring observation	102	or	6.1%
(2) Requiring operative treatment	—	or	—

Special Cases—

(a) Nose:

(1) Obstruction requiring observation	17
(2) Obstruction requiring operative treatment ...	2
(3) Other conditions	14

(b) Throat:

(1) Tonsils requiring observation	346
(2) Tonsils requiring operative treatment	116

Many children with unhealthy tonsils are kept under observation and the decision that operative treatment is necessary made when they are subsequently seen as special cases.

(c) Glands:

(1) Requiring observation	169
(2) Requiring operative treatment	7

8. Eyes.

1676 children were examined systematically and 11 or .65% were found with blepharitis, 4 or .24% with conjunctivitis, 6 or .36% with opacities, 25 or 1.5% with strabismus, and 7 or .42% with other diseases. Other diseases included cases of nystagmus, nebulae, cataract, styne, and ptosis.

42 or 2.5% were wearing spectacles.

912 children were examined for visual acuity, and 36 or 3.9% were found with fair vision, and 19 or 2.1 with bad vision.

Among the special cases there were 34 with blepharitis, 2 with conjunctivitis, 6 with corneal opacities, 55 with strabismus, and 17 with other diseases, 223 were wearing spectacles, 280 had fair vision, and 98 had bad vision.

9. Ears.

1676 children were examined systematically, and 7 or .42% were found to have otorrhoea, and 6 or .36% to have other diseases.

The following cases of defective hearing were found:—

Grade I.	70 or 4.2%
Grade II. (a)	2 or .12%
Grade II. (b)	— or —
Grade III.	2 or .12%

Among the Special Cases, 10 had otorrhoea, 8 had other diseases, and the following had defective hearing.—

Grade I.	76
Grade II. (a)	4
Grade II. (b)	1
Grade III.	—

10. Speech.

1676 children were examined systematically, and 39 or 2.3% were found with defective articulation, and 8 or .48% with stammer.

There were 62 cases with defective speech and 4 with stammer among the Special Cases.

11. Mental and Nervous Condition.

1676 children were examined systematically, and the following cases were found:—

(a) Backward (due to irregular attendance, absence or other extrinsic cause)	6 or .36%
(b) Dull (intrinsically)	40 or 2.4%
(c) Mentally defective (educable)	7 or .42%
(d) Mentally defective (uneducable)	— or —
(e) Highly nervous or unstable	2 or .12%
(f) Difficult in behaviour	2 or .12%

Specials.

(a) Backward	10
(b) Dull	80
(c) Mentally defective (educable)	22
(d) Mentally defective (uneducable)	2
(e) Highly nervous or unstable	—
(f) Difficult in behaviour	2
(g) Cases brought to the notice of the Education Authority only	13

12. Circulatory System.

1676 children were examined systematically, and the conditions found were:—

(a) Organic heart disease:		
(1) Congenital	1 or	.06%
(2) Acquired	5 or	.30%
(b) Functional conditions	15 or	.89%
Specials.		
(a) Organic heart disease:—		
(1) Congenital	3	
(2) Acquired	14	
(b) Functional conditions	20	

13. Lungs.

1676 children were examined systematically, and the conditions found were:—

(a) Chronic bronchitis	2 or	.12%
(b) Suspected tuberculosis	— or	—
(c) Other diseases	8 or	.48%

Specials.

(a) Chronic bronchitis	—
(b) Suspected tuberculosis	—
(c) Other diseases	15

14. Deformities.

1676 children were examined systematically, and the following conditions were found:—

(a) Congenital	4 or	.24%
(b) Acquired (infantile paralysis)	1 or	.06%
(c) Acquired (probable rickets)	3 or	.18%
(d) Acquired (other causes)	6 or	.36%

Specials.

(a) Congenital	17
(b) Acquired (infantile paralysis)	8
(c) Acquired (probable rickets)	1
(d) Acquired (other causes)	24

15. Infectious Diseases.

No cases of infectious disease were found.

16. Other Diseases or Defects.

1676 children were examined systematically, and 43 or 2.6% were found with other diseases or defects. This number included cases of Enlarged Thyroid (15), Anaemia (9), Enuresis (8), Hernia (3), Rheumatism (2), Boils (2), Chorea (1), Cystitis (1), Diarrhoea (1), Fracture (1).

There were 85 special cases with other diseases or defects. This number included cases of Anæmia (19), Enuresis (17), Hernia (10), Enlarged Thyroid (7), Rheumatism (7), Epilepsy (4), Abdominal pain (3), Boils (3), Hydrocele (3), Septic Sores (3), Burn (2), Sprain (2), Cyst (1), Fracture (1), Ganglion (1), Herpes (1), Suspected Abdominal Tuberculosis (1).

17. Average Heights and Weights.

Boys.				Girls.			
Age.	Total No. Measured.	Inches.	Lbs.	Age.	Total No. Measured	Inches.	Lbs.
5 ⁶	363	43	43·5	5 ⁶	349	43·7	40
13 ⁶	403	58·3	90·9	13 ⁵	410	56·1	92·9
16 ⁶	38	65·8	126·6	16 ⁵	51	63·4	122·9

B.—Statistical Tables.

These tables are placed at the end of the Report, pages 22 to 29.

6.—MEDICAL TREATMENT.

A. Minor Ailments (at Buckie School Clinic).

	Number of Children who received treatment	
	Under Education Committee Scheme.	Otherwise.
(1) Cuts, bruises, sprains, minor injuries, etc.	665	10
(2) Diseases of ear	7	4
(3) Diseases of the eye, excluding defective vision	20	13
(4) Diseases of the skin—		
Ringworm (Scalp)—		
X-Ray treatment	—	—
Other treatment	—	1
Ringworm (Body)	—	1
Scabies	71	32
Impetigo	280	34
Other diseases	—	37

B. Defective Vision and Squint.

Treated under Education Committee's Scheme	180
Number of children provided with spectacles under Committee's Scheme	64
Number of children provided with spectacles otherwise ...	20
2 children with squints were treated by operation.	

C. Nose and Throat (Operative Treatment).

Treated under Education Committee's Scheme	58
Treated otherwise (as far as could be ascertained)	39

**D. Orthopaedic and Postural Defects.
(Specialist Treatment.)**

The County Council gives a Grant to the Cripples Welfare Association (North-East Region) and cases are recommended to the Orthopaedic Clinics held in Banff and Keith.

81 children between 5-16 years had advice, etc., at these clinics.

7.—DENTAL INSPECTION AND TREATMENT.

Full particulars of the Scheme are given under Section 4 B.

The number of schools inspected was 73. The number of children in which treatment was refused was 568 in the Systematic cases and 21 in the Special cases. See Table V., Page 29, for details regarding dental treatment.

8.—SPECIAL SCHOOLS AND CLASSES:—**(a) Physically Defective Children :**

Special tuition in the home was provided for one child unable to attend school. Special provision was made for the conveyance of two children to school.

(b) Blind and Partially Sighted Children :

Five Blind children attend the Royal Blind School, Edinburgh.

(c) Deaf, Partially Deaf and Deaf-Mute Children :

There are 7 children in special schools.

(d) Mentally Defective Children :

There are 2 children in special schools.

(e) Retarded Children (Dull) :

These children are taught in the ordinary school.

There are no special schools in the county, and suitable children are sent to special schools outwith the county as occasion arises.

9.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.**A.—Accommodation for Physical Exercises in School and Playground.**

There are new halls at Easterfield, Sillyearn, Deskford, Portgordon, Enzie and Glenlivet.

(a) Change of Shoes and Clothing.

In most areas there has been organised some provision for the change of shoes and clothing, but only in the larger schools is there any special accommodation for this purpose.

(b) Spray and Rub Down.

These are provided at Keith New Infant and Junior and Buckie New Infant and Junior School.

(c) Provision of Towels, Hot Water, etc.

This is adequate, but hot water is not available in many of the schools at cloakroom wash-hand basins.

(d) School Intervals.

This matter received proper attention.

B.—Swimming Baths.

There are no swimming baths attached to the schools.

C.—Playing Fields.

Most of the larger schools have a playing field specially set aside or rented, or have the use of some public park.

D.—School Camps.

Nil. Children from Aberlour Orphanage are sent to a holiday home at the seaside.

E.—Practical Instruction in Personal and Communal Hygiene.

This is mostly in the hands of the class and specialist teachers, and the visiting part-time nurses.

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

Leaflets on various aspects of hygiene, etc., were issued.

Most schools have an annual summer outing to the seaside or otherwise, and attendance at visits of circus companies is taken advantage of.

Meals and Milk.

During Session 1945-46 the general position in the County was:—

Type of Meal.	No. of Schools at which provision made.
Dinners (two courses)	5
Lunches (bread and butter, cheese and milk).....	3
Soup Meals (soup and bread)	8
Light Meals (cocoa, etc.)	52
Schools at which no special provision is made	6
Total number of Schools	74

Milk was supplied in 42 Schools, approximately 4,500 pupils participated.

TABLE I.

Total number of children examined at:—

		(a) Systematic Examinations.	(b) Other Systematic Examinations.
Ordinary Schools	Entrants	764	25
	Second Age Group ...	—	—
	Third Age Group	823	43
	Fourth Age Group ...	89	3
Total		1676	71

(b) Other examinations:—

Special cases	2685
Re-inspections by Medical Officer	949
Total	3634

As it was not found possible to overtake the routine medical inspection of the intermediates (Group 2), class-room inspection was carried out. Each child, however, was examined for scabies, &c., and had vision tests.

Number of *individual* children inspected at systematic examinations, who were notified to parents as requiring treatment (excluding uncleanness and dental caries):—

Entrants	98
Third Age Group	41
Fourth Age Group	5
Other systematic examinations	7
Total	151

TABLE II.

Return of the number and percentage of individual children in each age-group suffering from particular defects:—

Nature of Defect	Total Examined at all ages	Entrants		Third age group		Fourth age group		All ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1. Clothing unsatisfactory	1676	—	—	—	—	—	—	—	—
2. Footgear unsatisfactory	„	2	—	1	—	—	—	3	—
		·50		·24				·35	
3. Cleanliness—									
(a) Head :	„	9	29	—	12	—	1	9	42
		2·2	7·9		2·9		2	1·1	5
(b) Body :	„	—	—	—	1	—	—	—	1
					·24				·12
4. Skin—									
(a) Head Ringworm	„	—	—	—	—	—	—	—	—
Impetigo	„	2	1	—	—	—	—	2	1
		·50	·27					·24	·12
Other Diseases	„	1	5	—	3	—	—	1	8
		·25	1·4		·72			·12	·96
(b) Body :									
Ringworm	„	—	—	—	—	—	—	—	—
Impetigo	„	3	1	1	1	—	—	4	2
		·78	·27	·24	·24			·47	·24
Scabies	„	7	4	1	4	—	—	8	8
		1·7	1·1	·24	·36			·95	·96
Other Diseases	„	3	2	2	3	1	2	6	7
		·78	·54	·49	·72	2·6	3·9	·71	·84
5. Nutritional state									
Slightly defective	„	1	1	—	—	—	—	1	1
		·25	·27					·12	·12
Bad	„	—	—	—	—	—	—	—	—
6. Mouth and teeth unhealthy	„	5	8	111	148	13	13	129	169
		1·2	2·2	27·2	35·7	34·2	25·5	15·3	20·3
7. Naso Pharynx—									
(a) Nose :									
(1) Obstruction requiring observation	„	12	6	1	2	—	—	13	8
		3	1·6	·24	·48			1·5	·96
(2) Obstruction (probably adenoids) requiring operative treatment	„	—	—	1	—	—	—	1	—
				·24				·12	
(3) Other conditions	„	7	4	1	1	—	—	8	5
		1·7	1·1	·24	·24			·95	·60
(b) Throat :									
(1) Tonsils requiring observation	„	73	81	13	11	—	—	86	92
		18·3	22·1	3·2	2·6			10·2	11

TABLE II.—Continued.

Nature of Defect	Total Examined at all ages	Entrants		Third age group		Fourth age group		All ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(2) Tonsils requiring operative treatment	1676	31 7·8	19 5·2	12 2·9	6 1·4	—	1 2	43 5·1	26 3·1
(c) Glands :									
(1) Requiring observation	"	40 10	38 10·4	16 3·9	8 1·9	—	—	56 6·6	46 5·5
(2) Requiring operative treatment	"	—	—	—	—	—	—	—	—
8. Eyes—									
(a) External Diseases :									
Blepharites	"	5 1·2	3 ·82	1 ·24	2 ·48	—	—	6 ·71	5 ·60
Conjunctivitis	"	—	4 1·1	—	—	—	—	—	4 ·48
Corneal Opacities	"	1 ·25	—	3 ·73	2 ·48	—	—	4 ·47	2 ·24
Strabismus	"	13 3·3	8 2·2	3 ·73	1 ·24	—	—	16 1·9	9 1·1
Other Diseases	"	4 1	—	1 ·24	2 ·18	—	—	5 ·59	2 ·24
(b) Visual Acuity :									
Fair Vision	912	—	—	8 2	26 6·2	1 2·6	1 2	9 2	27 5·8
Bad Vision	"	—	—	4 ·98	14 3·4	1 2·6	—	5 1·1	14 3
Glasses Worn	1676	4 1	4 1·1	8 2	20 4·8	1 2·6	5 9·8	13 1·5	29 3·5
9. Ears—									
(a) Diseases :									
Otorrhoea	"	2 ·50	1 ·27	2 ·49	2 ·48	—	—	4 ·47	3 ·36
Other Diseases	"	2 ·50	1 ·27	—	3 ·72	—	—	2 ·24	4 ·48
(b) Defective Hearing :									
Grade 1	"	16 4	13 3·5	15 3·7	21 5·1	3 7·9	2 3·9	34 4	36 4·3
" 2a	"	1 ·25	1 ·27	—	—	—	—	1 ·12	1 ·12
" 2b	"	—	—	—	—	—	—	—	—
" 3	"	—	1 ·27	1 ·24	—	—	—	1 ·12	1 ·12
10 Speech—									
Defective articulation	"	19 4·8	12 3·3	3 ·73	5 1·2	—	—	22 2·6	17 2
Stammering	"	2 ·50	1 ·27	5 1·2	—	—	—	7 ·83	1 ·12

TABLE II.—*Continued.*

Nature of Defect	Total Ex- amined at all ages	Entrants		Third age group		Fourth age group		All ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
11. Mental and Nervous Condition—									
(a) Backward, due to irregular attendance, absence or other extrinsic cause	1676	1 .25	—	3 .73	2 .48	—	—	4 .47	2 .24
(b) Dull (intrinsically)	„	2 .50	—	28 6.9	10 2.4	—	—	30 3.5	10 1.2
(c) Mentally Defective (educable)	„	1 .25	—	2 .49	4 .96	—	—	3 .35	4 .48
(d) Mentally Defective (ineducable)	„	—	—	—	—	—	—	—	—
(e) Highly Nervous or Unstable	„	1 .25	1 .27	—	—	—	—	1 .12	1 .12
(f) Difficult in Behaviour	„	2 .50	—	—	—	—	—	2 .24	—
12. Circulatory System—									
(a) Organic Heart Disease:									
(1) Congenital	„	—	1 .27	—	—	—	—	—	1 .12
(2) Acquired	„	3 .78	—	1 .24	1 .24	—	—	4 .47	1 .12
(b) Functional conditions	„	3 .78	5 1.4	1 .24	5 1.2	—	1 2	4 .47	11 1.3
13. Lungs—									
Chronic Bronchitis	„	1 .25	—	1 .24	—	—	—	2 .24	—
Suspected Tuberculosis	„	—	—	—	—	—	—	—	—
Other Diseases	„	4 1	4 1.1	—	—	—	—	4 .47	4 .48
14. Deformities—									
(a) Congenital	„	2 .50	—	—	2 .48	—	—	2 .24	2 .24
(b) Acquired (Infantile Paralysis)	„	—	—	1 .24	—	—	—	1 .12	—
(c) Acquired (Probable Rickets)	„	3 .78	—	—	—	—	—	3 .35	—
(d) Acquired (Other Causes)	„	2 .50	2 .54	—	2 48	—	—	2 .24	4 .48
15. Infectious Disease	„	—	—	—	—	—	—	—	—
16. Other Diseases or Defects	„	10 2.5	12 3.3	8 2	8 1.9	—	5 9.8	18 2.1	25 3

TABLE III.
Systematic Medical Examinations.

Classification	Entrants.			3rd Age Group		4th Age Group		TOTAL.
	No. of children	Percentage of the children examined in this group	No. of children	Percentage of the children examined in this group	No. of children	Percentage of the children examined in this group	No. of children	Percentage of the children examined in this group
1. Children free from defects	538	70.4	406	49.3	51	57.3	995	59.4
2. 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	—	—	52	6.3	6	6.7	58	3.5
(b) Conditions of the mouth and teeth requiring treatment	10	1.3	199	24.2	17	19.1	226	13.5
(c) Both (a) and (b)	—	—	17	2.1	5	5.6	22	1.2
TOTAL	10	1.3	268	32.6	28	31.5	306	18.2
3. Children suffering from ailments (other than those mentioned in 2) from which complete recovery is anticipated within a few weeks	133	17.4	70	8.5	5	5.6	208	12.4
4. Children suffering from (or suspected to be suffering from) defects less removable than defects specified in 2 or 3, distinguishing cases—								
(a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible;	68	8.9	42	5.1	4	4.5	114	6.8
(b) Where improvement only is considered possible, e.g. without complete restoration of function	15	2	37	4.5	1	1.1	53	3.2
TOTAL	83	10.9	79	9.6	5	5.6	167	10
Total number of children examined	764	100%	823	100%	89	100%	1676	100%

TABLE IV.

Return of all Exceptional Children of School Age in the Area.

Disability.	At Ordinary Schools.	At Special Schools or Classes.	At no School or Institution.	Total.
1. Blind	—	—	—	—
2. Partially sighted :—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	—	2	—	2
(b) Other conditions of the eye, e.g., cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	4	3	1	8
3. Deaf :—				
Grade I.	146	—	—	146
Grade IIa.	6	—	—	6
Grade IIb.	1	—	—	1
Grade III.	2	7	2	11
4. Defective Speech :—				
(a) Defects of articulation requiring special educational measures	1	—	—	1
(b) Stammering requiring special educational measures	1	—	—	1
5. Mentally defective — (Children between 5 and 16 years) —				
(a) Educable (I.Q. approx. 50-70)	29	2	21	52
(b) Uneducable (I.Q. generally less than 50)	—	5	20	25
(c) Case brought to the notice of the Education Authority only	13	—	—	13

TABLE IV.—Continued.

Disability.	At Ordinary Schools.	At Special Schools or Classes.	At no School or Institution.	Total.
6. Epilepsy :—				
(a) Mild and occasional	7	—	—	7
(b) Severe (suitable for care in a residential school)	—	—	—	—
7. Physically defective — (Child- ren between 5 and 16 years) :—				
(a) Non-pulmonary tubercul- osis (excluding cervical glands)	10	—	—	10
(b) General orthopaedic condi- tions	59	—	3	62
(c) Organic heart disease	32	—	—	32
(d) Other causes of ill-health	6	—	1	7
8. Multiple defects :—				
(a) 2(b), 5(a) and 7(b)	—	1	—	1
(b) 3.I. and 5(a)	1	—	—	1
(c) 3.I. and 7(a)	1	—	—	1
(d) 3.I. and 7(c)	1	—	—	1
(e) 3.I. and 7(d)	1	—	—	1
(f) 4(a), 5(a) and 7(b)	—	—	1	1
(g) 4(a) and 7(b)	11	—	—	11
(h) 5(a) and 6(a)	—	1	—	1
(i) 5(a) and 6(b)	—	—	1	1
(j) 5(a) and 7(c)	—	—	1	1
(k) 5(b) and 6(b)	—	—	2	2
(l) 5(b), 6(b) and 7(b)	—	—	1	1
(m) 7(b) and 7(d)	1	—	—	1

TABLE V.

Dental Inspection and Treatment.

Number of children who were:—

(1) Inspected by the dental officer:—

Age.	(a) Systematic examinations.	(b) Special and emergency cases.	Total.
5	—	—	—
6	912	—	912
7	907	—	907
8	866	—	866
9	845	—	845
10	888	—	888
11	257	30	287
12	193	63	256
13	115	70	185
14	14	29	43
15	2	7	9
Over	—	—	—
Total	4999	199	5198

	Systematic examinations.	Special and emergency cases
(2) Found to require treatment	2048	149
(3) Actually treated by the school dental officer	1406	117
(4) Number of attendances made by children for treatment	1481	128
(5) Fillings—		
(a) Permanent teeth	453	55
(b) Temporary teeth	178	—
(6) Extractions—		
(a) Permanent teeth	49	53
(b) Temporary teeth	1481	42
(7) Number of administrations of a general anæsthetic for extractions ...	—	—
(8) Other operations—		
(a) Permanent teeth	78	28
(b) Temporary teeth	16	—
(9) Half-days devoted to inspection	118	—
Half-days devoted to treatment	252	—
(10) Number of children treated under private arrangements	—	—

BANFF COUNTY COUNCIL.

DIPHTHERIA IMMUNISATION TO JUNE 1946.

Artificial active immunisation of school and pre-school children, for whom consent was received, was continued free of charge from July 1945 to June 1946. All children from 9 months of age up to school leaving age were embraced, and re-immunisation was also carried out, though in the latter case one dose was regarded as sufficient. No Schick testing, either preliminary or post-injection, was carried out.

Alum Precipitated Diphtheria Toxoid supplied by the Department of Health was used as the immunising agent. Where a parent wished the inoculations given by the family doctor, the A.P.T. was supplied to him free of charge, the parent paying the doctor's fee. In some cases the doctor was paid a fee of 2s 6d per injection by the Local Authority. These were usually cases under the care of the Education Authority or Social Welfare Department.

Immunisation and re-immunisation were carried out in Areas 1, 2, 4 and 5 and the numbers inoculated were:—

Immunised Children	635
Re-Immunised Children	1349

Particulars are shown in the Table, Return of Immunisation.

Re-actions.

Quite a number of children had slight re-actions, and a few had fairly severe re-actions. It was noted that, generally speaking, older children who were being re-immunised showed rather a more marked re-action. This was particularly noticeable where a child had had a previous attack of diphtheria.

Incidence.

The number of notified cases of diphtheria from July 1945 to June 1946 inclusive was 25, and of these 7 had been immunised and 18 had not. Particulars are given in the Table, Return of Immunisation.

Mortality.

There was one death from diphtheria in the same period; that occurred in the non-immunised group.

The following shows the number of children immunised and the number receiving maintenance inoculations since the Diphtheria Immunisation Scheme commenced in 1941:—

Date.	No. Immunised.	No. Receiving Maintenance Inoculations.
1941-42	10,748	354
1942-43	1,195	31
1943-44	987	7
1944-45	619	1,201
1945-46	635	1,349

DIPHTHERIA

Return of Immunisation, Cases and Deaths in respect of period
1st July 1945 to 30th June 1946, according to year of birth.

Year of Birth of persons	Number of new immunisations* completed during period.	Number of maintenance inoculations given during period.	Immunised Persons		Non-Immunised Persons	
			(a) Confirmed cases of diphtheria during period.	(b) Diphtheria deaths during period.	(a) Confirmed cases of diphtheria during period.	(b) Diphtheria deaths during period.
	(1)	(2)	(3)	(4)	(5)	(6)
1946	—	—	—	—	1	—
1945	25	—	—	—	—	—
1944	224	—	—	—	—	—
1943	119	—	—	—	—	—
1942	73	1	1	—	—	—
1941	50	22	—	—	—	—
1940	51	135	1	—	1	—
1939	29	236	1	—	—	—
1938	26	264	—	—	1	—
1937	19	259	—	—	—	—
1936	5	290	—	—	—	—
1935	3	51	1	—	—	—
1934	3	30	—	—	2	—
1933	2	24	1	—	—	—
1932	4	23	1	—	—	—
1931	2	9	1	—	—	—
1930	—	2	—	—	—	—
1929 or earlier	—	3	—	—	13†	1
Total	635	1,349	7	Nil	18†	1

* A course of immunisation should not be regarded as completed till at least 12 weeks after the final inoculation

† Includes 1 service case.

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