

**[Report 1964] / School Health Service, Midlothian & Peebleshire.**

**Contributors**

Midlothian & Peebleshire (Scotland). School Health Service.

**Publication/Creation**

1964.

**Persistent URL**

<https://wellcomecollection.org/works/r3jz8xw8>

**License and attribution**

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.

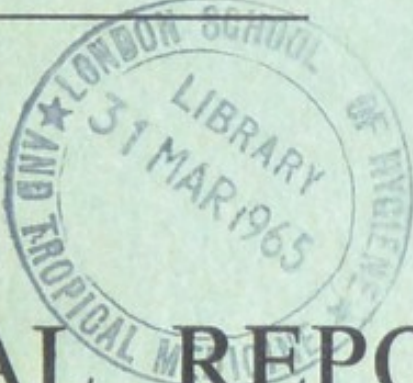


Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

4644  
Ack'd 25.3  
COUNTY COUNCILS OF THE COUNTIES

of

MIDLOTHIAN AND PEEBLES




ANNUAL REPORT

ON

School Health Administration

---

For the Year Ended 31st July, 1964



Digitized by the Internet Archive  
in 2016 with funding from  
Wellcome Library

<https://archive.org/details/b28657743>

COUNTY COUNCILS OF THE COUNTIES

of

MIDLOTHIAN AND PEEBLES

---

# ANNUAL REPORT

ON

## School Health Administration

---

**For the Year Ended 31st July, 1964**

# CONTENTS

LIST OF STAFF .....	<i>Page</i> 4
PREFACE .....	5
ORGANISATION AND ADMINISTRATION .....	10

	<i>Page</i>	
	Midlothian	Peebles
GENERAL STATISTICS .....	21	37
SANITARY CONDITION OF SCHOOLS .....	21	37
MEDICAL INSPECTION—		
Number Examined .....	23	38
Parents Present .....	23	38
Clothing and Footgear .....	24	38
Smallpox Vaccination .....	24	38
Uncleanliness .....	24	38
Skin Conditions .....	25	38
Nutrition .....	25	39
Mouth, Nose, Throat and Glands .....	25	39
Vision .....	25	39
External Eye Disease .....	26	39
Ears and Hearing .....	26	39
Speech .....	27	39
Mental and Nervous Condition .....	28	39
Heart Disease .....	29	40
Lungs .....	29	40
Deformities .....	30	40
General Statement of Defects .....	30	40
MEDICAL TREATMENT—		
Minor Ailments .....	31	41
Defective Vision and Squint .....	31	41
Nose and Throat (Operative Treatment) .....	31	41
Orthopaedic and Postural Defects (Specialist Treatment) .....	31	41
“Follow-up” Home-Visitation .....	31	41
DENTAL INSPECTION AND TREATMENT .....	32	41
SPECIAL SCHOOLS AND CLASSES .....	33	43
CASTLECRAIG RESIDENTIAL SCHOOL .....		43
PHYSICAL EDUCATION AND PERSONAL HYGIENE .....	34	45
SCHOOL MEALS AND MILK .....	35	45
IMMUNISATION AND VACCINATION .....	36	45

# APPENDIX

					<i>Table</i>	
					Midlothian	Peebles
NUMBER OF CHILDREN EXAMINED	....	....	....		I	IA
HEIGHTS AND WEIGHTS	....	....	....	....	II	IIA
FINDINGS AT SYSTEMATIC EXAMINATIONS	....	....			III	IIIA
CLASSIFICATION OF SYSTEMATIC EXAMINATIONS	....				IV	IVA
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA					V	VA
AMELIORATION OF PHYSICAL DEFECTS	....	....			VI	VIA
CLEANLINESS INSPECTIONS	....	....	....	....	VII	VIIA
AMELIORATION OF UNCLEANLINESS	....	....	....		VIII	VIII A
MINOR AILMENTS CLINICS	....	....	....	....	IX	IXA
INFECTIOUS DISEASES	....	....	....	....	X	XA
EYE CLINICS	....	....	....	....	XI	XIA
AUDIOMETRIC TESTING	....	....	....	....	XII	XIIA
ORTHOPAEDIC SERVICES	....	....	....	....	XIII-XVI	XIIIA-XVIA
DENTAL INSPECTION AND TREATMENT	....	....	....	....	XVII-XIX	XVIIA-XXA
TUBERCULOSIS—SKIN TESTING	....	....	....		XX	XXIA
X-RAY	....	....	....	....	XXI	XXIIA
HEALTH EDUCATION	....	....	....	....	XXII-XXIII	XXIIIA

# I. LIST OF STAFF

School Medical Officer: JOHN RIDDELL, O.B.E., M.D., D.P.H.

Deputy Medical Officer: LEWIS F. HOWITT, M.B., Ch.B., D.P.H.

## Assistant Medical Officers:

\*CHARLOTTE E. FORSYTH, M.B., Ch.B., D.P.H.

JEANETTE B. MORRISON, L.R.C.P. & L.R.C.S.(Edin.), C.P.H.

MARGARET MACKENZIE, L.R.C.P. & L.R.C.S.(Edin.), C.P.H.

\*ROBERT S. SLOAN, M.B., Ch.B., D.P.H.

MAIRI H. LACK, M.B., Ch.B., D.P.H.

EILEEN REDDY, L.R.C.P. & L.R.C.S.(Edin.), D.P.H.

MARY D. GARDNER, M.B., Ch.B.

†ELIZABETH M. WATSON, M.B., Ch.B., D.P.H.

Chief Dental Officer: ROBERT P. NEILSON, O.B.E., L.D.S.

## Assistant Dental Officers:

T. McLAREN, L.D.S.

JOHN W. SWAN, L.D.S.

J. B. CLARK, L.D.S.

R. W. BRAZENALL, L.D.S.

N. P. THOMSON, B.D.S.

R. A. HODGKINS, L.D.S.

B. McLEAN, L.D.S.

K. S. MacPHAIL, L.D.S.

H. M. MACKINTOSH, L.D.S.

S. RICHARDSON, B.D.S.

F. C. RODGERS, L.D.S.

## County Nursing Superintendent:

JEAN M. TINCH, R.G.N., S.C.M., H.V., Q.N.

Administrative Assistant: ROBERT FULTON

Superintendent Physiotherapist: C. A. MacMILLAN, M.C.S.P.

	Midlothian	Peebles
Deputy Nursing Superintendent	1 (*1, †1)	—
Senior Health Visitor	1	—
Physiotherapists	5 (*1, †1)	—
Dental Auxiliary	1 (*1)	—
Dental Surgery Assistants	13 (*4, †5)	—
Office Staff	12 (*7, †6)	—
Health Visitors	27 (*1, †5)	1
District Nursing Sisters—Health Visitors	12 (*3, †3)	5
Cleanliness Inspectresses	2	—

## CONSULTANTS

Ophthalmic Surgeon: G. S. DHILLON, M.B., B.S., F.R.C.S.E., D.L.O.

## Orthopaedic Surgeons:

G. A. POLLOCK, M.B., Ch.B., F.R.C.S.E., M.S., F.A.C.S., D.P.H.—Midlothian

G. W. BAKER, M.B., Ch.B., F.R.C.S.E., M.Ch.Orth.—Peeblesshire

## Orthodontic Surgeon:

W. RUSSELL LOGAN, O.B.E., L.R.C.P. & S.(Edin.), F.D.S., H.D.D.

## Dental Anaesthetist:

G. MACGREGOR ROSE, L.R.C.P., L.R.C.S.(Edin.), L.D.S., D.A.

†Appointed during year.

\*Resigned during year.

(The above staff undertake both public health and school health duties.)

REPORTS

on

SCHOOL HEALTH ADMINISTRATION

for the

Year Ended 31st July, 1964

The following Report is prepared in accordance with the instructions of, and in the form approved by, the Scottish Home and Health Department.

PREFACE

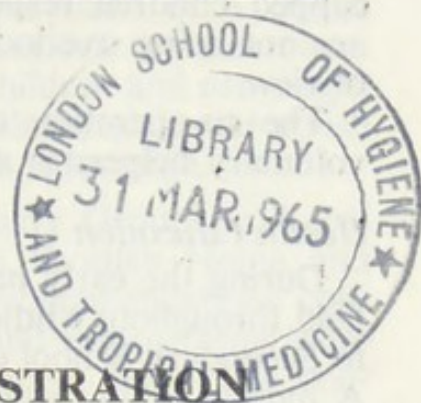
Medical Services

*Orthopaedics*

Progress continues to be made in this field and there is now complete coverage of orthopaedic cases in Midlothian and Peeblesshire.

Once again we have reached the end of a very successful year with the pool therapy sessions carried out at Dalkeith High School, and the number of attendances has increased markedly. There were 34 sessions for boys and 38 for girls; 30 boys and 29 girls made 476 and 511 attendances respectively. The participants again came from a widely scattered area and no doubt the last mild winter aided in keeping up attendances. More patients have been referred by the Hospital Consultants in Edinburgh.

During the "Learn to Swim" Week in Scotland the Physiotherapy Department were approached about putting on a demonstration of teaching swimming to handicapped children. This was carried out at Musselburgh Swimming Pool and was such a success



that another one was requested the following week. The handicapped children responded magnificently and it proved that they are not being overlooked in the County from the swimming point of view.

The co-operation of the Education Department and the other voluntary helpers is again greatly appreciated.

### *Health Education*

During the early part of this year a Home Safety Campaign was held throughout Midlothian and a large number of talks were given to Secondary School children, both in Midlothian and Peeblesshire. A mobile exhibit was on view in the various Child Welfare Clinics throughout Midlothian, and invitations were extended to Head Teachers of adjoining schools to allow their pupils to see the exhibit.

One of the essentials of Health Education is that every opportunity must be taken to stress any aspect of health which is in the public eye at the time. This year the subject was "Typhoid Fever" following the outbreak in Aberdeen and to follow up the impact Typhoid made, suitable posters were issued to all Head Teachers for display in their schools. In addition, 39 talks were given on the subject of Clean Food.

Details, given in the Tables at the end of this Report, of Health Education as regards subject matter, numbers of talks and numbers of pupils addressed, show only part of the work undertaken to promote health. The most important and valuable education is done not by group teaching but by the Medical Officer or the School Nurse when the child is seen either at a routine medical inspection or at a follow-up visit and this is never forgotten.

### **Dental Service**

Mr Neilson, Chief Dental Officer, reports as follows:

The resumption of the new session found the dental staff one dental officer and one dental surgery assistant short of establishment, but this situation was remedied in September, when Mr H. M. Mackintosh joined the dental team and commenced his duties in the Calder area. A dental surgery assistant was also recruited in September to fill the other vacant post.

Miss Young, the dental auxiliary, terminated her appointment on 15th June to enable her to make an extended visit to Canada and it is unlikely that her successor will be available until January, 1965. It will be recalled that a dental auxiliary is a type of ancillary dental worker for whom provision was made in the Dentists Act of 1957. These girls receive a two years' course of intensive training at the School for Dental Auxiliaries at New Cross General Hospital, London, under the control of the General Dental Council which has been instructed by the Privy Council to conduct this experimental scheme in order to discover its value or otherwise to the community.

Auxiliaries are trained to work only in the Local Authority and Hospital Services and under the direct supervision of a dental surgeon who examines the patients and prescribes the treatment. The auxiliaries provide dental treatment for children and are taught to do simple fillings, to extract milk teeth, to clean, scale and polish teeth and to give instruction in Dental Health Education.

In accordance with the Report of the Study Group on Local Authority Dental Services circulated by the Scottish Home and Health Department in June, 1963, and the recommendations contained therein, new standardised day books and return forms were adopted early in the session and, as anticipated, they have contributed to a greater degree of efficiency together with a reduction in time spent on day-to-day clerical work. In accordance also with the new Annual Return Form recently introduced by the Scottish Home and Health Department, all work carried out for both routine and special cases is now recorded separately. It may be recalled that for the past few years the Central Department required that all "Specials" made "dentally fit" should be transferred to the "Routine" category. This gave quite a false, but enhanced, impression of the number of cases treated following "Systematic (Routine) Examination," but rather "played down" the number of "Special or Emergency Cases." This has now been rectified in the new Annual Return Form.

The appointment of an additional dental surgery assistant was also a recommendation of the Study Group Report and this was implemented in February, 1964, for the dual purpose of relieving clerical pressure at Headquarters and of undertaking relief Clinic duties during absence of colleagues.

This has been a particularly bad year from an illness point of view. Altogether 234 dental officer sessions and 36 dental auxiliary sessions were lost on account of illness, etc. This is equivalent to the loss of approximately  $23\frac{1}{2}$  weeks for dental officers and  $3\frac{1}{2}$  weeks for the dental auxiliary, which adds up to a dead loss of clinical work amounting to 27 weeks or rather more than six months. In addition to this, 154 sessions—approximately  $15\frac{1}{2}$  weeks—were lost through illness of dental surgery assistants, but, as a result of the additional appointment last February, previously mentioned, it was possible to provide help for the dental officers on each of the 52 occasions occurring since then. The new appointee also "stood in" during the intervening periods between resignations and new appointments.

The new combined Purposes Clinic centrally situated within the building between Mayfield Primary and Mayfield St Luke's R.C. Primary Schools was officially opened on Monday, 9th December. Full treatment facilities are now available and regular fixed clinics operate on specified days for the convenience of the priority groups within that neighbourhood.

The two mobile dental units continue to make possible a valuable treatment contribution to those schools in both Counties, particularly in rural areas, where clinic facilities are not available. Both units have now outlived the period normally recognised as the useful life of a caravan but, despite their "years," regular maintenance has kept them on the road. The external "hard-board" shell of the Midlothian Unit and its roof have recently shown marked deterioration which will necessitate emergency repair work during the school holidays, but it is understood that this essential work will render it fully weatherproof and prolong its life for several more years.

A Summary of the orthodontic work appears on Tables XIX and XIXA of the Appendix. This Scheme, which still operates throughout both Counties, still remains exceedingly popular. There is a constant demand for treatment, but, unfortunately, it is necessary to restrict the number of cases undergoing treatment at any one time, thus adequate patient control is assured and normal conservative treatment procedures are not neglected as a result of over-enthusiasm. The Orthodontic Scheme functions smoothly under the Consultant coverage of Dr W. Russell Logan, to whom the dental officers wish to record their indebtedness for his practical help and advice and for the keen interest he takes in their work.

It is gratifying to report a slight decrease in the general anaesthetic waiting list which results from one extra weekly gas session which our Anaesthetist, Dr Macgregor Rose, has been able to devote to our work, and it is earnestly hoped that a further two additional sessions (already approved) will become available in due course to reduce the waiting list to a reasonable level. This anaesthetist service is greatly appreciated both by patients and staff alike, particularly for the pleasant and efficient manner in which Dr Rose undertakes this difficult job of work, especially when dealing with the very young. All members of the dental staff wish to express their sincere thanks.

In conclusion, the dental staff desires to acknowledge its indebtedness to Head Teachers, Class Teachers, Medical Officers, Health Visitors, District Nurses, and staff of the County Health Department for continued help and co-operation throughout the year. Sincere thanks must also be recorded to the County Transport Officer of Midlothian and the County Surveyor of Peeblesshire for the capable manner in which Mobile Dental Units have been transported throughout the respective Counties, also for all routine maintenance work carried out by their staffs.

#### **Acknowledgments**

I would wish to acknowledge the support of the various Committees of the two Councils and would also express my thanks to all the staff of the Education Departments for their help by precept

and example in moulding the future outlook and behaviour of the pupils. To all my own staff for another excellent year's work, I am deeply grateful.

John Riddell

Medical Officer of Health.

HEALTH AND WELFARE DEPARTMENT,  
10 DRUMSHEUGH GARDENS,  
EDINBURGH, 3.

9th October, 1964.

## ORGANISATION AND ADMINISTRATION

This year brings us again to our quinquennial review of the above.

### (A) System and Extent of Medical Inspection and Treatment

The organisation and administration of the School Health Service in Midlothian and Peeblesshire is co-ordinated with the Maternity, Child Welfare, Vaccination and Immunisation, Tuberculosis, Welfare and General Public Health Services.

The Medical Officer of Health is also Chief Executive School Medical Officer. The Depute Medical Officer of Health acts in the absence of the Medical Officer of Health, supervises the general administration especially of the School Health, Tuberculosis and Health Education Services, and assists as necessary in routine clinical work at schools and clinics, etc.

Assistant Medical Officers undertake duties in the following services:

Child Welfare.

Vaccination and Immunisation—including the skin testing and, where necessary, B.C.G. vaccination of pre-school and school contacts of tuberculosis cases.

School Health—including the skin testing and, where necessary, B.C.G. vaccination of 13 year old age group; assessment of mentally handicapped children requiring special education treatment; and Health Education.

Mental Health supervision, etc., as “Responsible Medical Officers.”

General Public Health Duties.

The following groups of children are examined either by Medical Officers or auxiliaries:

(1) Routine Medical Inspection:

Children aged 5 years entering school for the first time.

Children aged 9 years.

Children aged 13 years.

Children aged 16 years.

(2) Other systematic examinations:

Children not previously subjected to routine medical inspection (e.g., transfers from other areas, etc.).

Absentees from previous years' routine medical inspections.

(3) Children aged 7 years (visual acuity and hearing testing only).

(4) Children aged 11 years (hearing testing only).

- (5) Children examined at the request of parents, teachers, or Health Visitors.
- (6) Children found at previous inspections to be suffering from disease or defect and recommended for re-examination.
- (7) Children who have made less than 50% attendance during the previous term.
- (8) Children due to leave school at first following leaving date.
- (9) Other groups:
  - All contacts of tuberculosis cases.
  - All 13-year-old children for presence of tuberculosis with preventive inoculation where appropriate.
  - Children attending swimming instruction and school camps.
  - Candidates for pre-apprenticeship and pre-nursing courses.
  - Applicants for employment outwith school hours.
  - Children referred by speech therapist.

In all, some 26,000 medical examinations or special tests are carried out each year.

At the 5-year-old routine examination all children are given a vision test using either the "E" test or tracing type. At the age of 7 years all children are given a vision test using the Snellens Test Type, either letter or number. Children suffering from defective vision may be seen under private arrangements made by parents or by the Schools Ophthalmologist. The Schools Ophthalmic service is operated under the National Health Service (Scotland) Act, the Regional Hospital Board providing the services of the Consultant, and the local authority making the necessary appointments for first examinations and re-calls, providing the clinic premises, and the nursing and clerical staff in attendance. There are at present nine clinic centres: Bonnyrigg, Currie, Dalkeith, East Calder, Edinburgh, Musselburgh, Newtongrange, Penicuik and West Calder, and a further centre in Loanhead will operate as from the beginning of Session 1964/65. Details of all examinations and recommendations made are passed to General Practitioners. Special arrangements are made for the follow-up by health visiting staff of persistent absentees from clinics, and where parents refuse to take action every effort is made to ensure that they reverse their decision and arrange for the child to be seen privately or through the Schools service. Children considered to be unsuitable for the ordinary school by virtue of severe vision defect are admitted either to Hailes School for Partially Sighted Children or to the Royal Blind School, Edinburgh.

At the 9-year-old examinations all children are given an Ishihara colour vision test. Details of defective cases are passed to Head

Teachers for insertion in Section IX (Medical Report) of Pupils Progress Records Cards. On such cases leaving school notification of the defect is passed to the Youth Employment Officer to assist in vocational guidance.

In the case of children due to leave school the Youth Employment Officer is advised on the official forms Y9 and Y10 of any physically or mentally handicapped children. In certain cases more detailed confidential reports may be given.

School children who are contacts of tuberculosis cases are examined during the first term of each session. Where necessary children are referred to general practitioners or to the Tuberculosis Physician for further investigation and check-up.

Children suffering from defective speech are treated by speech therapists who are on the staff of the Director of Education. Each child receiving treatment is notified to the School Health Service and arrangements are made for such children to be seen by the School Medical Officer with particular reference to diseases of the nose and throat. In appropriate cases referral may be made to general practitioners or to hospital for investigation and treatment.

Children in the 5, 7 and 11 year age groups are given audiometric tests carried out under special arrangements by testers from St Giles School for Hard of Hearing Children, Edinburgh. In addition, retests are made of all known defective cases and in all some 7000 children are tested each year, the results of all the tests being entered in the appropriate school medical cards. As soon as possible after testing, defective children are examined by School Medical Officers to ascertain whether there may be any physical defect present to account for the loss of hearing. Children may then be referred as follows:

- (a) For further observation.
- (b) To general practitioners for treatment.
- (c) To Ward 37/38 (Dr J. P. Stewart), Edinburgh Royal Infirmary. (The approval of general practitioners is obtained before referring children for specialist examination.)
- (d) Following examination at Ward 37/38 children may be referred to the Hearing Aid Clinic for provision of necessary hearing aids. Special arrangements are made for the provision of high-frequency hearing aids.

General practitioners are advised of all action taken and are given copies of specialist's reports. In appropriate cases Head Teachers are given inserts for inclusion in Section IX of Pupils Progress Record Cards together with instructions in regard to special seating in class, etc. To assist in vocational guidance the Youth Employment Officer is advised of all appropriate cases leaving school. Defective children considered as unsuitable for education in the ordinary school may be admitted to St Giles

School for Hard of Hearing Children, or Donaldson's School for the Deaf, Edinburgh.

Assistant Medical Officers, who have all had the necessary training, carry out examinations of educationally sub-normal children. Examinations are largely confined to children who may require action as follows (those children with educational rather than specifically mental handicaps, being seen in the first instance by the educational psychologists on the staff of the Director of Education:

- (a) To be reported under Section 65 of the Education (Scotland) Act, 1962.
- (b) To be transferred to a special school or occupational centre.
- (c) To be reported under Section 66 of the Educational (Scotland) Act, 1962.

In addition assistant medical officers carry out regular biennial re-assessment examinations of pupils in attendance at special schools and classes or at occupational centres. As stated, the School Health Service is integrated with the Child Welfare Service and with very few exceptions, children requiring action as above have been under supervision for some time before reaching school age. The results of all examinations are passed to the Director of Education. General practitioners are advised of children reported under Section 65 of the Act and both general practitioners and the Youth Employment Officer are advised of children reported under Section 66 of the Act. Immediately a handicapped child enters school the Head Teacher is sent a report for inclusion in Section IX of the Pupils Progress Record Card and is advised of any special facilities which may be necessary to help children suffering from defects of vision, hearing, mental retardation, etc.

Children suffering from nervous conditions are examined by assistant medical officers, and, after consultation with general practitioners and educational psychologists, may be referred to the Psychiatrist, Department of Psychological Medicine, Royal Hospital for Sick Children, Edinburgh. General practitioners and the Director of Education are kept fully informed of action taken and are advised in all cases of the Psychiatrist's recommendations. Where necessary, children may be admitted to special residential schools for maladjusted children, etc.

With the present staff of 1 Superintendent Physiotherapist and 5 Senior Physiotherapists the schools orthopaedic scheme covers all schools in Midlothian and Peeblesshire and in addition, in Midlothian, physiotherapists attend at certain of the local authority Old People's Homes to give treatment as necessary. Mr G. A. Pollock, Consultant Orthopaedic Surgeon, Princess Margaret Rose Hospital, attends in Midlothian at weekly full-day consultant clinics arranged by the School Health Department, and Mr G. W. Baker, Consultant Orthopaedic Surgeon, Peel Hospital, at monthly clinics in Peeblesshire. Children seen by the Consultant may be (a) re-

ferred to the physiotherapist for treatment; (b) referred to Princess Margaret Rose or Peel Hospitals for X-ray; or (c) put on waiting list for admission to Princess Margaret Rose or Peel Hospitals. In all cases General practitioners are sent copies of the consultant's reports and recommendations and, where appropriate, Head Teachers are advised. Repairs and special shoe adjustments recommended by the consultant are carried out free of charge under the National Health Service, contracts having been placed with approved boot and shoe repairers by the Scottish Home and Health Department. A voluntary project of inestimable value has been carried out after working hours over the past three years by two of our senior physiotherapists (Mr Booth and Mr Taylor), latterly assisted by the Superintendent Physiotherapist (Mr MacMillan). In this project, physically handicapped children from a wide area, chiefly Midlothian, are given swimming pool therapy at Dalkeith High School swimming baths, for the use of which we are indebted to the Director of Education. The scheme has become so popular and of so obvious therapeutic value that parents of physically handicapped children in the County look upon it as part of the local authority services, as indeed do many hospital consultants who write to this department asking for children under their care to be included in the groups for swimming pool therapy.

Minor ailments are treated by health visitors who visit their schools at least once a week for this special purpose. Long-term treatments are discouraged, it being felt that such cases should be the responsibility of parents and general practitioners.

Arrangements are made for maintenance injections of triple antigen to be given where necessary. These injections are co-ordinated with routine school medical inspections, parental consent having been previously obtained. Details of all injections given are entered in school medical record cards and the completed consent slips are thereafter passed to general practitioners for their records. Similar arrangements are made for maintenance doses of poliomyelitis vaccine, details being entered in school medical records and general practitioners being sent the completed slips as above.

#### **(B) System and Extent of Dental Inspection and Treatment**

A co-ordinated scheme of administration is in operation for the dental service. The Chief Dental Officer is responsible, under the Medical Officer of Health, for the supervision of the organisation and administration of these services. Each assistant dental officer works as far as possible in a prescribed area, undertaking therein inspection and treatment of school children and the inspection and treatment of pre-school children and expectant mothers under the maternity and child welfare schemes. The routine dental check-up of toddlers at 3½ and 4½ years of age continues to be a permanent feature of the service.

So far as is possible, schools are visited in rotation and all children are inspected. Each dental officer is accompanied by a female dental surgery assistant, who assists at inspection and treatment by relieving the dental officer of all non-clinical and normal clerical duties, and by attending to the welfare of patients generally. Treatment is offered to render each patient dentally fit, and even where teeth are sound, cleaning is offered to encourage children to take a pride in their teeth.

With dental treatment always being given to children in their own schools, most school medical suites have now been equipped with permanent dental spittoon floor plates to provide direct water supply and waste pipeage to make possible the use of mains flush fountain spittoons. These are now standard equipment for use along with other permanent dental surgery equipment in school medical rooms located at a distance from permanent treatment centres. The utilisation of conventional surgery equipment in schools which do not have combined purposes clinics has proved a great success, and with the general addition of fountain spittoons both patient and dental officer are able to enjoy normal surgery facilities, including the provision of six portable air-rotors which have been in service for the past twelve months. A further six air-rotors will be available after the summer holidays for issue to those dental officers who are not already so equipped. In the interests of economy this dental equipment is conveyed by the County Transport Department on the completion of one school to the next in rotation.

Two mobile dental units are in use, one in Midlothian and one in Peeblesshire. These have proved a great asset since they were first introduced and are a means of taking to the most remote rural schools a dental service every bit as good as that available in many larger and more up-to-date schools.

A portable dental X-ray unit is also included in the Counties' scheme and proves a great benefit, especially for orthodontic cases. Full use is also made of it in ascertaining other conditions pertaining to the teeth.

The orthodontic scheme functions under the general guidance of Dr W. R. Logan, the Regional Hospital Board Consultant, through whose hands every case must pass before being accepted for treatment, thus ensuring that any expenditure involved in appliance therapy is fully justified. All cases requiring orthodontic treatment are selected by the dental officers, formed into groups of suitable size and normally presented to the Orthodontic Consultant by special appointment at the Treatment Centre nearest to their own homes. The Consultant recommends the course of treatment, which is then carried out by the respective dental officers. By virtue of the limited sessions which the Consultant can devote to this work, and the other treatment responsibilities of the dental staff, the flow of cases to these centres is, of necessity, controlled.

General anaesthetic sessions are now a permanent feature of the service and these are proving exceedingly popular to all parties concerned. Dr Macgregor Rose, Anaesthetist, is now able to devote three sessions per week to this work, but further augmentation is confidentially anticipated in the near future.

### **(C) School Nursing and Arrangements for follow-up**

The work of the Health Visitors is also co-ordinated with the other health services, and under the supervision of the County Nursing Superintendent and Senior Health Visitor, Health Visitors are responsible for duties pertaining to school nursing, child welfare services and other environmental services. In certain rural areas, triple duty nurses undertake school nursing, health visiting, domiciliary midwifery and home nursing.

As school nurses, the health visitors and triple duty nurses accompany the medical officers at primary school routine medical inspections, discussing problems with parents, assisting with the undressing and dressing of children, weighing and testing vision. In secondary schools the nurses do not normally attend throughout the inspections, the organisation being left in the hands of the cleanliness inspectresses, and the health visitors only looking in towards the end of the inspection to discuss cases and receive instructions as to follow-up. They may also require to be in attendance with the medical officers when carrying out other examinations as mentioned in (A) above. School nurses are responsible for visiting and keeping records of all cases in (A) referred for follow-up from medical inspections.

As stated in (A) above, nurses also attend each school at least once a week to carry out treatment of minor ailments and discuss any problems with the teaching staff.

At the beginning of each session, and where necessary at the beginning of each following term, nurses carry out cleanliness inspections of all school children. Regular follow-up work is done in all defective cases. "Chronic" cases are referred by nurses to either of the two Cleanliness Inspectresses, who then visit the homes and arrange with parents for cleaning of the children. In cases of re-infestation, Statutory Notices under the Education (Scotland) Act, 1962, may be issued, with subsequent legal proceedings, should children not be kept clean. The value of this service is obvious in that in the session 1950/51, 40,517 examinations for cleanliness were carried out by Health Visitors, and 1,784 defective cases were reported, while in session 1962/63, 54,152 examinations were carried out and only 356 defective cases were reported.

The Cleanliness Inspectresses assist Health Visitors in carrying out the termly cleanliness inspections and also attend at Eye Clinics where they take over from Health Visitors who attend for a short period only to prepare children for examination by the ophthalmologist. Cleanliness Inspectresses also attend at Ortho-

paediatric Consultant Clinics, assisting with dressing and undressing of children. These latter duties undertaken by Cleanliness Inspectresses allow the Health Visitors more time to carry out other duties for which their special skill and training are required.

**(D) Co-ordination with the Public Health Service and with other Departments of the Authority which render Services to Children**

The work of the medical officers, dental officers and nurses is so co-ordinated as to ensure the maximum efficiency of the various services pertaining to the health and well-being of children.

Child Welfare Clinics are held at thirty-four (Midlothian 30, Peeblesshire 4) centres throughout the area (in only 5 centres are clinics held in premises other than modern combined purposes clinics or health services clinics). In addition to general paediatric advice, health education, etc., assistant medical officers carry out large numbers of preventive vaccinations and immunisations. In the more rural areas assistant medical officers may visit children in their homes to give vaccinations and immunisations.

In all clinic areas special arrangements are made for "toddlers" examinations. In the smaller areas these are fitted in at suitable times during the ordinary child welfare clinic session and in the larger clinic areas special toddlers clinics are held, timed appointments being sent from the head office direct to the parents. The following groups are at present being seen and, as from 1965, children aged  $1\frac{1}{2}$  years will be included:

Aged  $2\frac{1}{2}$  years—Medical examination.

Triple immunisation booster (for whooping cough primarily).

Aged  $3\frac{1}{2}$  years—Medical examination, including check on position re-vaccination and immunisation, any necessary action regarding boosters, etc., being taken.

Dental inspection, advice, and treatment where necessary.

Aged  $4\frac{1}{2}$  years—Medical examination.

Triple immunisation booster (for diphtheria primarily).

Dental inspection, advice, and later treatment where necessary.

Over 80% of pre-school children in the appropriate age groups attend these toddlers clinics and special arrangements are made to ensure that children "at risk" and handicapped children are given special attention.

All Health Visitors have been trained in the special techniques applicable to the giving of screening tests to very young children. In addition to such tests as are carried out in the homes, in certain areas special hearing testing clinics are held with subsequent re-testing and follow-up of children not responding.

A special register is kept of children "at risk." When children are reported, the child welfare records are sent to the head office, where they and the appropriate office birth cards are "tabbed." The child welfare records are returned to the Health Visitor, who arranges such special home visitation as may be necessary. The Health Visitor also arranges for these children "at risk" to be seen as necessary either at the child welfare clinic or at home by the area assistant medical officer, who ascertains that all appropriate action is being taken and, if necessary, initiates such action.

Following on from the "at risk" register, handicapped children in the area are known from an early age. Where necessary, after initial supervision as being "at risk," certain children may be transferred to the register of handicapped children. In many cases, of course, children are so handicapped as to be placed immediately on the latter register. Special arrangements are made for visitation and follow-up by assistant medical officers. In this way mentally and physically handicapped children are very largely dealt with before entry to school, the Director of Education being advised in all appropriate cases.

When children reach the age of  $4\frac{1}{2}$  years their child welfare records containing their medical history up to that time are forwarded to the head office. The record cards are so planned that the final page is a summary of the child's pre-school history. After perusal of the complete records by assistant area medical officers, any necessary additional details are added by them and the page is detached and placed inside a "skeleton" school medical card to await the child's admission to school, when the records are transferred to the school health section. The final page of the child welfare card is retained with the school medical records during the whole of the child's school life.

In cases of children reported as unfit for admission to school by reason of either mental or physical handicap, regular visitation is made by assistant medical officers. Where appropriate, home tuition is arranged. Advice and encouragement is given to parents of handicapped children and every effort is made to place such children in special residential schools, etc., catering for general practitioners, hospitals, voluntary organisations, etc.

School medical and dental record cards are kept centrally at the head office. Each month head teachers send in "alteration of school roll," giving details of all admissions and leavers. In this way a complete record is kept of all children attending schools in the area. Particulars of all prophylactic measures are entered in school medical records. Details of all medical examinations, audiometric tests and examinations at orthopaedic consultant and ophthalmologist's clinics are also entered. Similarly, relative precis of all hospital reports are inserted in the school medical records, informa-

tion being given as to appropriate file reference number so that assistant medical officers may quickly refer to full case histories and correspondence.

Tuberculosis skin testing and, where necessary, B.C.G. vaccination and X-ray is offered to all child contacts of confirmed cases and to all children aged 13 years. In addition, special investigation is made into the contacts of 13-year-old children reported as showing strongly positive reactions. These contacts are given skin testing and where necessary B.C.G. vaccination if pre-school and school contacts and X-ray if adult contacts. Details of skin tests, etc., are entered on school medical cards as mentioned above. Arrangements are also made for the X-ray examination of school teaching and ancillary staffs.

The Children's Officer passes to the head office details of all children boarded out in the County with foster parents. Arrangements are made for these children to be kept under regular observation at school.

As already mentioned, reports on handicapped children who may require special vocational guidance are passed to the Midlothian and Peeblesshire Youth Employment Committee via the Youth Employment Officer.

The closest co-operation possible is maintained with the Directors of Education on all matters relative to the health of school children in general, and handicapped children in particular, whether in attendance at school or not.

In this connection mention must be made of the fruitful results of their co-operation as regards Health Education. As mentioned later, we do, of course, make full use of the Scottish Council for Health Education, but use this as a supplement to our own scheme.

At the beginning of each session individual consultation takes place with Head Teachers in secondary schools and a programme is agreed for the ensuing session. This may take the form of a school health week, a regular weekly session or sessions to picked groups, or a concentrated series of talks again to picked groups.

The talks cover such subjects as smoking, alcoholism, feminine hygiene, mothercraft, accidents in the home, nutrition, dental hygiene, first aid and home nursing, etc., and doctors and health visitors both take part along with the teaching staff.

In primary schools this type of instruction is also being built up, the chief subjects here being hygiene (including elementary feminine hygiene), dental health, smoking and home safety.

We are exceedingly pleased with the progress so far made and feel that this is one of the most important of our fields of endeavour.

#### **(E) Co-operation with Voluntary Bodies and other Outside Agencies**

Full co-operation is offered with voluntary bodies and outside agencies. Full use is made especially of the services offered by the Scottish Council for Health Education.

## **(F) Co-operation with Teachers and Parents**

Parents are invited to attend at routine medical examinations and at certain other examinations when necessary. Full details of date, time and place of examination are always given and every effort is made to ensure that parents have to wait for minimum periods only at clinics and school inspections. Similar arrangements are made in the dental services.

Regular consultation takes place between medical officers, health visitors, head teachers and class teachers, who continue to give the medical, dental, nursing and clerical staff their full support and co-operation. Indeed, the majority of our schemes owe much of their success to the assistance of school staffs.

Members of the medical, dental and nursing staff give periodic talks, usually supplemented by films or film strips, to Parents' and Teachers' Associations and to Women's Organisations and Youth Organisations.

### **First-Aid Appliances in School**

All schools are issued with first-aid boxes. Differing types of "boxes" are used and, for convenience, these have been named Central, Departmental, Technical, Gymnasium and Classroom Boxes.

Larger schools are issued with a number of boxes for different departments, and a list of the contents of each box is given in a separate sheet (where applicable). The location of the boxes is at the discretion of the Head Teacher.

Two of the boxes require special mention:

- (1) In schools with a nearby playing field, the Gymnasium Box is fitted so that it can also be used on the playing field.
- (2) In Primary Schools with Infant Classes, a "Classroom Box" is also issued for such classes. This box contains just a few articles of equipment for very minor injuries, the idea being that such injuries can be treated by the teacher without the need for the child to leave the classroom.

Replenishment is made from the Head Office on request by the Head Teacher.

### **School Closure**

No schools or classes were closed for Public Health reasons during the year. 1488 children (Midlothian, 1065; Peeblesshire, 423) suffering from infectious diseases were temporarily excluded during the session. Details are given in Tables X (Midlothian) and XA (Peeblesshire).

# MIDLOTHIAN

## GENERAL STATISTICS

Number of Schools:

(a) Primary	} under Education Authority	{	...	56
(b) Junior Secondary			...	3
(c) Senior Secondary			...	8
(d) (1) Special School	...	...	...	1
(2) Special classes in ordinary school	...	...	...	2
(3) Occupational Centres	...	...	...	2
(e) In receipt of grant from Education Authority and under medical inspection	...	...	...	—
Number of children on the registers	...	...	...	20,780
Number of children in average attendance	...	...	...	19,149

## SANITARY CONDITIONS OF SCHOOLS

During the year toilet accommodation in secondary schools was inspected to assess it from the hygienic aspect and also to determine whether there were sufficient fittings for the number of pupils on the school roll. Details are given below:

**Currie Secondary School.** This is a primary/secondary school with the infant section separately housed and having its own toilets. The number of fittings is slightly inadequate, but the secondary department is due to be re-housed in a new building in the near future. The condition of the toilets is satisfactory.

**Dalkeith High School.** The total number of fittings is adequate, but when the numbers are divided between the new building and the old building, the old building has an inadequate number of fittings. This larger school demonstrates the problems that can arise when "emergency" accommodation is provided throughout the school. It is impossible to supervise these facilities with the result that vandalism can take place. These smaller units are not in use. The condition of the toilets is satisfactory.

**Dalkeith St David's R.C. Secondary School.** The number of fittings for girls is slightly inadequate. Washing facilities are totally inadequate, but this school is due to be replaced by a modern building within the next two years.

**East Calder Junior Secondary.** This is a mixed primary/secondary school. While the total number of fittings is satisfactory, the arrangements whereby conveniences are used by both primary and secondary children is unsatisfactory. The condition of the toilets is satisfactory.

**Greenhall Secondary School.** The number of fittings is adequate and their condition satisfactory.

**Lasswade Senior Secondary School.** The number of fittings is adequate and their condition satisfactory.

**Loanhead Junior Secondary School.** This is a primary/secondary school accommodated in several buildings. The number of fittings is adequate and their condition satisfactory.

**Musselburgh Grammar School.** The toilet accommodation is in the playground except for one small unit for girls inside the school. The toilets are kept as satisfactorily as possible, but outside toilets are far from ideal. Washing facilities are in the cloakrooms off the main corridors and the cloakrooms are kept locked. The number of fittings in this school is inadequate and, being outside, they are unsatisfactory, as are the washing facilities. A considerable extension with improvements of facilities is about to be made at this school.

**Penicuik Secondary School.** The total number of fittings is slightly inadequate, but the toilet and washing facilities are in good condition.

**West Calder High School.** Toilet and washing accommodation are very inadequate, but the new High School should be open for the start of the next Spring term.

**West Calder St Mary's R.C. School.** This is a mixed primary/secondary school. Facilities are most unsatisfactory, but this school is due to be replaced in the very near future.

## NEW SCHOOL BUILDINGS AND EXTENSIONS

I am indebted to the County Architect for the following information.

The following works were completed or were substantially completed by 31st July, 1964:

**Cuiken Primary School, Penicuik.** The extension of this school, to bring it up to a full two-stream primary, has been completed.

**Esk Valley College.** Adaptations to form a Common Room and additional toilets have been carried out.

**Esk Valley College Annexe.** Extensive adaptations and installation of equipment have been carried out at the former Newbattle J.S. School.

**East Calder New R.C. Primary School.** This new small primary school has been completed and occupied.

**Gorebridge New Primary School.** This is a single stream primary school which has also been occupied.

**Loanhead New R.C. Primary School.** This new small primary school has been completed and occupied.

**Musselburgh New Burgh Primary School.** This new two-stream primary school is due to be occupied in August after the summer vacation.

**Ratho Primary School.** An extension providing an additional classroom and new toilets for infants has been completed. The extension of the playground to compensate for space lost has been held up by ground acquisition difficulties, but it is hoped that the way will soon be clear to proceed.

**Roslin Primary School.** The provision of internal toilets has been completed.

**Woodburn Primary School.** A new gymnasium, with changing facilities and toilets, has been provided.

The following large new schools are under construction:

- Currie New Secondary School.
- Dalkeith New R.C. Secondary School.
- West Calder New High School.

## THE FINDINGS OF MEDICAL INSPECTION

**Number Examined.** In accordance with S.H.H.D. Circular 179/63, the following groups of children underwent systematic inspection:

- (1) Entrants (children entering school for the first time).
- (2) Pupils born in 1956 (Visual Acuity and Hearing only).
- (3) Pupils born in 1954.
- (4) Pupils born in 1950.
- (5) Pupils born in 1947.
- (6) Other systematic examinations—pupils not previously subjected to detailed routine inspection, as well as those who, because of absence for any other reason, were missed in the age group the previous year.
- (7) Special examinations—pupils examined at the request of parents, teachers or health visitors.
- (8) Re-examinations—pupils found at previous inspections to be suffering from disease or defect and recommended by Medical Officers for re-examination.

In addition, children attending Trek Camps, Swimming Instruction, etc., were medically examined under special arrangements, and altogether 19,056 examinations were made by Medical Officers during the year, full details being given in Table I.

**Parents Present.** The number of parents present at routine examinations was 2,988 for 6,742 children of all ages or 44·32%. The following figures show the number of children in the different age groups who were accompanied by their parents:

				Examined	Parents Present	%
Age 5	...	...	...	2,460	1,795	72.9
Age 9	...	...	...	2,205	1,081	49.0
Age 13	...	...	...	1,797	110	6.1
Age 16	...	...	...	280	2	.7
				—————	—————	—————
				6,742	2,988	44.3
				—————	—————	—————

The over-all percentage of parents attending routine examinations shows a further small increase on last year's figures. We should, of course, like the percentage to be higher, as it is of great benefit if the doctor and parent can have a short informal talk.

**Clothing and Footgear.** Clothing was found to be unsatisfactory in 0.07% of cases, and unsatisfactory footgear was found in 0.04% of cases.

**Smallpox Vaccination.** 78.9% of the children examined as "routines" were found to be vaccinated.

**Uncleanliness.** The position with regard to uncleanliness is given in Tables III, VII and VIII. It will be seen that in routine examinations, where the parents are warned beforehand, 0.4% of 5-year-old girls, no 9-year-old girls and 0.4% of 13-year-old girls had infested heads.

Following the cleanliness inspections at the beginning of the Autumn Term a review was again made of all the cleanliness returns made in respect of schools over the past three years. In seventeen schools where a satisfactory standard of cleanliness and hygiene in the pupils had been consistently maintained it was decided to forego the cleanliness inspections at the beginning of the Spring and Summer Terms, thus effecting a further saving in loss of educational time. Arrangements were made for close liaison to be maintained between the appropriate Head Teachers and Health Visitors concerned so that any cases of head infestation, etc., being suspected would be dealt with as soon as possible. No such special cases were notified.

A total of 54,152 special examinations for uncleanliness were made in the schools at the beginning of each term by the Health Visitors, acting in their capacity as School Nurses. During the year 348 children were reported as suffering from nits and 17 were reported as suffering from head vermin. This represents approximately only 1.2% of the total school population as suffering from this obnoxious condition. As will be seen from Table VIII, 308 of these cases were cleaned up during the year and at the end of the session 47 cases had improved, 9 cases still remained as not improved and were being followed up at home during the school holidays, and 9 cases had left school.

A summary of the number of cases seen, etc., is as follows:

Number of cases referred by Health Visitors	....	....	....	251
Number of cases examined by Cleanliness Inspectresses	....	....	....	251
Number of Statutory Notifications issued by County Clerk following representations by Medical Officer	....	....	....	17
Number of cases prosecuted	....	....	....	1
Number of children cleansed and free from infection at last examination:				
Following parents' permission to cleanse	....	....	....	18
Following Statutory Notice	....	....	....	17
Following cleansing by parents at home	....	....	....	198
				—
				233
Cases left school before cleansing completed	....	....	....	1
Cases under supervision	....	....	....	17
				—
				251
Number of treatments carried out by Cleanliness Inspectresses:				
Following parents' permission	....	....	....	92
Following Statutory Notice	....	....	....	20
				—
				112

In addition to treatments the Inspectresses in their follow-up work carried out 2,673 reinspections of infected children. The Inspectresses also made 441 home visits, the value of which is borne out by the fact that 198 children were cleansed by the parents at home, where, of course, the main problem of uncleanliness lies.

The Inspectresses assisted at the term cleanliness examinations and also assisted at Eye Clinics, Orthopaedic Clinics, Poliomyelitis Vaccination Clinics, etc., thereby freeing Health Visiting staff for other duties.

**Skin Conditions.** The incidence of these is dealt with in Tables III, VI and IX. The cases found at routine inspection were 163 or 2.42%.

**Nutrition.** 0.96% of the children at routine inspection were found to be slightly undernourished and 4 children (0.06%) badly undernourished.

The average heights and weights of the children examined in routine inspections are given in Table II. In accordance with the instructions in S.H.H.D. Circular 179/63, these are calculated on the heights and weights of children born on the 5th, 15th and 25th of the month only.

**Mouth, Nose, Throat and Glands.** The position here is satisfactory, not more than 2.54% of the children being found with serious defect. Enlarged tonsils requiring observation at 6.36% and enlarged glands at 5.13% formed the largest groups of the total number of children examined.

**Vision.** 264 children were found at routine inspection to have a degree of defective vision which required further investigation by the School Ophthalmologist at Eye Clinics. A total of 1292 children were examined at Eye Clinics during the year. Details

are given in Table XI. Of the children examined, 592 were being seen for the first time and 332 of these had glasses prescribed. 700 were children being called for routine follow-up, etc., and 397 had glasses prescribed. It will be noted that in 3 cases the parents refused to take action. These cases were followed up by Health Visitors and parents agreed to have their children seen by private oculist. Our Ophthalmic Services are operated under the National Health Service (Scotland) Act, the Local Authority only making appointments for examination and providing the clinic premises. Of the 2460 5-year-old children tested, 93 were referred to the Oculist and 60 had spectacles prescribed.

At the routine inspection of 9-year-old children, 1669 (890 boys, 779 girls) were given Ishihara Colour Vision tests. 34 children (32 boys, 2 girls) were reported as suffering from defective colour vision.

**External Eye Disease.** Cases of external eye disease were rare except for squints (1.63% of routines), which were dealt with as defective vision cases.

**Ears and Hearing.** 0.78% of routine cases suffered from disease of the ears. Hearing tests at routine medical inspections, necessarily inaccurate because of lack of accurate means of testing, showed that 1.38% of the children tested suffered from some degree of loss of hearing.

In the routine audiometric tests the groups tested were those children born in 1958 (5-year-old age group), 1956 (7-year-old age group) and 1952 (11-year-old age group). In addition there were also tested special cases referred from medical inspections and other sources, and retests were carried out on children reported as defective from last audiometric tests. Any 1958, 1956 and 1952 age group children were included with their respective age groups and not in the "retest" group. Altogether 6,850 children were tested and details are given in Table XII.

During the year 30 children were referred to the Aurist for special investigation. The Aurist's findings were as follows:

Post Meningitis	...	...	...	...	...	1
Perforations (both ears)	...	...	...	...	...	2
Both drums indrawn	...	...	...	...	...	1
Tonsils and adenoids enlarged	...	...	...	...	...	14
Nerve Deafness	...	...	...	...	...	2
Defect of little or no severity (no treatment necessary)	...	...	...	...	...	7
						—
						27
Failed to keep appointments	...	...	...	...	...	2
Awaiting appointment	...	...	...	...	...	1
						—
						30

Treatments recommended were as follows:

Operative treatment ... ..	16
Syringing and general cleansing ... ..	2
No action necessary at this time (but observe) ...	8
Hearing Aid ... ..	1
	<hr/>
	27

Hitherto there has been difficulty with regard to certain children who required special hearing aids because they suffered from high frequency deafness. These aids have hitherto not been available under the National Health Service, but as the result of special arrangements made last year through the co-operation of the Regional Hospital Board staff, it is now possible to have appropriate aids supplied and we have been re-examining all the cases considered to be in need. The result to date is as follows:

Known cases to date of this report ... ..	17
Total referred ... ..	13
Still to be referred ... ..	4
	<hr/>
	17
Of those referred:	
Refused to attend ... ..	1
Awaiting appointment ... ..	2
Seen to date ... ..	10
	<hr/>
	13
Of those seen:	
Aid issued ... ..	7
Aid not recommended ... ..	1
Being further investigated ... ..	2
	<hr/>
	10

In all of the foregoing cases, general practitioners were advised of the action being taken and of the Aurist's recommendations. Where necessary, Head Teachers were sent special reports for inclusion in Pupils' Progress Record Cards (Section IX Medical Reports) and were asked where appropriate to arrange for special seating in class. All cases are kept under regular observation at school.

**Speech.** Following routine examination, 61 children were reported as suffering from articulatory defects and 9 from stammering. Altogether there are 558 children at school known to be suffering from defective speech (526 articulatory defects and 32 stammering). A large number of these children are in attendance at schools not visited by the Speech Therapist. The following report is made by the Speech Therapists who are on the staff of the Director of Education:

Cases carried forward from Session 1962-63	...	320
New cases admitted for treatment, Session 1963-64		257
Cases discharged or left, Session 1963-64	...	243
Cases on Treatment Register at end of Session 1963-64	... ..	334

**Mental and Nervous Condition.** 162 children (2.40%) were noted at routine inspection to be mentally backward or to suffer from behaviour difficulties. Most of these children, of course, are dealt with as special cases. Mental testing of backward children, however, is confined to those referred as likely to require certification, or transfer to a special school or special class in an ordinary school, and the reassessment of children already in attendance at special schools or classes. 136 such children were examined by School Medical Officers during the year.

Recommendations in regard to education were made as follows:

Education in Ordinary School	... ..	9
Education in Ordinary School with special educational treatment as an educationally sub-normal pupil	... ..	1
Education in Special School (Day) (includes 3 recommended for Occupational Centre)	... ..	28
Remain in Special School or Class or Occupational Centre	... ..	74
Reported under Sec. 65, Educ. (Scot.) Act, 1962	...	4
Reported under Sec. 66, Educ. (Scot.) Act, 1962	...	7
No report considered necessary under Sec. 66, Educ. (Scot.) Act, 1962	... ..	4
Referred for further assessment	... ..	9

136

Of the above, 74 were children already attending Special Schools or Classes who are given regular reassessment examinations. The remaining 62 children were in Ordinary Schools, 34 being examined specially for the first time and 28 being given routine follow-up examinations. The average age of the children examined for the first time at school was 7 years.

During the year 21 children were allotted vacancies in Special Schools or Special Classes.

Throughout the year 6 children were referred through the School Health Service to the Psychiatrist, Dept. of Psychological Medicine, Royal Hospital for Sick Children. Cases are generally brought to the notice of the Health Department by assistant medical officers, educational psychologist, health visitors or class teachers. In all cases the general practitioners are consulted and they are sent copies of all subsequent reports by the Psychiatrist. The reasons for referral this year were as follows:

Behaviour difficulties at home and at school	...	5
Soiling	...	1

The Psychiatrist reports that, including the above, there are 150 children from this area under supervision at the Department of Psychological Medicine. Most of these have been referred directly from general practitioners.

The stock of enuresis alarm outfits has now been increased and there are now 7 outfits available for issue to cases in Midlothian and Peeblesshire. During the year outfits were issued to 12 children, 10 cases being treated successfully and 2 being unsuccessful largely on account of lack of parental co-operation. Of the 10 children treated successfully, there are to date no reports of any child having regressed.

**Heart Disease.** 86 children (1.27%) examined at routine inspection were found to suffer from some heart abnormality, but in 61 of these cases the disability was of a temporary nature only.

**Lungs.** 92 (1.37%) routine examinations were found to have an abnormal condition of the lungs.

Skin testing and, if necessary, B.C.G. vaccination against tuberculosis was offered to all school children known to be contacts of cases of tuberculosis. Acceptances were received for all these children and the results were as follows:

No. of Contacts	Heaf Tested		B.C.G.		X-rayed
	Negative	Positive	Given	Awaiting	
36	34	2	32	2	1

Of the 2 children found to be skin test positive, 1 was a case contact and had been given B.C.G. vaccination at birth. X-ray examination is being arranged. The child X-rayed was reported to have a clear film.

Requests for diagnostic tests were made for seven other children who were negative.

Continuing the scheme for protection of school leavers, 96.2% of the 13-year-old group of children, for whom parental consent was received, were skin tested, and children given B.C.G. vaccination or chest X-ray examination according to the results. X-raying of positive reactors to the skin testing (25% of whole) showed no evidence of infection. No cases of tuberculosis were found.

Fuller details of the skin testing, etc., are given in Table XXI.

During this year an extension was made to our system of contact examinations. All of the 13-year-old group of children with the two strongest grades of Heaf reaction were regarded as cases and their family contacts were duly skin tested and given B.C.G. or X-rayed if of pre-school or school age, or X-rayed if over this age.

There were 51 such reactors with 4 pre-school, 53 school and 154 adult contacts. 30 children were given B.C.G. and 18 children and 115 adults were X-rayed. One adult was found to have active tuberculosis.

Many of the remaining children and adults had previously been examined as contacts of cases.

**Deformities.** 569 (8.43%) routine cases had some form of physical deformity.

**General Statement of Defects.** Table IV gives a summary of the position of the routine inspection cases classified according to the degree or type of defect present. It will be seen that 55.7% of these examined were free from all defects.

Table V gives the total numbers of exceptional children in the area.

The 3 children in the grade 2 (a) (partially sighted) group attending the ordinary school are kept under regular supervision by the Schools Ophthalmologist and no change in educational facilities is considered necessary.

The 1 child in the grade 6 (b) (severe epilepsy) group is under regular supervision at hospital and at school and her condition is normally well controlled by sedation.

The number of defective children not in attendance at school or in institution can be classified as follows:

Decision deferred (admission to school postponed) ...	5
Suitable for Occupational Centre (parents arranging private tuition, 2; parent refusing to allow attendance, 1) ... ..	3
Reported under Section 56 of the Education (Scotland) Act, 1946, as being mentally defective (ineducable and untrainable) (3 of these children are on the waiting list for admission to hospital) ...	9
Reported under Section 65 of the Education (Scotland) Act, 1962, as suffering from a disability of mind as to be unsuitable for education or training in a special school (2 of these children are on the waiting list for admission to hospital) ... ..	7
Not yet reported under Section 65, but considered as mentally defective ... ..	2
Injuries following car accident (severe cerebral damage), unable at present to benefit from tuition of any kind ... ..	1
Severe cardiac defect (this boy will attend a special school for physically handicapped children as from beginning of Session 1964-65) ... ..	1
	28

These children are kept under observation by Health Visitors, and are visited during the school holidays by Medical Officers, who may make recommendations regarding general health and supervision. During the session 93 visits were made by Medical Officers.

## MEDICAL TREATMENT

(A) **Minor Ailments.** Particulars of the cases attending with minor ailments are given in Table IX. Arrangements exist whereby children with ringworm of the scalp receive X-ray treatment at the Royal Infirmary, Edinburgh. During the year there was no such case reported.

(B) **Defective Vision and Squint.** Details of the treatment of defective vision cases are given in Table XI. Occlusion is the chief method used for the treatment of squint, and 12 cases were so dealt with during the year, under the supervision of the Ophthalmologist and Health Visitors.

In addition the Schools Ophthalmologist, in his capacity as Ophthalmic Surgeon of the Regional Hospital Board, referred 7 children to hospital for further examination and treatment where necessary. The defects from which these children suffered were as follows:

Congenital deformity right optic disc ... ..	1
Bilateral retinal detachment ... ..	2
Congenital nystagmus ... ..	3
Right congenital remains papillary membrane ...	1
	7

General practitioners are notified in all cases where children are referred to hospital.

(C) **Nose and Throat (Operative Treatment).** No special arrangements exist meantime for this.

(D) **Orthopaedic and Postural Defects (Specialist Treatment).** Children requiring operative treatment are admitted to Princess Margaret Rose Hospital. During 1963-64, there were 34 admissions of children on the orthopaedic register (28 children admitted for the first time and 6 readmissions).

During the year 426 new cases (159 pre-school and 267 school) were seen by the Schools Orthopaedic Consultant and 1,161 old cases (192 pre-school and 969 school) were re-examined. Pre-school children were given 1,432 treatments or advice, while the school children made 12,595 visits. In addition Physiotherapists made 1,388 domiciliary visits to discuss cases with parents, etc. At the end of the year there were 394 pre-school and 1,625 school children on the register. Details are given in Tables XIII-XVI.

(E) **“Follow-up” Home Visitation.** “Follow-up” visits made by Health Visitors and Cleanliness Inspectresses to homes of children referred from school medical and cleanliness inspections, etc., were as follows:

First visits ... ..	805
Re-visits ... ..	361
Total visits ...	1166

## DENTAL INSPECTION AND TREATMENT

### Report by the Chief Dental Officer

Throughout the year 10,783 children were examined by the dental officers. 9,009 (83.5%) showed some form of dental defect, and 8,257 (91.6% of the defective cases) were offered treatment, of whom 6,439 (77.9%) accepted, and 6,420 were treated and made 25,315 attendances at the various clinics. By the end of the school year 83.9% of the cases treated had been made dentally fit.

It should be noted that for convenience in recording, the number of children counted as acceptances has been deliberately restricted only to those who received their first treatment visit prior to 31st July, 1964. All other cases already inspected, but still remaining untreated, will not be recorded until they make their first treatment visit in the new school year.

The acceptance of treatment rate has been estimated again for reasons of accuracy only from the list of schools where treatment has been completed during the year under review following systematic dental inspection. It now stands at 72.6%, compared with 69.5% last year. It is also interesting to note that this same group of schools produced an acceptance rate of 69.6% when last treated. Although a 3% increase is a positive step in the right direction, there still remains plenty of room for improvement. It should be remembered, however, that this is entirely a primary rate of acceptance and no follow-up effort whatsoever has been made to boost it on account of difficulty in coping with the large amount of work on hand.

Any rise in acceptance rate, at present staff establishment level, must of necessity extend the period between two consecutive visits to any one school, and this time-lag, after a gratifying decrease of six months last year, has again lengthened by three and a half months to 28 months. This is very disappointing and may be attributed to several factors, including a marked reduction in the number of sessions devoted to treatment together with a substantial increase in the number of fillings inserted (1,543), and, of course, the 3.1% increase in the acceptance rate.

By comparison with the previous year, there was an increase amounting to 1,360 in the number of children examined, of 578 in the number treated and of 790 in the number of attendances for treatment.

328 fewer sessions were devoted to inspection and treatment, but this was counter-balanced by the inclusion of 395 sessions worked by the auxiliary.

Details of the year's work are set out in Tables XVII to XIX.

## SPECIAL SCHOOLS AND CLASSES

The average numbers on the roll of special schools and classes during the session were as follows:

Cockpen Occupational Centre	32
Mid Calder Occupational Centre	11
Kippielaw School	69
Special Class (Mid Calder School)	17
Special Classes (Roslin School)	50

In addition 2 Midlothian children attended the special class at Galashiels; 3 attended St Nicholas Special School, Edinburgh; and 1 attended West Park School, Gorgie, Edinburgh.

Where there are no facilities within the County, handicapped children may be admitted to special residential schools outwith the County as places become available. At the end of the session 68 handicapped children were attending or resident at the following:

### Blind:

Royal Blind School, Edinburgh	6
-------------------------------	---

### Partially Sighted:

Hailes School for Partially Sighted, Edinburgh	7
--	---

### Deaf:

Donaldson's School for the Deaf, Edinburgh	8
St Giles' School for Hard of Hearing Children, Edinburgh	16
St Vincent's School for Hard of Hearing Children, Glasgow	1

### Epileptics:

Colony for Epileptics, Bridge of Weir	1
---------------------------------------	---

### Physically Handicapped:

Broomhayes, North Devon	1
Castle Craig, Peeblesshire	5
Challenger Lodge, Edinburgh	6
Coltness House, Wishaw	1
Stanmore House, Lanark	1
Trefoil School, Hermiston	1
Westerlea School for Spastics	5

### Maladjusted Children:

Craigerne, Peebles	2
Harmeny House, Balerno	1
Lendrick Muir, Perthshire	4
Rudolf Steiner, Aberdeen	1
Tyneholme Boys' Home, Pencaitland	1

---

68

Eight children (including 2 pre-school children and 2 young persons over 16 years) suffering from varying degrees of spastic paralysis attend a play centre at Longstone organised by the Edinburgh and District Spastic Association.

## ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

### Swimming Instruction

The Education Committee have continued to give all Primary VI pupils the opportunity of learning to swim and all Secondary II pupils the opportunity of learning life-saving. A scheme during school hours was conducted for pupils attending schools in the Dalkeith-Lasswade, Gorebridge-Musselburgh areas, and a holiday scheme was conducted in July for pupils attending other schools in the County. 2,103 pupils took part in the two schemes: 1,199 Primary VI pupils were taught to swim and 400 Secondary II pupils gained awards of the Royal Life Saving Society.

1,946 examinations were carried out on children taking part in swimming instruction. 141 children suffered from the undernoted defects, 54 being excluded from attendance. Children suffering from conditions of uncleanliness or minor skin infections were allowed to attend after satisfactory treatment had been carried out:

Athlete's Foot ... ..	6
Epilepsy ... ..	2
Scabies ... ..	2
Warts ... ..	38
Plantar Warts ... ..	13
Septic sores ... ..	4
Skin conditions (body) ... ..	12
Otorrhoea ... ..	12
Other ear conditions ... ..	1
Cardiac defects ... ..	4
Nits ... ..	21
Other defects ... ..	21
Unsatisfactory personal hygiene ... ..	5
	141

### Hostel Treks

In July, 1964, the Education Committee provided for nearly 480 pupils, in groups of 20 approximately, taking part in hostel treks during the holidays. Four groups trekked in the Trossachs, four in Arran, four in the Loch Tay area, four in the Cairngorm area and eight in the Lake District.

All the children taking part were given a medical inspection approximately ten days before each trek camp was due to begin

and a final inspection of defective cases, absentees, etc., was made on the morning of departure of each party. A circular letter was sent to all parents of children taking part in the trek camps stressing the need for a high standard of cleanliness. At the inspection the cleanliness and general fitness in this group of children was excellent. At the first inspection 8 girls were reported as having "nits," and at the final inspection these cases were fit to attend. 4 children, all suffering from tonsillitis, were excluded from attendance following the final inspection.

### HEALTH EDUCATION

In all 409 talks were given in 23 schools (11 secondary schools and 21 primary schools). This was 9 more primary schools than in the previous year. Details are given in Tables XXII and XXIII.

### SCHOOL MEALS AND MILK SCHEME

**School Meals.** School meals are supplied from 3 central kitchens in the County and from 19 school kitchens.

Mid-day meals are available at 69 schools in the County.

The average number of children who took meals daily was as follows:

Free	...	...	...	...	...	...	1,108
On payment	...	...	...	...	...	...	6,355
							7,463

The number taking meals in June, 1964, was 36% of roll.

**Milk in Schools Scheme.** Milk of "T.T." or pasteurised quality was available at all our schools during this session.

The average daily number of children who had milk at school during the session was 18,122. This represents approximately 87.4% of the total school roll.

Special arrangements have been made whereby children of school age unable to attend school, and children absent due to illness, can have milk (on recommendation of Medical Officer) at home. During the year 22 such recommendations were made.

### HANDICAPPED CHILDREN LEAVING SCHOOL

The Midlothian and Peeblesshire Youth Committee are advised of any physically or mentally handicapped children leaving school whose suitability for employment is limited. In the course of the year 59 Midlothian children were so reported.

## IMMUNISATION AND VACCINATION

During the year 1,591 children of school age were given "booster" injections against diphtheria. The number of children admitted to school for the first time and who had already been given "booster" injections was 1,496 or 73% of all new entrants. A special check made on all school medical records at the end of June showed that only 550 cards (approx. 2.6%) bore no record of children being immunised against diphtheria.

Poliomyelitis vaccinations continued to be offered to all children over 6 months of age, including the administration of a fourth injection to all children entering school at the age of five years and to those over that age in primary schools. During the year 2,375 children from 6 months of age to 16 years of age were given primary vaccination and 2,703 were given a fourth injection. A special check made on all school medical records as above showed that only 974 cards (approximately 5% of the school population of 20,780) bore no record of children being vaccinated against Poliomyelitis.

A special check was also made in regard to smallpox vaccination. 4,308 children (or 20% of the school population) were found to be not vaccinated.

# PEEBLESSHIRE

## GENERAL STATISTICS

Number of schools:

(a) Primary	} under Education Authority {	... ..	12
(b) Secondary		... ..	4
(c) (1) Special schools	... ..	... ..	—
(2) Special classes in ordinary schools	... ..	... ..	1
(3) Residential schools	... ..	... ..	1
(d) In receipt of grant from Education Authority and under medical inspection	... ..	... ..	—
Number of children on the registers	... ..	... ..	2,040
Number of children in average attendance	... ..	... ..	1,917

## SANITARY CONDITIONS OF SCHOOLS

During the year toilet accommodation in secondary schools was inspected to assess it from the hygienic aspect and also to determine whether there were sufficient fittings for the number of pupils on the school roll.

**Broughton.** This is a mixed primary/secondary school. The toilets are sited in the playground. The number of fittings for girls is inadequate and separate provision should be made for infant, primary and secondary departments. Washing facilities are available in school with hand drying by means of a roller towel changed twice weekly.

**Peebles High School.** The present toilet accommodation and washing facilities are inadequate and what there is is far from satisfactory. Hand drying is by means of a roller towel changed once weekly.

**St Ronan's.** This is a mixed primary/secondary school. Separate toilet accommodation is available for the infant, primary and secondary departments. Apart from the secondary departments, the number of fittings supplied would appear to be below standard for both sexes. The condition of the toilets is satisfactory. Hand drying is by hot air.

**West Linton.** This is a mixed primary/secondary school. Toilet accommodation in this school is sited outside in the playground and, in addition, the actual condition of the accommodation is most unsatisfactory. Washing facilities are available in school and hand drying is by means of a roller towel changed twice weekly.

I am indebted to the Director of Education for the following information:

**Peebles High School.** The provision of additional classroom accommodation and alterations continued during the year.

**Peebles Primary School.** Playing fields have been provided.

## THE FINDINGS OF MEDICAL INSPECTION

**Number Examined.** In accordance with S.H.H.D. Circular 179/63, the following groups of children underwent systematic inspection:

- (1) Entrants (children entering school for the first time).
- (2) Pupils born in 1956 (Visual Acuity and Hearing only).
- (3) Pupils born in 1954.
- (4) Pupils born in 1950.
- (5) Pupils born in 1947.
- (6) Other systematic examinations—pupils not previously subjected to detailed routine inspection, as well as those who, because of absence for any other reason, were missed in the age group the previous year.
- (7) Special examinations—pupils examined at the request of parents, teachers or health visitors.
- (8) Re-examinations—pupils found at previous inspections to be suffering from disease or defect and recommended by Medical Officers for re-examination.

In addition examinations were carried out on children requiring transport, etc. Altogether 1,232 examinations were made by Medical Officers during the year, full details being given in Table IA.

**Parents Present.** The number of parents present at routine examinations was 200 for 663 children of all ages or 30·2%. The following figures show the number of children in the different age groups who were accompanied by their parents:

	Examined	Parents Present	%
Age 5     ...     ...     ...	224	133	59·37
Age 9     ...     ...     ...	227	63	27·75
Age 13    ...     ...     ...	170	4	2·35
Age 16    ...     ...     ...	42	—	—
	—	—	—
	663	200	30·2
	—	—	—

**Clothing and Footgear.** No case of unsatisfactory clothing or of unsatisfactory footgear was found at routine inspection.

**Smallpox Vaccination.** 85·22% of the children examined at routine inspection were found to be vaccinated.

**Uncleanliness.** The position with regard to uncleanliness is given in Tables IIIA, VIIA and VIIIA. The degree of infestation is still small. As will be seen from Table VIIIA, 6 of the 8 cases reported were from 1 family with special problems.

**Skin Conditions.** 10 children (1·51%) were found at routine inspection to suffer from skin conditions.

**Nutrition.** 1.06% of children at routine inspection were found to be slightly undernourished and 0.15% badly undernourished.

The average heights and weights of children examined in routine inspections are given in Table II A. In accordance with the instructions in S.H.H.D. Circular 179/63, these are calculated on the heights and weights of children born on the 5th, 15th and 25th of the month only.

**Mouth, Nose, Throat and Glands.** The total number of cases with defects was small (10 or 1.50%). 70% of these defects occurred in the 5-year-old group of children.

**Vision.** 18 children were found at routine inspection to have defective vision requiring treatment. 110 children were seen at Eye Clinics during the year, details being given in Table XI A. Of the children examined, 34 were being seen for the first time and 76 were children being called for routine re-examination, etc. Of the 224 5-year-old children tested, 3 were referred to the oculist and 3 had glasses prescribed.

Of the 197 (119 boys, 78 girls) 9-year-old children given Ishihara Colour Vision tests, 1 boy was reported as suffering from defective vision.

**External Eye Disease.** Cases of external eye disease were few, though 8 or 1.21% of the "routine" children were found to have a squint.

**Ears and Hearing.** Hearing tests at routine medical inspections, necessarily inaccurate because of lack of accurate means of testing, showed 1 case to suffer from some degree of loss of hearing.

In the routine audiometric tests the groups tested were those children born in 1958 (5-year-old group), 1956 (7-year-old group) and 1952 (11-year-old group). In addition there were also tested special cases referred from medical inspections and other sources, and retests were carried out on children reported as defective from last audiometric tests. Any 1958, 1956 and 1952 age group children were included with their respective age groups and not included in the "retest" group. Altogether 601 children were tested and details are given in Table XII A.

**Speech.** Speech defects were found in 5 children at routine examinations, representing 0.75%.

Unfortunately, the Speech Therapist resigned on 5/11/63, and no replacement has been possible.

**Mental and Nervous Conditions.** 4 children (0.60%) were noted at routine inspection to be mentally backward or to suffer from behaviour difficulties.

During the year 12 children in this group were examined specially by the School Medical Officer. Recommendations were made as follows:

Education in the ordinary school ... ..	1
Education in ordinary school as educationally sub-normal pupil ... ..	1
Special school ... ..	3
Remain in special school ... ..	4
(Routine re-assessment of children at St Ronan's Special School.)	
Report under Section 66, Educ. (Scot.) Act, 1962 ...	3
	<u>12</u>

No cases were referred to the Psychiatrist, Department of Psychological Medicine, Royal Hospital for Sick Children. The Psychiatrist reports that there are 10 Peeblesshire children under supervision at hospital. Most of these have been referred direct by general practitioners.

**Heart Disease.** 6 children (0.90%) examined at routine inspection suffered from some heart condition, but no severe disability was evident.

**Lungs.** 8 children (1.21%) examined at routine inspection were found to have some abnormality of the lungs.

Skin testing and, if necessary, B.C.G. vaccination against tuberculosis was offered to all school children known to be contacts of cases of tuberculosis. The results were as follows:

No. of Contacts	Heaf Test		B.C.G.		X-ray
	Negative	Positive	Given	Awaiting	
3	3	—	3	—	—

During this year an extension was made to our system of contact examinations. All 13-year-old group children with the two strongest grades of Heaf reaction were regarded as cases and their family contacts were duly skin tested and given B.C.G. or X-rayed if of school or pre-school age, or X-rayed if over this age. There were 3 such reactors who had no pre-school contacts but 6 school contacts. These, when skin tested, were found to be negative and were given B.C.G. The 6 adult contacts involved were X-rayed and found to be clear.

The skin testing and giving of B.C.G. to all 13-year-old school children was continued this year. No cases were discovered.

Fuller details of the skin testing, etc., are given in Table XXIIA.

**Deformities.** 50 cases (7.53%) of fairly marked physical deformity were found at routine inspection.

**General Statement of Defects.** Table IVA gives a summary of the position of the routine inspection cases classified according to the degree or type of defect. 69.9% of those examined were free from all defects. Table VA gives the total numbers of exceptional children in the area. There are 3 children of school age who are not yet in attendance at school. These cases are kept under regular supervision by Medical and Health Visiting staff.

## MEDICAL TREATMENT

(A) **Minor Ailments.** Particulars of the cases attending with minor ailments are given in Table IXA. Treatment of minor ailments takes place in all schools in the County.

(B) **Defective Vision and Squint.** Details of the action taken in defective vision cases are given in Table XIA. Occlusion is the chief method used for the treatment of squint. No cases were so dealt with during the year.

(C) **Nose and Throat (Operative Treatment).** Children suffering from enlarged tonsils and adenoids are treated at Cottage Hospitals under arrangements made with the Border Hospitals Board of Management.

(D) **Orthopaedic and Postural Defects (Specialist Treatment).** Children requiring operative treatment are at present admitted to Peel Hospital, Galashiels, or Princess Margaret Rose Hospital, Edinburgh. During the year to 31st July, 1964, 5 children on the orthopaedic list were admitted to Peel Hospital.

Apart from these hospital cases, 3 new pre-school and 33 new school cases were seen by the surgeon and 10 pre-school and 220 school children previously seen were re-examined. Pre-school children made 4 visits for treatment or advice, while school children attended on 1,416 occasions. In addition, the Physiotherapist made 30 domiciliary visits. At the end of the year there were 6 pre-school and 168 school children on the register. Details are given in Tables XIII A-XVI A.

(E) **“Follow-up” Home Visitation.** “Follow-up” visits made by Health Visitors to homes of children referred from school medical and cleanliness inspections, etc., were as follows:

First visits	...	...	...	...	...	...	33
Re-visits	...	...	...	...	...	...	19
							—
					Total visits	...	52
							—

## DENTAL INSPECTION AND TREATMENT

### Report by the Chief Dental Officer

It is gratifying to be able to report that all rural schools in the County have been included in the dental itinerary during the past school year, and, with the exception of Broughton Secondary School, all have been completed. This was accomplished by utilising the services of some of the dental officers normally employed in Midlothian during short holiday periods exclusive to Midlothian and during Easter and Summer vacations.

Altogether 752 school children were examined throughout the year. 664 (88.3%) showed some form of dental defect and 605 (91.1% of defective cases) were offered treatment, 560 (92.6% of those offered treatment) accepting and receiving treatment in the course of the year, making 3,763 attendances at the various clinics. By the end of the year 605 school children had been made dentally fit. It should be noted that this figure includes a number of cases brought forward from the previous year when treatment was commenced but not completed.

59 children with defects were not offered treatment either because they were already under the care of private practitioners or their dental defects were so trivial that treatment was considered unnecessary.

The number of acceptances recorded refers only to those children who received their first treatment visit during the school year under review. Other cases already inspected, but still untreated, will not be counted as acceptances until they make their first visit for treatment in the new school year.

The acceptance of treatment rate, recorded for accuracy only from the list of schools actually completed during the year (see Table XIXA), remains unchanged at 84.6%. This is entirely a primary acceptance rate and no follow-up effort has been attempted to boost it on account of difficulty in coping with the large amount of work on hand.

The average gap between two consecutive visits to any one school has been reduced by 4.8 months to 16.8 months. This is the shortest circuit time recorded for some 10 years, but is by no means static and will still continue to fluctuate from one year to another.

Details of the year's work appear in Tables XVIIA-XXA.

An analysis of the output figures indicates a reduction in the number of first visits, attendances and fillings per session, but a considerable increase in the number of attendances and fillings per child treated.

In conclusion, mention must be made of the active and willing part taken by teachers throughout the year in keeping the subject of dental health alive. It is, therefore, particularly pleasing to record that steps have now been taken at committee level to encourage and to augment this valuable work by the permanent introduction of the Happy Smile Club to all new five-year-old school entrants and to older age groups of primary schools also, but at the discretion of their teachers. It is earnestly hoped that these constant reminders will have the desired effect eventually.

## SPECIAL SCHOOLS AND CLASSES

At the end of the year there were 13 pupils in attendance at St Ronan's Special School.

Handicapped children may be admitted to special schools as resident pupils, etc. At the end of the year 10 handicapped children were attending or resident as follows:

Castlecraig Residential School ... ..	3
Blind School, Worcester ... ..	1
St Giles' School, Edinburgh (hard of hearing children)	2
Garvald House, Dolphinton (mentally handicapped)	3
Trefoil School, Midlothian (physically handicapped)	1
	10

### CASTLECRAIG RESIDENTIAL SCHOOL

#### Peeblesshire Children

	Boys	Girls	Total
In attendance at beginning of Session 1963-64 (including 1 boy resident only and attending West Linton Secondary School) ... ..	3	—	3
Admitted at beginning of Session ...	1	—	1
For discharge at end of Session on account of age ... ..	1	—	1
Recommended for re-admission at beginning of Session 1964-65 ... ..	3	—	3
The defects from which the 3 boys recommended for re-admission suffer are as follows:			
Albinism ... ..			2
Spastic ... ..			1

#### General

	Boys	Girls	Total
In attendance at beginning of Session 1963-64 ... .. (*1 boy resident only)	*18	8	26
Admitted at beginning of Session and at various times throughout the year ...	13	6	19
	31	14	45
Discharged or withdrawn during Session	3	2	5
	28	12	40
Recommended for discharge at end of Session 1963-64 (including 1 boy resident only) ... ..	9	2	11
	19	10	29
Recommended for re-admission at beginning of Session 1964-65 ... ..	19	10	29

Vacancies available at beginning of Session 1964-65 ... .. 9 2 11

(1) Children in attendance during the session came from the following areas:

	Boys	Girls	Totals
Peeblesshire	4	—	4
Midlothian	1	5	6
Lanarkshire	18	6	24
Roxburghshire	—	1	1
Selkirkshire	1	—	1
Edinburgh	3	2	5
Kirkcudbright	1	—	1
West Lothian	2	—	2
Argyllshire	1	—	1
	—	—	—
	31	14	45
	—	—	—

(2) Children in attendance suffered from the following defects:

	Boys	Girls	Totals
Asthma	21	9	30
Psychological Maladjustment	—	2	2
Pseudo Muscular Dystrophy	1	—	1
Urinary Defect	1	—	1
Albino	3	—	3
Unsatisfactory home	1	—	1
Eczema	1	—	1
Enlarged liver	1	—	1
Ataxia	—	1	1
Spastic	1	1	2
General Debility	1	1	2
	—	—	—
	31	14	45
	—	—	—

(3) Children discharged or withdrawn through the session:

	Boys	Girls
Edinburgh	—	1
Midlothian	—	1
Lanarkshire	2	—
Argyllshire	1	—
	—	—
	3	2
	—	—

(4) Children recommended on 31st July, 1964, for return to ordinary schools or discharge on account of age:

	Boys	Girls
Edinburgh	1	—
Lanarkshire	5	2
Peeblesshire	1	—
Selkirkshire	1	—
West Lothian	1	—
	—	—
	9	2
	—	—

(5) Children on waiting list on 31st July, 1964:

Nil

## ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

### School Camp

Peeblesshire children did not participate in any school camps this year.

### SCHOOL MEALS AND MILK SCHEME

School meals are supplied from 5 central kitchens—Peebles High, Broughton, West Linton Central, St Ronan's Secondary and Manor Schools.

The average number of children who took meals daily was as follows:

Free ... ..	85
On payment ... ..	812
On remission of part of charge ... ..	26
	<hr/>
	923
	<hr/>

The number taking meals in June, 1964, was 46.3% of the roll. The above figures do not include children at Castlecraig.

All schools were supplied with pasteurised milk.

The average daily number of children supplied with milk is 1,592 or 78.8% of the total roll.

In addition, children at Castlecraig, Craigerne Special School, Garvald House and Broomlee Camp are supplied with milk under the scheme.

### HEALTH EDUCATION

In all 34 talks were given in 4 secondary schools and 2 primary schools. Details are given in Table XXIII A.

### HANDICAPPED CHILDREN LEAVING SCHOOL

The Midlothian and Peeblesshire Youth Committee are advised of any physically or mentally handicapped children leaving school whose suitability for employment is limited. In the course of the year 7 Peeblesshire children were so reported.

### IMMUNISATION AND VACCINATION

During the year 136 children were given "booster" injections against diphtheria. The number of children admitted to school for the first time and who had already been given "booster" injections was 131 or 69% of all new entrants. A special check

made on all school medical records at the end of June showed that only 67 cards (approx. 3%) bore no record of children being immunised against diphtheria.

Poliomyelitis vaccinations continued to be offered to all children over 6 months of age, including the administration of a fourth injection to all children entering school at the age of 5 years and to those over that age in primary schools. During the year 234 children from 6 months of age to 16 years of age were given primary vaccinations (i.e., 2 injections) and 269 were given a fourth injection. A special check made on all school medical records as above showed that 136 children, approximately 6% of the school population of 2,040, were not vaccinated against poliomyelitis.

A special check was also made in regard to smallpox vaccination. 231 children or 11% of the school population were found to be not vaccinated.

## HEALTH EDUCATION

### HAZARDOUS CHILDREN LEAVING SCHOOL

The Ministry and P.E.P. have been advised that the number of children leaving school who are not vaccinated against diphtheria is limited. In the course of the year 7 P.E.P. children were reported.

### IMMUNISATION AND VACCINATION

During the year 156 children were given "D" injections against diphtheria. The number of children vaccinated in school for the first time and who had already been given "D" injections was 131 or 84% of all new entrants. A special check

APPENDIX  
MIDLOTHIAN

TABLE I

Number of children examined at:—

(a) Systematic Examinations		Routine Examinations	Other Systematic Examinations	Total
V.	Year Age Group (Born 1958)	1925	535	2460
IX.	Year Age Group (Born 1954)	1840	365	2205
XIII.	Year Age Group (Born 1950)	1567	230	1797
XVI.	Year Age Group (Born 1947)	254	26	280
		5586	1156	6742
 (b) Other Examinations				
VII.	Year Group—Vision only (Born 1956)	....	....	1615
	Special Cases	....	....	3663
	Re-inspections by Medical Officers	....	....	1611
	"Leavers"—Vocational Guidance Examinations	....	....	1595
	Audiometric Testing—medical follow up	....	....	461
	Examinations under Section 63 of Education (Scotland) Act, 1962	....	....	136
	Pre-apprenticeship and Pre-nursing Courses	....	....	92
	Employment of School Children (Children and Young Persons (Scotland) Act, 1937)	....	....	157
	Juvenile Offenders (Children and Young Persons (Scotland) Act, 1937)	....	....	29
	Children attending School Camps	....	....	963
	Children attending Swimming Instruction	....	....	1946
	Other Examinations (Transport, Transfers, Irregular Attendance, etc.)	....	....	46
				12,314
 (c) Notices to Parents of Children examined at Routine Inspections				
	Entrants	....	....	202
	9 years	....	....	134
	13 years	....	....	118
	16 years	....	....	20
				474
(d) Notices to Parents of Children examined as Specials				264
				738
Total				....

TABLE II  
HEIGHTS AND WEIGHTS (ROUTINE EXAMINATIONS)

	Average Age		Numbers	Average Height (ins.)	Average Weight (lbs.)
	Yrs.	Mos.			
BOYS	5	7	99	43.9	43.9
	9	7	104	52.7	66.4
	13	8	86	61.4	101.2
	16	6	8	68.0	133.9
GIRLS	5	7	83	43.6	42.7
	9	8	67	52.4	65.6
	13	7	74	61.3	108.9
	16	8	11	63.7	125.0

TABLE IV  
CLASSIFICATION OF SYSTEMATIC EXAMINATIONS

Group	ENTRANTS		2ND AGE GROUP		3RD AGE GROUP		SECONDARY AGE GROUP		Total	
	No. of Children	% of Group	No. of Children	% of Group	No. of Children	% of Group	No. of Children	% of Group	No. of Children	% of All Children Examined
I	1184	48.1	1319	59.8	1100	61.2	154	55.0	3757	55.7
IIA	279	11.4	218	9.9	210	11.7	60	21.4	767	11.4
B	17	0.7	12	0.5	12	0.7	1	0.4	42	0.6
C	—	—	—	—	—	—	—	—	—	—
Total	296	12.1	230	10.4	222	12.4	61	21.8	809	12.0
III	573	23.3	324	14.7	211	11.7	24	8.6	1132	16.8
IVA	239	9.7	172	7.8	143	7.9	20	7.1	574	8.5
B	168	6.8	160	7.3	121	6.8	21	7.5	470	6.9
Total	407	16.5	332	15.1	264	14.7	41	14.6	1044	15.5
Grand Total	2460	—	2205	—	1797	—	280	—	6742	—

I.—Children free from defects.

II.—Children (otherwise free from defects) who suffer from (a) Defective vision not worse than 6/12 in the better eye with or without glasses; (b) Conditions of the mouth and teeth likely to affect the general health; (c) Both (a) and (b).

III.—Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks.

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; (b) Where improvement only is considered possible, *i.e.*, without complete restoration of function.

TABLE III—SYSTEMATIC EXAMINATIONS

	ENTRANTS				IX YEAR				XIII YEAR				XVI YEAR				ALL AGES				TOTALS	
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		No.	%
No. Examined	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Parents Present	1207	—	1253	—	1194	—	1011	—	919	—	878	—	147	—	133	—	3467	—	3275	—	6742	—
Clothing Unsatisfactory	898	74.4	897	71.6	555	46.5	526	52.03	64	6.9	46	5.2	1	0.7	1	0.7	1518	43.8	1470	44.9	2988	44.32
Footgear Unsatisfactory	2	0.2	1	0.1	—	—	—	—	2	0.2	—	—	—	—	—	—	4	0.1	1	0.03	5	0.07
Vaccinated	1	0.1	1	0.1	—	—	—	—	1	0.1	—	—	—	—	—	—	2	0.06	1	0.03	3	0.04
Uncleanliness—Head	993	82.3	1048	83.6	1013	84.8	853	84.4	635	69.1	591	67.3	106	72.1	85	63.9	2747	79.2	2577	78.7	5324	78.97
Body	5	0.4	5	0.4	1	0.1	—	—	1	0.1	4	0.4	—	—	—	—	7	0.2	9	0.3	16	0.24
Both	1	0.1	2	0.2	—	—	—	—	6	0.6	2	0.2	—	—	—	—	7	0.2	4	0.1	11	0.16
Skin—Head—Ringworm	—	—	—	—	1	0.1	1	0.1	—	—	—	—	—	—	—	—	1	0.03	1	0.03	2	0.03
Impetigo	1	0.1	1	0.1	4	0.3	—	—	1	0.1	—	—	—	—	—	—	6	0.2	1	0.03	7	0.10
Other Diseases	11	0.9	10	0.8	7	0.6	7	0.7	4	0.4	6	0.7	5	3.4	2	1.5	27	0.8	25	0.8	52	0.77
Body—Ringworm	—	—	—	—	1	0.1	1	0.1	—	—	—	—	—	—	—	—	1	0.03	1	0.03	2	0.03
Impetigo	—	—	—	—	2	0.2	—	—	1	0.1	—	—	—	—	—	—	6	0.2	1	0.03	7	0.10
Scabies	3	0.2	1	0.1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	20	1.6	13	1.03	12	1.00	19	1.9	6	0.6	15	1.7	5	3.4	3	2.2	43	1.2	50	1.5	93	1.38
Nutrition—Sl. Defect	15	1.2	24	1.9	6	0.5	8	0.8	7	0.7	3	0.3	2	1.4	—	—	30	0.9	35	1.1	65	0.96
Bad	—	—	4	0.3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	0.1	4	0.06
Oral Sepsis	32	2.6	15	1.2	13	1.08	8	0.8	14	1.5	8	0.9	—	—	—	—	59	1.7	31	0.9	90	1.33
Nose—Obst. req. observ.	73	6.04	61	4.8	30	2.5	13	1.3	13	1.4	6	0.7	1	0.7	—	—	114	3.3	80	2.4	194	2.88
Obst. req. oper.	10	0.8	12	0.9	3	0.2	2	0.2	1	0.1	1	0.1	—	—	—	—	14	0.4	15	0.4	29	0.43
Other conditions	11	0.9	3	0.2	4	0.3	1	0.1	1	0.1	3	0.3	—	—	—	—	16	0.5	7	0.2	23	0.34
Throat—Tons. req. observ.	158	13.1	158	12.5	44	3.7	41	4.05	11	1.2	15	1.7	2	1.4	—	—	215	6.2	214	6.5	429	6.36
Tons. req. oper.	17	1.4	17	1.3	4	0.3	5	0.5	3	0.3	2	0.2	—	—	—	—	24	0.7	24	0.7	48	0.71
Glands—req. observ.	136	11.3	127	10.03	43	3.6	40	3.9	—	—	—	—	—	—	—	—	179	5.2	167	5.1	346	5.13
req. oper.	4	0.3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	0.1	—	—	4	0.06
Vision—Fair	122	10.1	128	10.1	84	7.03	63	6.2	76	8.2	57	6.5	11	7.5	23	17.3	293	8.4	271	8.3	564	8.39
Bad	64	5.3	49	3.9	77	6.4	59	5.8	68	7.4	56	6.4	22	14.9	23	17.3	231	6.7	187	5.7	418	6.19
Req. refraction	57	4.7	39	3.1	43	3.6	31	3.1	39	4.2	35	3.9	10	6.8	10	7.5	149	4.3	115	3.5	264	3.91
External Eye Disease—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bleph.	4	0.3	6	0.5	3	0.2	1	0.1	2	0.2	2	0.2	—	—	—	—	9	0.3	9	0.3	18	0.27
Conjunc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Corn. Opac.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Strab.	28	2.3	33	2.6	15	1.2	13	1.3	8	0.9	12	1.4	—	—	1	0.7	51	1.5	59	1.8	110	1.63
Other Diseases	2	0.2	2	0.2	3	0.2	4	0.4	5	0.5	3	0.3	1	0.7	—	—	11	0.3	9	0.3	20	0.29
Ears—Otorrhoea	6	0.5	7	0.5	1	0.1	3	0.3	5	0.5	1	0.1	—	—	—	—	12	0.3	11	0.3	23	0.34
Other Diseases	10	0.8	6	0.5	9	0.7	5	0.5	—	—	—	—	—	—	—	—	19	0.5	11	0.3	30	0.44
Hearing—Grade I	3	0.2	3	0.2	14	1.2	8	0.8	8	0.9	7	0.8	2	1.4	—	—	27	0.8	18	0.5	45	0.67
Grade IIa	2	0.1	1	0.1	10	0.8	6	0.5	12	1.3	10	1.1	2	1.4	2	1.5	26	0.7	19	0.6	45	0.67
Grade IIb	—	—	—	—	1	0.1	1	0.1	1	0.1	—	—	—	—	—	—	2	0.06	1	0.03	3	0.04
Grade III	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Speech—Def. Art.	26	2.1	12	0.9	12	1.00	2	0.2	6	0.6	2	0.2	—	—	1	0.7	44	1.3	17	0.5	61	0.90
Stammer	2	0.2	—	—	3	0.2	1	0.1	2	0.2	—	—	1	0.7	—	—	8	0.2	1	0.03	9	0.13
Mental and Nerv. cond.—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Backward	2	0.2	—	—	1	0.1	—	—	—	—	—	—	—	—	—	—	3	0.08	—	—	3	0.04
Dull	6	0.5	8	0.6	9	0.7	5	0.5	6	0.6	3	0.3	—	—	—	—	21	0.6	16	0.5	37	0.55
Def. (Educ.)	5	0.4	2	0.2	3	0.2	2	0.2	6	0.6	3	0.3	—	—	—	—	14	0.4	7	0.2	21	0.31
Def. (Ined.)	1	0.1	1	0.1	1	0.1	1	0.1	—	—	3	0.3	—	—	—	—	2	0.06	5	0.1	7	0.10
Highly Nervous, etc.	17	1.4	17	1.3	7	0.6	7	0.7	12	1.3	3	0.3	—	—	—	—	36	1.03	27	0.8	63	0.93
Difficult in Behaviour	10	0.8	10	0.8	4	0.3	4	0.4	2	0.2	1	0.1	—	—	—	—	16	0.5	15	0.4	31	0.46
Heart Disease—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Organic—Cong.	4	0.3	11	0.9	2	0.2	3	0.3	1	0.1	3	0.3	—	—	1	0.7	7	0.2	18	0.5	25	0.37
Acq.	—	—	1	0.1	2	0.2	2	0.2	—	—	2	0.2	1	0.7	1	0.7	3	0.08	6	0.2	9	0.13
Functional	14	1.2	11	0.9	10	0.8	7	0.7	4	0.4	6	0.7	—	—	—	—	28	0.8	24	0.7	52	0.77
Lungs—Chr. Bron.	2	0.2	2	0.2	2	0.2	1	0.1	—	—	1	0.1	—	—	—	—	4	0.1	4	0.1	8	0.12
? Tuberculosis	—	—	1	0.1	—	—	—	—	—	—	—	—	1	0.7	—	—	1	0.03	1	0.03	2	0.03
Other Diseases	29	2.4	11	0.9	11	0.9	12	1.2	2	0.2	5	0.6	1	0.7	1	0.7	53	1.5	29	0.9	82	1.22
Deformities—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital	33	2.7	30	2.4	23	1.9	18	1.8	12	1.3	7	0.8	—	—	2	1.5	68	1.8	57	1.7	125	1.85
Acquired (Infant)	1	0.1	—	—	3	0.2	1	0.1	3	0.3	1	0.1	—	—	—	—	7	0.2	2	0.06	9	0.13
Prob. Rickets	—	—	—	—	2	0.2	—	—	1	0.1	—	—	—	—	—	—	3	0.08	—	—	3	0.04
Other Causes	91	7.5	77	6.1	79	6.6	50	4.9	59	6.4	58	6.6	7	4.8	11	8.3	236	7.1	196	5.9	432	6.41
Infectious Diseases	—	—	—	—	1	0.1	—	—	—	—	1	0.1	—	—	—	—	1	0.03	2	0.06	3	0.04
Other Conditions	60	4.9	80	6.3	68	5.7	56	5.5	37	4.02	54	6.1	6	4.1	4	3.01	171	4.9	194	5.9	365	5.41

Date		Particulars		Debit		Credit		Balance	
Day	Month	To	By	Rs.	Paise	Rs.	Paise	Rs.	Paise
1	Jan	Balance b/d		100	00			100	00
2	Jan	By Cash		50	00			150	00
3	Jan	To Cash		20	00			130	00
4	Jan	By Cash		30	00			160	00
5	Jan	To Cash		10	00			150	00
6	Jan	By Cash		40	00			190	00
7	Jan	To Cash		15	00			175	00
8	Jan	By Cash		25	00			200	00
9	Jan	To Cash		10	00			190	00
10	Jan	By Cash		35	00			225	00
11	Jan	To Cash		20	00			205	00
12	Jan	By Cash		45	00			250	00
13	Jan	To Cash		15	00			235	00
14	Jan	By Cash		30	00			265	00
15	Jan	To Cash		10	00			255	00
16	Jan	By Cash		40	00			295	00
17	Jan	To Cash		20	00			275	00
18	Jan	By Cash		50	00			325	00
19	Jan	To Cash		15	00			310	00
20	Jan	By Cash		35	00			345	00
21	Jan	To Cash		10	00			335	00
22	Jan	By Cash		45	00			380	00
23	Jan	To Cash		20	00			360	00
24	Jan	By Cash		50	00			410	00
25	Jan	To Cash		15	00			395	00
26	Jan	By Cash		30	00			425	00
27	Jan	To Cash		10	00			415	00
28	Jan	By Cash		40	00			455	00
29	Jan	To Cash		20	00			435	00
30	Jan	By Cash		50	00			485	00
31	Jan	To Cash		15	00			470	00
		Total						470	00

TABLE V

## RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

Disability	At Ordinary Schools	At Special Schools or Classes	At no School or Institution	Total
1. Blind	—	6	1	7
2. Partially sighted—				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	3	7	—	10
(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	—	—	—	—
3. Deaf—Grade I	1127	12	—	1139
"    II	55	—	—	55
"    IIA	384	8	1	393
"    IIB	—	17	—	17
"    III	—	8	—	8
4. Defective Speech—				
(a) Defects of articulation requiring special educational measures	489	30	7	526
(b) Stammering requiring special educational measures	30	2	—	32
5. Mentally Defective (children between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70)	24	124	1	149
(b) Ineducable (I.Q. generally less than 50)	—	43	25	68
6. Epilepsy—				
(a) Mild and occasional	35	7	2	44
(b) Severe (suitable for care in a residential school)	1	1	—	2
7. Physically Defective (children between 5 and 16 years)—				
(a) Non-pulmonary tuberculosis (excluding Cervical Glands)	4	1	2	7
(b) General orthopaedic conditions	2325	53	10	2388
(c) Organic Heart disease	125	4	1	130
(d) Other causes of ill-health	274	31	4	309
*8. Multiple Defects	483	82	26	591
*(Included in above)				

(Included in "At Special Schools or Classes" are children at Special Schools outwith the County, p. 33. See also p. 30. "General Statement of Defects.")

Multiple Defects	Ordinary School	Special School	At Home	Total
1, 5 (j), 7 (b) ....	—	—	1	1
3, 5 (b) ....	—	1	1	2
4 (a), 5 (b) ....	—	7	7	14
4 (a), 5 (b), 7 (b) ....	—	1	—	1
4 (b), 5 (b) ....	—	1	—	1
5 (a), 7 (c) ....	—	—	1	1
5 (b), 4 (a), 7 (c) ....	—	1	—	1
5 (b), 6 (a) ....	—	1	1	2
5 (b), 6 (a), 7 (b) ....	—	2	—	2
5 (b), 6 (b) ....	—	1	1	2
5 (b), 7 (a), 7 (b) ....	—	1	—	1
5 (b), 7 (b) ....	—	7	10	17
5 (b), 7 (b), 7 (c) ....	—	2	—	2
5 (b), 7 (c) ....	—	3	—	3
5 (b), 7 (a) ....	—	—	4	4
Others ....	483	54	—	537
	483	82	26	591

TABLE VI  
AMELIORATION TABLE—PHYSICAL DEFECTS

DEFECTS	No. Reported	TREATMENT				Not yet Visited	Left School or District
		Completed	Proceeding	Pro-mised	Refused		
Enlarged or Septic Tonsils ....	39	19	16	3	—	1	—
Adenoids ....	12	3	9	—	—	—	—
Otorrhoea ....	11	5	6	—	—	—	—
Skin Conditions	40	27	13	—	—	—	—
Various ....	144	75	64	—	1	3	1
Totals ....	246	129	108	3	1	4	1

TABLE VII  
CLEANLINESS INSPECTIONS

	TERM		
	Autumn	Spring	Summer
Number Examined ....	18,647	17,545	17,960
Found to have Nits ....	224 (1·20%)	126 (0·72%)	143 (0·81%)
Found to have Head Vermin	4 (0·02%)	4 (0·02%)	4 (0·02%)
New Cases—Nits ....	—	65 (0·36%)	59 (0·33%)
New Cases—Head Vermin	—	1 (0·005%)	3 (0·01%)

TABLE VIII  
AMELIORATION TABLE—UNCLEANLINESS

Number found with Vermin	Nits only	Cleansed	Improved	Not Improved	Not yet visited	Left School
17	356	308	47	9	—	9

TABLE IX  
MINOR AILMENTS

Number of Children attending	.....	.....	.....	.....	.....	.....	.....	.....	.....	1275
Total Number of Attendances	.....	.....	.....	.....	.....	.....	.....	.....	.....	2238
Classification of Ailments with Attendances:—										
								1st Visit	Re-Visit	
(1) Cuts, Bruises, Sprains, Minor Injuries, etc.	.....	.....	.....	.....	.....	.....	.....	662	367	
(2) Diseases of the Ear	.....	.....	.....	.....	.....	.....	.....	18	14	
(3) Diseases of the Eye, excluding Defective Vision	.....	.....	.....	.....	.....	.....	.....	33	5	
(4) Diseases of the Skin:—										
Ringworm (Scalp)	.....	.....	.....	.....	.....	.....	.....	—	—	
Ringworm (Body)	.....	.....	.....	.....	.....	.....	.....	5	5	
Scabies	.....	.....	.....	.....	.....	.....	.....	24	17	
Impetigo	.....	.....	.....	.....	.....	.....	.....	22	23	
(5) Other Skin Conditions	.....	.....	.....	.....	.....	.....	.....	145	121	
(6) Other Conditions	.....	.....	.....	.....	.....	.....	.....	366	411	
								1275	963	

TABLE X  
INFECTIOUS DISEASES  
Number of Case Exclusions notified by Head Teachers during Session  
1963-1964 on account of Infectious Diseases

	Aug.-Dec.	Jan.-Mar.	April-July	Totals
	Cases	Cases	Cases	
Scarlet Fever	11	5	11	27
Diphtheria	—	—	—	—
Measles	26	7	34	67
Mumps	203	110	187	500
Whooping Cough	16	21	8	45
Chicken Pox	84	115	129	328
Ringworm—Scalp	2	2	—	4
Body	6	3	2	11
Impetigo	27	10	8	45
Scabies	13	21	4	38
Totals	388	294	383	1065

TABLE XI  
CHILDREN REFERRED TO SCHOOL OCULIST

	CLINICS									Total
	Bonnyrigg	Currie	Dalkeith	East Calder	Edinburgh	Musselburgh	Newton-grange	Penicuik	West Calder	
Cases referred	210	86	242	49	21	216	191	234	66	1315
Attended Clinic	207	80	234	48	21	216	189	231	66	1292
Own Oculist	3	5	7	1	—	—	2	2	—	20
Refused treatment	—	1	1	—	—	—	—	1	—	3
Glasses prescribed	118	46	134	35	12	111	124	116	33	729
No glasses prescribed	89	34	100	13	9	105	65	115	33	563

TABLE XII  
AUDIOMETRIC TESTING

Age Group	Number Tested	NUMBER DEFECTIVE—GRADE AS UNDER							
		I %	II %	IIa %	IIb %	III %	Total	%	
1952 ....	Boys	83	1	15	—	—	99	10.9	
	Girls	59	2	24	—	—	85	10.9	
	Total	142	3	39	—	—	184	10.9	
1956 ....	Boys	90	7	35	—	—	132	13.6	
	Girls	105	5	33	—	—	143	16.1	
	Total	195	12	68	—	—	275	14.7	
1958 ....	Boys	85	9	50	—	—	144	15.0	
	Girls	86	9	50	—	—	145	15.1	
	Total	171	18	100	—	—	289	15.0	
Others ....	Boys	20	1	12	—	—	33	—	
	Girls	14	4	7	—	—	25	—	
	Total	34	5	19	—	—	58	—	
Retests ....	Boys	221	32	120	—	—	373	—	
	Girls	165	17	100	—	—	282	—	
	Total	386	49	220	—	—	655	—	

Defects in "Others" tested and "Retests" have not been shown as percentages as the children tested are not representative of any particular group.



TABLE XIII (Contd.)—ORTHOPAEDIC SERVICE—CLINICS ATTENDED BY ORTHOPAEDIC SURGEON

Centres	No. of Half-day Sessions	CHILDREN ATTENDING										All Cases Total	
		New Cases					New Cases Total	Old Cases					
		Boys		Girls		Pre.		Sch.	Boys		Girls		
		Pre.	Sch.	Pre.	Sch.				Pre.	Sch.	Pre.		Sch.
<i>Brought forward</i> ...	42½	85	111	42	90	328	85	411	59	361	1244		
Newtongrange ...	2	1	2	2	8	13	4	25	3	11	56		
Newtonloan R.C.	—	—	—	—	—	—	—	—	—	—	—		
Parkhead ...	2	4	3	—	—	7	15	9	4	3	38		
Pinkie St Peter's ...	3	3	2	3	2	10	8	25	2	17	62		
Pumpherston ...	½	—	2	—	1	3	2	4	—	2	11		
Ratho ...	½	—	4	2	2	8	—	6	1	1	16		
Rosewell ...	1	2	3	1	2	8	—	5	1	7	21		
Roslin ...	2	2	3	2	2	9	—	27	2	13	51		
Wallyford ...	1	—	—	—	—	—	—	7	1	14	22		
West Calder ...	1½	7	16	3	14	40	3	12	2	9	66		
<b>Grand Totals</b> ...	<b>56</b>	<b>104</b>	<b>146</b>	<b>55</b>	<b>121</b>	<b>426</b>	<b>117</b>	<b>531</b>	<b>75</b>	<b>438</b>	<b>1587</b>		

TABLE XIV—ORTHOPAEDIC SERVICE—ROUTINE CLINICS ATTENDED BY PHYSIOTHERAPISTS

Centres	No. of Plasters	No. of Sessions	CHILDREN ATTENDING										All Cases Total
			Boys		Clinic		Cl. Att. Total	Boys		Domiciliary		Girls	
			Pre.	Sch.	Pre.	Sch.		Pre.	Sch.	Pre.	Sch.		
Bellman's Road	7	35	2	149	3	90	244	6	—	—	—	250	
Cuiken	—	30	18	96	1	114	229	1	—	—	—	230	
Eastfield	23	83	66	305	46	205	622	2	1	2	1	628	
Penicuik R.C.	—	$\frac{1}{2}$	—	—	—	—	—	—	1	—	—	1	
Campie	—	62	76	399	32	189	696	1	1	—	—	698	
Danderhall	—	47	60	224	8	212	504	3	1	—	—	508	
Fisherrow	8	$6\frac{1}{2}$	14	—	4	6	24	4	9	3	2	42	
Musselburgh Burgh	14	42	31	210	2	155	398	1	3	—	—	402	
Musselburgh Grammar	—	76	46	382	7	513	948	—	8	—	—	956	
Musselburgh R.C.	—	40	—	219	—	124	343	4	—	—	—	347	
Pinkie St Peter's	2	56	86	212	11	287	596	—	2	—	2	596	
Wallyford	—	40	3	122	3	328	456	1	2	—	—	461	
Whitecraig	—	20	10	98	4	111	223	—	1	—	—	224	
Birkenside	—	5	—	12	—	14	26	8	2	4	3	43	
Borthwick	—	$4\frac{1}{2}$	1	12	1	15	29	12	—	—	1	42	
Bryans	—	56	99	225	50	132	506	82	9	54	—	651	
Cousland	—	5	1	3	—	—	4	3	3	9	—	19	
Cranston	—	6	3	22	—	23	48	—	—	—	—	48	
Fala and Soutra	—	4	—	5	—	3	8	3	—	—	—	11	
Fountainhall	—	$3\frac{1}{2}$	—	3	—	4	7	—	—	10	—	17	
Gorebridge	—	$85\frac{1}{2}$	100	168	82	343	693	164	14	96	8	975	
Greenhall	—	34	—	104	—	348	452	—	1	—	—	453	
Heriot	—	3	—	5	—	6	11	—	—	4	—	15	
<i>Carried forward</i>	54	744 $\frac{1}{2}$	616	2975	254	3222	7067	295	56	182	17	7617	



TABLE XIV (Contd.)—ORTHOPAEDIC SERVICE—ROUTINE CLINICS ATTENDED BY PHYSIOTHERAPISTS

Centres	No. of Plasters	No. of Sessions	CHILDREN ATTENDING										All Cases Total
			Clinic					Domiciliary					
			Boys		Girls		Cl. Att. Total	Boys		Girls		Sch.	
			Pre.	Sch.	Pre.	Sch.		Pre.	Sch.	Pre.	Sch.		
<i>Brought forward</i> ....	71	1261	5305	409	5146	11679	96	327	36	12714			
Bellsquarry .....	—	$\frac{1}{2}$	—	—	—	—	2	—	—	2			
Breich .....	—	8	10	—	11	22	3	5	1	31			
Currie .....	1	70	441	65	255	836	8	16	1	870			
East Calder R.C. ....	—	14	94	1	40	135	3	5	1	144			
East Calder J.S. ....	—	13	83	6	40	130	6	9	2	151			
Kirknewton .....	—	$\frac{1}{2}$	—	—	—	—	2	—	—	2			
Langlaw .....	—	27	135	10	127	277	44	60	1	385			
Mid Calder J.S. ....	1	10 $\frac{1}{2}$	24	1	12	37	4	4	2	47			
Mid Calder R.C. ....	—	—	—	—	—	—	—	—	—	—			
Mid Calder O.C. ....	—	7	5	—	12	17	1	2	—	20			
Newbridge .....	—	14	70	2	39	115	3	4	—	122			
Parkhead .....	—	21	268	—	29	298	5	5	—	309			
Polbeth .....	5	11	7	7	2	31	31	18	1	83			
Pumphferston .....	—	8 $\frac{1}{2}$	31	2	16	50	10	9	2	73			
Ratho .....	—	11 $\frac{1}{2}$	47	4	9	60	5	8	—	78			
West Calder .....	1	32	218	—	119	340	16	25	—	384			
Totals .....	79	1509 $\frac{1}{2}$	6738	507	5857	14027	715	497	129	15415			

TABLE XV  
**ORTHOPAEDIC SERVICE**  
 Defects found in new cases

Classification of Defects	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
<b>Congenital—</b>					
Malformation—Thorax....	3	6	1	5	15
Malformation—Feet ....	1	—	1	—	2
Hypertrophy—Leg ....	—	1	—	—	1
Talipes Equino Varus ....	—	—	1	—	1
<b>Postural—</b>					
Poor Posture ....	2	14	—	19	35
Scoliosis ....	—	—	1	—	1
Kypho—Lordosis ....	—	2	—	1	3
<b>Nervous System—</b>					
Cerebral Palsy ....	1	1	1	2	5
<b>Skeletal—</b>					
Knock Knees ....	44	24	16	20	104
Bow Legs ....	6	1	—	2	9
Flat Feet ....	24	56	17	49	146
Cavoid Feet ....	1	9	3	6	19
Hallux Rigidus ....	—	2	2	3	7
Hallux Valgus ....	—	1	—	9	10
Deformed Toes ....	5	13	4	5	27
Rotated Femora ....	—	2	—	1	3
Lax Tendo Achilles ....	14	3	12	—	29
Metatarsus Adductus ....	3	—	—	—	3
<b>Respiratory System—</b>					
Asthma ....	—	6	—	1	7
<b>Bone Conditions—</b>					
Short Leg ....	—	1	—	1	2
Osteochondritis (Osgood Schlatter) ....	—	2	—	—	2
Clavicular Cyst ....	—	1	—	—	1
<b>Injuries—</b>					
.....	—	2	—	2	4
Totals ....	104	147	59	126	436

(Principal defects only, although a few cases where two defects of equal severity were found these have been counted separately).

TABLE XVI—ORTHOPAEDIC SERVICE  
Numbers on Register at 31st July, 1964

Centres	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
Cuiken	3	19	1	17	40
Eastfield	20	60	13	30	123
Penicuik Secondary	2	34	1	21	58
Campie	13	35	3	16	67
Danderhall	9	14	1	18	42
Loretto R.C.	—	14	—	8	22
Musselburgh Burgh	5	17	2	11	35
Musselburgh Grammar	4	40	1	53	98
Pinkie	13	23	4	30	70
Wallyford	1	12	—	23	36
Whitecraig	5	11	2	11	29
Blackshiel	1	—	—	—	1
Borthwick	1	2	—	2	5
Bryans	16	30	7	16	69
Cousland	—	1	1	—	2
Cranston	—	3	—	2	5
Fala and Soutra	—	1	—	—	1
Fountainhall	—	—	—	1	1
Gorebridge	28	30	20	50	128
Greenhall	—	13	—	29	42
Heriot	—	1	2	1	4
Langlaw	6	17	10	14	47
Mayfield	5	12	4	11	32
Newtongrange	10	24	11	19	64
Newtonloan	—	10	—	9	19
Pathhead	9	—	2	—	11
St Luke's	—	11	2	3	16
Temple	—	2	—	1	3
Woodburn	2	10	1	12	25
Bonnyrigg	15	57	11	51	134
Croft Street	13	58	7	37	115
Dalkeith High School	—	39	—	45	84
Kippielaw	—	3	—	3	6
Lasswade Pre.	—	23	—	22	45
Lasswade Sec. Sch.	—	29	—	25	54
Rosewell	—	8	1	9	18
Bilston	2	9	3	1	15
Glencorse	—	4	—	3	7
Loanhead	13	45	10	33	101
Roslin	2	20	1	12	35
Addiewell Primary	1	4	1	1	7
Addiewell R.C.	—	1	1	2	4
Balerno	—	2	1	2	5
Bellsquarry	—	1	—	—	1
Breich	—	1	—	1	2
Currie Pre. and Secondary	11	36	8	34	89
East Calder J.S.	1	6	3	6	16
East Calder R.C.	—	8	—	2	10
Kirknewton	—	1	—	—	1
Midclader Occ. Centre	—	—	—	1	1
Midcalder Pre.	—	2	1	1	4
Nether Currie	13	13	6	11	43
Newbridge	3	8	1	6	18
Oakbank	—	2	—	—	2
Parkhead	1	25	—	4	30
Polbeth	9	—	4	—	13
Pumpherstoun	3	5	1	1	10
Ratho	—	3	1	1	5
West Calder High	2	18	2	13	35
West Calder R.C.	—	5	—	8	13
Wilkieston	1	—	—	—	1
Totals	243	882	151	743	2019

TABLE XVII

## DENTAL INSPECTION AND TREATMENT

Number of Children who were—

(1) Inspected by Dental Officers—				Systematic Examina- tions	Special and Emergency Cases	Total
Age						
5 or under	....	....	....	600	262	862
6	....	....	....	834	299	1133
7	....	....	....	805	285	1090
8	....	....	....	697	261	958
9	....	....	....	771	201	972
10	....	....	....	847	192	1039
11	....	....	....	817	180	997
12	....	....	....	735	119	854
13	....	....	....	914	118	1032
14	....	....	....	946	77	1023
15	....	....	....	459	35	494
16	....	....	....	207	19	226
17 or over	....	....	....	90	13	103
				8722	2061	10783
(2) With Dental Defects	....	....	....	6948	2061	9009
(3) Offered Treatment	....	....	....	6196	2061	8257
(4) Number Accepting Treatment	....	....	....	4378	2061	6439
(5) Actually treated by the School Dental Officers	....	....	....	4359	2061	6420
(6) Number of Attendances made by children for treatment	....	....	....	20458	4857	25315
(7) Fillings—						
(a) Permanent Teeth	....	....	....	14200	1981	16181
(b) Temporary Teeth	....	....	....	2308	402	2710
(8) Extractions—						
(a) Permanent Teeth	....	....	....	1509	478	1987
(b) Temporary Teeth	....	....	....	3387	1642	5029
(9) Number of administrations of a general anaesthetic for extractions	....	....	....	492	220	712
(10) Other Operations—						
(a) Permanent Teeth	....	....	....	6991	1450	8441
(b) Temporary Teeth	....	....	....	1789	531	2320
(11) Dentures—						
(a) Partial	....	....	....	74	—	74
(b) Full	....	....	....	4	—	4
(c) Repairs	....	....	....	16	—	16
(12) Radiographs—						
Number of Exposures (not including Orthodontic)	....	....	....	108	—	108
(13) Half-days devoted to—						
Inspection	....	....	....	83	—	83
Treatment	....	....	....	3342	—	3342

N.B.—The above Table does not include Orthodontic work which is recorded elsewhere.

TABLE XVIII—DENTAL INSPECTION AND TREATMENT—SCHOOLS

School	Number Inspected	With Dental Defects		Offered Treatment		Accepting Treatment		Receiving Treatment		Untreated		Interval in Months since last Visit	% of Acceptance last Visit
		No.	%	No.	%	No.	%	No.	%	No.	%		
Bellsquarry	31	29	93.5	28	96.5	26	92.8	26	92.8	2	7.1	33	75.0
Bonnyrigg Primary	638	587	92.0	567	96.6	509	89.8	509	89.8	58	10.2	17	80.6
Bonnyrigg R.C.	208	200	96.2	199	99.5	166	83.4	166	83.4	33	16.6	21	61.6
Borthwick	29	26	89.7	22	84.6	16	72.7	16	72.7	6	27.3	33	69.5
Campie	547	376	68.7	349	92.8	187	53.6	187	53.6	162	46.4	27	72.8
Carrington	24	22	91.7	21	95.5	16	76.2	16	76.2	5	23.8	35	91.7
Cuiken	380	335	88.2	299	89.3	258	86.3	258	86.3	41	13.7	24	84.0
Dalkeith High	1225	838	68.4	644	76.8	431	66.9	431	66.9	213	33.1	16	51.7
Dalkeith R.C. Primary	229	188	82.1	153	81.4	136	88.8	136	88.8	17	11.1	24	64.9
East Calder R.C.	97	92	94.8	92	100.0	68	73.9	68	73.9	24	26.1	31	80.0
Esk Valley College	158	102	64.6	99	97.1	44	44.4	44	44.4	55	55.6	24	31.4
Greenhall	668	561	83.9	532	94.8	320	60.1	320	60.1	212	39.8	35	76.2
Kippielaw	59	52	88.1	39	75.0	23	58.9	23	58.9	16	41.0	27	55.8
Kirknewton	92	79	85.8	74	93.7	54	72.9	54	72.9	20	27.0	33	72.9
Loanhead	735	668	90.9	658	98.5	551	83.7	551	83.7	107	16.3	16	82.9
Mid Calder	90	76	84.4	74	97.4	55	74.3	55	74.3	19	25.7	34	64.0
Newbridge	160	133	83.1	128	96.2	72	56.3	72	56.3	56	43.7	33	59.9
Newtongrange	522	485	92.9	470	96.9	386	82.1	386	80.8	90	19.2	38	82.7
Newtonloan R.C.	269	191	71.0	181	94.7	142	78.5	142	78.5	39	21.5	21	65.9
Oakbank	92	77	83.7	71	92.2	53	74.6	53	74.6	18	25.3	33	81.9
Pumpherstoun	147	147	100.0	147	100.0	94	63.9	94	63.9	53	36.1	32	60.3
Temple	37	34	91.9	31	91.2	27	87.1	27	87.1	4	12.9	32	81.8
West Calder High	440	377	85.7	375	99.5	187	49.8	185	49.3	190	50.6	30	73.6
West Calder R.C.	200	177	88.5	175	98.8	123	70.3	123	70.3	52	29.7	25	69.7
Woodmuir	48	46	95.8	44	95.6	28	63.6	28	63.6	16	36.3	34	66.7
Total or %	7125	5898	82.8	5472	92.8	3972	72.6	3964	72.4	1508	27.6	28	69.6

N.B.—Only schools in which treatment has been completed are included in this Table.

TABLE XIX

## ORTHODONTIC TREATMENT

Number of Cases continued from previous year	....	....	....	....	....	....	....	....	419
New Cases	....	....	....	....	....	....	....	....	200
Cases completed	....	....	....	....	....	....	....	....	206
Cases discontinued	....	....	....	....	....	....	....	....	28
Cases continuing at end of year	....	....	....	....	....	....	....	....	385
Attendances for treatment	....	....	....	....	....	....	....	....	3706
Number of Consultations with Regional Hospital Board Orthodontist	....	....	....	....	....	....	....	....	435
Number of diagnostic examinations not followed by treatment	....	....	....	....	....	....	....	....	23
Number of Removable Appliances fitted	....	....	....	....	....	....	....	....	69
Number of Fixed Appliances fitted	....	....	....	....	....	....	....	....	16
Repairs to appliances	....	....	....	....	....	....	....	....	12
Number of Extractions (Non-carious)—									
(a) Permanent Teeth	....	....	....	....	....	....	....	....	330
(b) Temporary Teeth	....	....	....	....	....	....	....	....	188
Radiographs—									
Number of Exposures									
(a) Intra-oral	....	....	....	....	....	....	....	....	69
(b) Extra-oral	....	....	....	....	....	....	....	....	137
Consultant Sessions	....	....	....	....	....	....	....	....	24
Treatment Sessions	....	....	....	....	....	....	....	....	185

TABLE XX  
TUBERCULIN TESTING OF SCHOOL LEAVERS—1950 AGE GROUP

School	No. on Roll		Refusals		No. Tested		Heaf Negative			
	M.	F.	M.	F.	M.	F.	No.		%	
							M.	F.	M.	F.
Currie Secondary	57	45	—	—	54	44	35	36	65	82
Dalkeith High	174	156	—	3	163	149	114	105	70	69
Dalkeith R.C.	104	92	—	—	78	86	55	64	71	73
East Calder J.S.	21	23	—	—	20	22	14	16	70	73
Glenalmond O.C.	—	—	—	—	—	—	—	—	—	—
Greenhall	116	113	4	2	108	109	85	95	79	87
Kippielaw (Special)	6	3	2	—	4	3	3	2	75	66
Lasswade S.S.	104	94	—	1	94	90	76	63	80	70
Loanhead	27	23	—	3	25	18	14	13	56	72
Musselburgh Grammar	157	143	4	3	138	133	100	98	72	74
Penicuik J.S.	91	67	1	1	85	65	67	51	78	78
Roslin (Special)	3	2	—	1	3	—	2	—	66	—
West Calder High	56	55	—	5	53	50	42	45	79	90
West Calder R.C.	11	12	—	1	9	11	6	8	67	73
Total	927	828	11	20	834	780	613	596	73	76

391 Heaf positive Reactors were all X-rayed and their chests were found to be clear, 14 pupils were absent on X-ray days.

TABLE XXI

## X-RAY

School	Pupils		Teaching Staff		Ancillary Staff	
	M.	F.	M.	F.	M.	F.
Addiewell .....	—	—	1	3	1	1
Addiewell R.C. ....	—	—	1	3	—	2
Balerno .....	—	—	1	4	—	—
Bellsquarry.....	—	—	1	1	—	2
Bonnyrigg .....	—	—	2	15	—	11
Bonnyrigg R.C. ....	—	—	—	5	1	6
Borthwick .....	—	—	1	1	—	1
Bryans .....	—	—	—	—	—	—
Campie .....	—	—	1	15	1	10
Carrington .....	—	—	—	1	—	2
Cockpen .....	—	—	—	—	—	—
Cousland .....	—	—	—	2	—	2
Cranston .....	—	—	1	1	—	2
Cuiken .....	—	—	—	5	—	9
Currie Primary .....	1	—	—	10	—	—
Currie Sec. ....	20	10	13	23	4	12
Dalkeith High .....	55	45	35	24	4	12
Dalkeith R.C. Sec. ....	35	26	16	9	5	11
Danderhall .....	—	—	1	2	—	—
East Calder Sec. ....	7	7	7	9	1	2
East Calder R.C. ....	—	—	1	2	—	2
Eastfield .....	—	—	3	14	1	12
Fala and Soutra .....	—	—	—	1	—	2
Fountainhall .....	—	—	—	1	—	3
Glenalmond .....	—	1	—	—	—	1
Glencorse .....	—	—	1	2	—	—
Gorebridge.....	—	1	4	22	2	12
Greenhall .....	31	23	19	18	2	8
Heriot .....	—	—	1	1	—	—
Howgate .....	—	—	—	1	—	1
King's Park .....	—	—	2	7	1	9
Kippielaw .....	1	1	—	3	—	—
Kirknewton .....	—	—	—	—	—	—
Langlaw .....	—	—	2	8	1	2
Lasswade Primary .....	—	—	1	8	—	7
Lasswade S.S. ....	23	27	24	23	2	4
Loanhead J.S. ....	14	6	6	17	2	13
Loanhead R.C. ....	—	—	—	1	—	1
Mid Calder .....	—	—	1	2	—	2
Musselburgh Burgh .....	—	—	1	6	1	1
Musselburgh Grammar .....	45	50	29	19	4	24
Musselburgh R.C. ....	1	1	2	9	—	—
Newbridge .....	—	—	1	2	—	2
Newtongrange .....	—	—	4	6	—	—
Newtonloan R.C. ....	—	1	—	5	—	—
Oakbank .....	—	—	1	2	—	—
Parkhead Primary.....	—	—	2	11	—	—
Pathhead .....	—	—	1	3	—	2
<i>Carried forward</i> ....	233	199	187	327	33	193

TABLE XXI—(Contd.)

## X-RAY

School	Pupils		Teaching Staff		Ancillary Staff	
	M.	F.	M.	F.	M.	F.
<i>Brought forward</i> ....	233	199	187	327	33	193
Penicuik Episcopal .....	—	—	—	1	—	—
Penicuik Sec. ....	24	21	14	19	3	19
Penicuik R.C. ....	—	—	1	4	—	—
Pentland .....	—	—	—	—	—	—
Pinkie St Peter's .....	—	—	—	10	—	—
Pumpherstoun .....	—	—	1	3	—	—
Ratho .....	—	—	1	—	—	2
Rosewell .....	—	—	2	5	2	4
Rosewell R.C. ....	—	—	—	2	—	1
Roslin .....	1	—	1	9	1	8
Stow .....	—	—	1	1	—	1
Temple .....	—	—	—	1	—	2
Wallyford ....	1	—	2	12	—	—
West Calder High .....	15	9	19	14	1	8
West Calder R.C. ....	3	3	2	6	1	3
Whitecraig .....	—	—	2	5	1	5
Woodburn .....	—	—	3	10	2	2
Woodmuir .....	—	—	1	1	—	2
Visiting Staff .....	—	—	1	10	—	—
Totals ....	277*	232*	238	440	44	250

\* 391 Heaf test positive pupils, 18 pupils in special survey group and 100 pupils Heaf test positive last year re-examined.

TABLE XXII  
HEALTH EDUCATION TALKS—PRIMARY SCHOOLS  
JULY 1963—JUNE 1964

School	Hygiene		Dental Health		Smoking		Home Safety		Clean Food		Total	
	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils	Talks	Pupils
Bellsquarry	—	—	—	—	—	—	—	—	1	16	1	16
Cuiken	3	51	—	—	—	—	—	—	—	—	3	51
East Calder P.	1	233	—	—	2	60	—	—	—	—	3	293
Kingspark	1	40	—	—	—	—	—	—	—	—	1	40
Kirknewton	3	55	—	—	—	—	—	—	—	—	3	55
Loanhead P.	—	—	—	—	—	—	—	—	—	250	1	250
Loretto R.C.	2	78	—	—	—	—	—	—	1	—	2	78
Mayfield	—	—	—	—	—	—	—	—	7	331	7	331
Midcalder (Special)	—	—	—	—	—	—	—	—	3	105	3	105
Musselburgh G.	2	64	—	—	—	—	—	—	—	—	2	64
Newbridge	—	—	—	—	2	53	—	—	—	—	2	53
Newtongrange	2	60	—	—	—	—	2	62	—	—	4	122
Oakbank	—	—	—	—	—	—	—	—	1	102	1	102
Parkhead P.	—	—	—	—	1	71	—	—	6	108	7	179
Pinkie	2	68	—	—	—	—	—	—	—	—	2	68
Pumpherston	3	62	—	—	—	—	—	—	—	—	3	62
Rosewell	—	—	3	226	—	—	—	—	—	—	3	226
St Luke's	—	—	—	—	—	—	—	—	6	238	6	238
St Paul's	4	114	—	—	—	—	—	—	—	—	4	114
Wallyford	5	139	—	—	—	—	—	—	—	—	5	139
Whitecraig	6	48	—	—	—	—	—	—	—	—	6	48
Totals	36	1038	3	226	5	184	2	62	25	1150	71	2660

TABLE XXIII—HEALTH EDUCATION TALKS—SECONDARY SCHOOLS

	Currie S.S.	Dalkeith High	Dalkeith St. David's	East Calder J.S.	Greenhall S.S.	Lasswade S.S.	Loanhead J.S.	Musselburgh Grammar	Penicuik S.S.	W. Calder High	W. Calder St. Mary's	Total
Hygiene ....	—	6	—	—	4	—	—	5	—	—	—	15
Alcohol ....	—	123	—	4	80	—	—	107	—	—	—	310
Clean Food ....	—	—	—	78	—	—	—	—	—	—	—	4
Home Safety ....	1	8	4	1	4	7	1	3	1	2	1	78
Dental Health ....	350	204	300	123	600	500	150	54	83	46	58	33
Smoking ....	3	18	10	—	14	7	2	4	1	2	—	2468
Feminine Hygiene I ....	117	448	260	—	317	213	57	80	93	58	—	62
Feminine Hygiene II ....	—	—	—	—	—	—	—	1	—	—	—	1643
Infectious Diseases ....	2	8	4	—	4	7	1	21	—	—	—	1
Mothercraft ....	61	174	107	—	191	131	24	124	82	141	—	21
First Aid, Home Nursing ....	2	12	4	2	4	7	2	6	2	3	2	37
Totals ....	57	221	95	27	118	127	23	140	78	59	32	1015
	—	—	—	—	—	—	1	2	1	—	—	47
	—	—	—	—	—	—	13	39	63	—	—	977
	—	2	—	2	—	—	—	2	—	—	—	4
	—	60	—	53	—	—	—	31	—	—	4	115
	—	55	25	4	9	6	—	—	—	—	—	10
	—	1034	429	32	164	87	—	—	6	6	121	265
	—	4	—	8	—	—	—	—	116	42	—	111
	—	48	—	100	—	—	—	2	—	—	—	1904
	—	—	—	—	—	—	—	15	—	—	—	14
	8	111	37	21	39	34	7	30	13	17	7	338
	585	2312	1191	413	1470	1058	267	611	515	326	211	9122

# PEEBLESSHIRE

## TABLE IA

Number of Children Examined at:—

(a) Systematic Examinations	Routine Examinations	Other Systematic Examinations	Total
V. Year Age Group (Born 1958)	158	66	224
IX. Year Age Group (Born 1954)	150	77	227
XIII. Year Age Group (Born 1950)	144	26	170
XVI. Year Age Group (Born 1947)	39	3	42
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>
	491	172	663
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>

(b) Other Examinations—

VII Year Group—Vision only (Born 1956)	....	....	....	179
Special Cases	....	....	....	149
Re-inspecions by Medical Officers...	....	....	....	44
“Leavers”—Vocational Guidance Examinations	....	....	....	128
Audiometric tests—medical follow-up	....	....	....	36
Examination under Section 63 of Education (Scotland) Act, 1962	....	....	....	12
Pre-Apprenticeship Pre-nursing Course Examinations	....	....	....	4
Examinations of Children requiring Transport	....	....	....	4
Others....	....	....	....	13
				<hr style="width: 100%;"/>
				569
				<hr style="width: 100%;"/>

(c) Notices to Parents of Children examined at Routine Inspections

Entrants	....	....	....	....	12
9 years	....	....	....	....	14
13 years	....	....	....	....	4
16 years	....	....	....	....	—
					<hr style="width: 100%;"/>
					30

(d) Notices to Parents of Children examined as Specials

	2
	<hr style="width: 100%;"/>
Totals	32
	<hr style="width: 100%;"/>

## TABLE IIA

### HEIGHTS AND WEIGHTS (ROUTINE EXAMINATIONS)

	Average Age		Numbers	Average Height (ins.)	Average Weight (lbs.)
	Yrs.	Mos.			
BOYS	5	7	6	44.8	44.4
	9	8	10	53.6	70.4
	13	8	7	60.8	96.0
	16	7	4	66.6	126.5
GIRLS	5	8	9	43.0	41.2
	9	7	5	51.9	61.1
	13	7	4	59.7	99.2
	16	8	2	66.5	131.0

TABLE IIIA—SYSTEMATIC EXAMINATIONS

	ENTRANTS				IX YEAR				XIII YEAR				XVI YEAR				ALL AGES				TOTALS		
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		No.	%	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
No. Examined	113	—	111	—	136	—	91	—	95	—	75	—	19	—	23	—	363	—	300	—	663	—	
Parents Present	72	63.7	61	54.9	27	19.8	36	39.6	3	3.1	1	1.3	—	—	—	—	102	28.1	98	32.7	200	30.16	
Clothing Unsatisfactory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Footgear Unsatisfactory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Vaccinated	92	81.4	91	81.9	115	84.6	74	81.3	78	82.1	58	77.3	16	84.2	21	91.3	301	82.9	264	8.8	565	85.22	
Uncleanliness—Head	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Body	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Both	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Skin—Head—Ringworm	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Impetigo	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Diseases	1	0.9	1	0.9	—	—	1	1.1	—	—	1	1.3	—	—	—	—	1	0.3	3	1.0	4	0.60	
Body—Ringworm	—	—	1	0.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.3	1	0.15
Impetigo	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scabies	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Diseases	2	1.8	—	—	1	0.7	1	1.1	1	1.05	—	—	—	—	—	—	4	1.1	1	0.3	5	0.75	
Nutrition—Sl. Defect	1	0.9	1	0.9	1	0.7	1	1.1	—	—	3	3.9	—	—	—	—	2	0.5	5	1.7	7	1.06	
Bad	—	—	1	0.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.3	1	0.15	
Oral Sepsis	1	0.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.3	—	—	1	0.15	
Nose—Obst. req. observ.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Obst. req. oper.	—	—	—	—	1	0.7	—	—	—	—	—	—	—	—	—	—	1	0.3	—	—	1	0.15	
Other conditions	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Throat—Tons. req. observ.	—	—	1	0.9	—	—	1	1.1	—	—	—	—	—	—	—	—	—	—	2	0.7	2	0.30	
Tons. req. oper.	1	0.9	3	2.7	1	0.7	—	—	—	—	—	—	—	—	—	—	2	0.5	3	1.0	5	0.75	
Glands—req. observ.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
req. oper.	—	—	1	0.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.3	1	0.15
Vision—Fair	12	10.7	1	0.9	9	6.6	8	8.8	8	8.4	6	8.0	—	—	3	13.04	29	7.9	15	5.0	44	6.64	
Bad	2	1.8	1	0.9	9	6.6	4	4.4	1	1.05	2	2.6	—	—	1	4.3	12	3.3	8	2.7	20	3.01	
Req. refraction	1	0.9	—	—	8	5.9	5	5.5	—	—	3	3.9	—	—	1	4.3	9	2.5	9	3.0	18	2.71	
External Eye Disease—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bleph.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Strab.	5	4.4	2	1.8	—	—	1	1.1	—	—	—	—	—	—	—	—	5	1.4	3	1.0	8	1.21	
Corn. Opac.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Conjunc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ears—Otorrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hearing—Grade I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Grade IIa	1	0.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.3	—	—	1	0.15	
Grade IIb	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Grade III	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Speech—Def. Art.	2	1.8	1	0.9	1	0.7	1	1.1	—	—	—	—	—	—	—	—	3	0.8	2	0.7	5	0.75	
Stammer	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Mental and Nerv. cond.—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Backward	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dull	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Def. (Educ.)	—	—	—	—	—	—	1	1.1	—	—	—	—	—	—	—	—	—	—	1	0.3	1	0.15	
Def. (Ined.)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Highly Nervous, etc.	—	—	—	—	1	0.7	—	—	1	1.05	—	—	—	—	—	—	2	0.5	—	—	2	0.30	
Difficult in Behaviour	1	0.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.3	—	—	1	0.15	
Heart Disease—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Organic—Cong.	—	—	—	—	1	0.7	—	—	—	—	—	—	—	—	—	—	1	0.3	—	—	1	0.15	
Acq.	—	—	—	—	—	—	—	—	—	—	1	1.3	—	—	—	—	—	—	1	0.3	1	0.15	
Functional	1	0.9	2	1.8	—	—	—	—	—	—	1	1.3	—	—	—	—	1	0.3	3	1.0	4	0.60	
Lungs—Chr. Bron.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
? Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Diseases	2	1.8	1	0.9	2	1.5	1	1.1	2	2.1	—	—	—	—	—	—	6	1.6	2	0.7	8	1.21	
Deformities—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Congenital	1	0.9	3	2.7	2	1.5	—	—	3	3.1	—	—	—	—	—	—	6	1.6	3	1.0	9	1.35	
Acquired (Infant)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Prob. Rickets	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Causes	8	7.1	3	2.7	7	5.1	3	3.3	10	10.5	5	6.7	1	5.3	4	17.4	26	7.2	15	5.0	41	6.18	
Infectious Diseases	1	0.9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	0.3	—	—	1	0.15	
Other Conditions	5	4.4	7	6.3	3	2.2	2	2.2	4	4.2	5	6.7	1	5.3	2	8.6	13	3.6	16	5.3	29	4.37	



TABLE IVa

## CLASSIFICATION OF SYSTEMATIC EXAMINATIONS

Group	ENTRANTS		2ND AGE GROUP		3RD AGE GROUP		SECONDARY AGE GROUP		TOTAL	
	No. of Children	% of Group	No. of Children	% of Group	No. of Children	% of Group	No. of Children	% of Group	No. of Children	% of All Children Examined
I	148	66.0	163	71.8	121	71.2	32	76.2	464	69.9
IIA	15	6.7	17	7.5	11	6.5	1	2.4	44	6.7
II B	—	—	1	0.5	—	—	—	—	1	0.1
II C	—	—	—	—	—	—	—	—	—	—
Total	15	6.7	18	8.0	11	6.5	1	2.4	45	6.8
III	23	10.3	9	3.9	10	5.9	—	—	42	6.4
IVA	32	14.3	30	13.2	22	12.9	7	16.7	91	13.7
IV B	6	2.7	7	3.1	6	3.5	2	4.7	21	3.2
Total	38	17.0	37	16.3	28	16.4	9	21.4	112	16.9
Grand Total	224		227		170		42		663	

I.—Children free from defects.

II.—Children (otherwise free from defects) who suffer from (a) Defective vision not worse than 6/12 in the better eye with or without glasses; (b) Conditions of the mouth and teeth likely to affect the general health; (c) Both (a) and (b).

III.—Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks.

IV.—Children suffering from (or suspected to be suffering from) defect 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; (b) Where improvement only is considered possible, *i.e.*, without complete restoration of function.

TABLE VA

## RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

Disability	At Ordinary Schools	At Special School or Classes	At no School or Institution	Total
1. Blind	—	1	—	1
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...	—	—	—	—
3. Deaf—Grade I	112	2	—	114
"    II	5	—	—	5
"    IIA	28	1	—	29
"    IIB	—	2	—	2
"    III	—	—	—	—
4. Defective Speech				
(a) Defects of articulation requiring special educational measures	39	2	—	41
(b) Stammering requiring special educational measures...	1	—	—	1
5. Mentally Defective (children between 5 and 16 years)—				
(a) Educable (I.Q. approx 50-70)	—	7	1	8
(b) Ineducable (I.Q. generally less than 50)	—	6	3	9
6. Epilepsy—				
(a) Mild and occasional	3	—	—	3
(b) Severe (suitable for care in a residential school)	—	—	—	—
7. Physically Defective (children between 5 and 16 years)—				
(a) Non-pulmonary tuberculosis (excluding Cervical Glands)	—	—	—	—
(b) General orthopaedic conditions	202	4	1	207
(c) Organic Heart disease	10	1	1	12
(d) Other causes of ill-health	19	—	—	19
*8. Multiple Defects	31	7	3	41
* (Included in above)				

(Included in "At Special Schools or Classes" are children at Special School outwith the County (p. 43) and Peeblesshire Children at Castlecraig (p. 43).

Multiple Defects				Ordinary School	Special School	At Home	Total
3,	4 (a),	5 (a)....	....	—	1	—	1
3,	5 (b)	....	....	—	1	—	1
4 (a),	5 (a)	....	....	—	1	—	1
4 (a),	5 (b)	....	....	—	—	1	1
5 (a),	7 (b)	....	....	—	2	—	2
5 (a),	7 (c)	....	....	—	1	—	1
5 (b),	7 (b)	....	....	—	—	1	1
5 (b),	4 (a)	....	....	—	1	—	1
5 (b),	7 (c)	....	....	—	—	1	1
Others	....	....	....	31	—	—	31
				31	7	3	41

TABLE VIA  
AMELIORATION TABLE—PHYSICAL DEFECTS

DEFECTS	No. Reported	TREATMENT				Not yet Visited	Left School or District
		Completed	Pro-ceeding	Pro-mised	Refused		
Adenoids ....	—	—	—	—	—	—	—
Enlarged or Septic Tonsils ....	—	—	—	—	—	—	—
Skin Conditions ....	1	—	1	—	—	—	—
Various ....	2	—	2	—	—	—	—
Totals ....	3	—	3	—	—	—	—

TABLE VIIA  
CLEANLINESS INSPECTIONS

	TERM		
	Autumn	Spring	Summer
Number Examined ....	1606	—	—
Found to have Nits ....	8 (0.49%)*	—	—
Found to have Head Vermin	2 (0.01%)*	—	—
New Cases—Nits ....	—	—	—
New Cases—Head Vermin....	—	—	—

\*(6 children from one "Problem" family—under supervision)

TABLE VIIIA  
AMELIORATION TABLE—UNCLEANLINESS

Number found with Vermin	Nits only	Cleansed	Improved	Not Improved	Left District
2	16	16	—	—	2

TABLE IXA  
MINOR AILMENTS

Number of Children attending	.....	.....	.....	.....	.....	.....	.....	104
Total Number of Attendances	.....	.....	.....	.....	.....	.....	.....	208
Classification of Ailments with Attendances:—								
(1) Cuts, Bruises, Sprains, Minor Injuries, etc.	.....	.....	.....	.....	.....	.....	1st Visit	Re-Visit
(2) Diseases of the Ear	.....	.....	.....	.....	.....	.....	54	86
(3) Diseases of the Eye, excluding Defective Vision	.....	.....	.....	.....	.....	.....	3	3
(4) Diseases of the Skin:—	.....	.....	.....	.....	.....	.....	1	—
Ringworm (Scalp)	.....	.....	.....	.....	.....	.....	—	—
X-Ray Treatment	.....	.....	.....	.....	.....	.....	—	—
Other Treatment	.....	.....	.....	.....	.....	.....	—	—
Ringworm (Body)	.....	.....	.....	.....	.....	.....	3	1
Scabies	.....	.....	.....	.....	.....	.....	—	—
Impetigo	.....	.....	.....	.....	.....	.....	—	—
Other Skin Conditions	.....	.....	.....	.....	.....	.....	3	—
(5) Other Conditions	.....	.....	.....	.....	.....	.....	40	18
							104	108

TABLE XA  
INFECTIOUS DISEASES

Number of Case Exclusions notified by Head Teacher during Session  
1963-1964 on account of Infectious Diseases

	Aug.-Dec.	Jan.-Mar.	April-July	Totals
	Cases	Cases	Cases	
Scarlet Fever	4	—	—	4
Diphtheria	—	—	—	—
Measles	—	1	18	19
Mumps	111	11	14	136
Whooping Cough	—	21	18	39
Chicken Pox	75	117	24	216
Ringworm—Scalp	—	—	—	—
Body	1	3	—	4
Impetigo	5	—	—	5
Scabies	—	—	—	—
Totals	196	153	74	423

TABLE XIa  
CHILDREN REFERRED TO SCHOOL OCULIST

	CLINICS		
	Penicuik	Peebles	Total
Cases referred	5	113	118
Attended Clinic	5	110	115
Own Oculist	—	3	3
Refused treatment	—	—	—
Glasses prescribed	3	66	69
No glasses prescribed	2	44	46

TABLE XIIIa—AUDIOMETRIC TESTING

Age Group	Number Tested	NUMBER DEFECTIVE—GRADED AS UNDER							Total	%
		I	II	IIa	IIb	III	Total	%		
1952	Boys	5	—	1	—	1	—	—	6	8.3
	Girls	5	—	1	—	1	—	—	6	8.9
	Total	10	—	2	—	2	—	—	12	8.5
1956	Boys	11	1	1	—	—	—	—	13	15.5
	Girls	11	—	4	—	—	—	—	15	17.0
	Total	22	1	5	—	—	—	—	28	16.3
1958	Boys	10	1	3	—	—	—	—	14	16.3
	Girls	8	1	5	—	—	—	—	14	17.0
	Total	18	2	8	—	—	—	—	28	16.7
Others	Boys	—	—	—	—	—	—	—	—	—
	Girls	—	—	1	—	—	—	—	1	—
	Total	—	—	1	—	—	—	—	1	—
Retests	Boys	17	1	11	—	—	—	—	29	—
	Girls	13	1	7	—	—	—	—	21	—
	Total	30	2	18	—	—	—	—	50	—

Defects in "Others" tested and "Retests" have not been shown as percentages as the children tested are not representative of any particular age group.



TABLE IV A

## ORTHOPAEDIC SERVICE—ROUTINE CLINICS ATTENDED BY PHYSIOTHERAPISTS

Centres	No. of Plasters	No. of Sessions	CHILDREN ATTENDING										All Cases Total				
			Clinic					Domiciliary									
			Boys		Girls		Cl. Att. Total	Boys		Girls		Pre.		Sch.			
			Pre.	Sch.	Pre.	Sch.		Pre.	Sch.	Pre.	Sch.						
Broughton	—	7	—	26	—	9	—	—	—	—	—	—	—	—	—	—	35
Castle Craig Residential School	—	81	—	414	—	283	—	—	—	—	—	—	—	—	—	—	698
Eddleston	—	6½	—	2	—	10	—	—	—	—	—	—	—	—	—	—	13
Halyrude	—	9½	—	18	—	27	—	—	—	—	—	—	—	—	—	—	45
Kingsland	5	22½	—	57	1	90	—	—	—	—	—	—	—	—	—	—	149
Kirkurd	—	2½	—	—	—	8	—	—	—	—	—	—	—	—	—	—	8
Lamancha	—	2½	—	13	—	18	—	—	—	—	—	—	—	—	—	—	31
Manor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Newlands	—	2½	—	—	—	9	—	—	—	—	—	—	—	—	—	—	9
Peebles High	2	31	—	116	—	97	—	—	—	—	—	—	—	—	—	—	229
Skirling	—	4	—	6	—	11	—	—	—	—	—	—	—	—	—	—	17
Stobo	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St Ronan's	2	17	—	59	—	60	—	—	—	—	—	—	—	—	—	—	119
Traquair	—	5	—	7	1	2	—	—	—	—	—	—	—	—	—	—	13
Walkerburn	—	9	—	6	1	27	—	—	—	—	—	—	—	—	—	—	40
West Linton	—	4	—	21	—	20	—	—	—	—	—	—	—	—	—	—	44
Totals	9	202	—	745	3	671	—	—	—	—	—	—	—	—	—	—	1450

TABLE XV<sub>A</sub>  
 ORTHOPAEDIC SERVICE  
 Defects found in new cases

Classification of Defects	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
<b>Postural—</b>					
Poor Postures .....	—	3	—	—	3
<b>Skeletal—</b>					
Knock Knees .....	—	3	1	—	4
Flat Feet .....	1	4	1	5	11
Rotated Femora .....	—	—	—	2	2
Deformed Toes .....	—	—	—	2	2
<b>Respiratory—</b>					
Asthma .....	—	9	—	4	13
<b>Injuries—</b>					
N.A.D. ....	—	—	—	—	—
Totals ....	1	19	2	14	36

TABLE XVI<sub>A</sub>  
 ORTHOPAEDIC SERVICE  
 Numbers on Register at 31st July, 1964

Centres	Boys		Girls		Total
	Pre.	Sch.	Pre.	Sch.	
Broughton .....	—	3	—	1	4
Castlecraig .....	—	19	—	10	29
Eddleston .....	—	1	—	1	2
Halyrude .....	—	5	—	7	12
Kingsland .....	—	14	2	8	24
Kirkurd .....	—	1	—	5	6
Lamancha .....	—	—	—	2	2
Leithenside .....	—	2	—	2	4
Manor .....	—	1	—	—	1
Newlands .....	—	—	—	1	1
Peebles High .....	—	18	—	21	39
Peebles R.C. ....	—	—	—	2	2
Skirling .....	—	1	—	2	3
St Ronan's .....	2	11	2	7	22
Traquair .....	—	1	—	—	1
Tweedsmuir .....	—	1	—	—	1
Walkerburn .....	—	—	—	4	4
West Linton .....	—	8	—	9	17
Totals ....	2	86	4	82	174

TABLE XVIII  
DENTAL INSPECTION AND TREATMENT

Number of Children who were—				Systematic	Special and	
(1) Inspected by Dental Officers—				Examina-	Emergency	
Age				tions	Cases	Total
5 or under	....	....	....	97	12	109
6	....	....	....	81	21	102
7	....	....	....	67	14	81
8	....	....	....	86	12	98
9	....	....	....	62	6	68
10	....	....	....	60	9	69
11	....	....	....	71	4	75
12	....	....	....	40	24	64
13	....	....	....	14	9	23
14	....	....	....	11	16	27
15	....	....	....	13	14	27
16	....	....	....	—	7	7
17 or over	....	....	....	—	2	2
				602	150	752
(2) With Dental Defects	....	....	....	514	150	664
(3) Offered Treatment	....	....	....	455	150	605
(4) Number Accepting Treatment	....	....	....	410	150	560
(5) Actually treated by the School Dental Officers	....	....	....	410	150	560
(6) Number of Attendances made by children for treatment	....	....	....	2913	721	3634
(7) Fillings—						
(a) Permanent Teeth	....	....	....	1469	362	1831
(b) Temporary Teeth	....	....	....	819	80	899
(8) Extractions—						
(a) Permanent Teeth	....	....	....	86	76	162
(b) Temporary Teeth	....	....	....	559	155	714
(9) Number of Administrations of a general anaesthetic for extractions	....	....	....	28	26	54
(10) Other Operations—						
(a) Permanent Teeth	....	....	....	870	257	1127
(b) Temporary Teeth	....	....	....	485	77	562
(11) Dentures—						
(a) Partial	....	....	....	1	—	1
(b) Full	....	....	....	—	—	—
(c) Repairs	....	....	....	—	—	—
(12) Radiographs—						
Number of Exposures (not including Orthodontics)	....	....	....	14	—	14
(13) Half-days devoted to—						
Inspection	....	....	....	9	—	9
Treatment	....	....	....	573	—	573

N.B.—The above Table does not include Orthodontic work which is recorded elsewhere.

TABLE XVIII  
DENTAL INSPECTION AND TREATMENT—SCHOOLS

School	Number Inspected	With Dental Defects		Offered Treatment		Accepting Treatment		Receiving Treatment		Untreated		Interval in Months since last Visit	% of Acceptance last Visit
		No.	%	No.	%	No.	%	No.	%	No.	%		
Castlecraig	38	38	100.0	38	100.0	38	100.0	37	97.4	1	2.6	12	100.0
Eddleston	40	35	87.5	32	91.4	28	87.5	28	87.5	4	12.5	24	71.1
Kingsland	394	332	84.3	321	96.7	278	86.6	277	86.3	44	13.7	46	87.8
Kirkurd	23	18	78.3	17	94.4	17	100.0	17	100.0	—	—	12	100.0
Lamancha	18	13	72.2	13	100.0	13	100.0	13	100.0	—	—	12	100.0
Manor	25	20	80.0	20	100.0	13	65.0	12	60.0	8	40.0	10	86.7
Newlands	21	17	80.9	15	88.2	12	80.0	12	80.0	3	20.0	12	87.5
Skirling	30	25	83.3	22	88.0	18	81.8	18	81.8	4	18.1	12	100.0
Stobo	15	13	86.6	13	100.0	7	53.8	7	53.8	6	46.2	12	61.5
Traquair	42	27	64.3	21	77.8	16	76.2	16	76.2	5	23.8	10	82.6
Tweedsmuir	16	14	87.5	12	85.7	11	91.7	11	91.7	1	8.3	10	88.9
Walkerburn	107	96	89.7	82	85.4	58	70.7	58	70.7	24	29.3	12	72.3
West Linton	208	187	89.9	175	93.5	152	86.8	152	86.8	23	13.1	34	90.4
Total or %	977	835	85.5	781	93.5	661	84.6	658	84.3	123	15.7	16.8	85.9

N.B.—Only schools in which treatment has been completed are included in this Table.

TABLE XIXA

ORTHODONTIC TREATMENT

Number of cases continued from previous year	....	....	....	....	....	....	....	....	....	66
New cases	....	....	....	....	....	....	....	....	....	12
Cases completed	....	....	....	....	....	....	....	....	....	8
Cases discontinued	....	....	....	....	....	....	....	....	....	—
Cases continuing at end of year	....	....	....	....	....	....	....	....	....	70
Attendances for treatment	....	....	....	....	....	....	....	....	....	171
Number of consultations with Regional Hospital Board Orthodontist	....	....	....	....	....	....	....	....	....	42
Number of diagnostic examinations not followed by treatment	....	....	....	....	....	....	....	....	....	1
Number of Removable Appliances fitted	....	....	....	....	....	....	....	....	....	2
Number of Fixed Appliances fitted	....	....	....	....	....	....	....	....	....	2
Repairs to Appliances	....	....	....	....	....	....	....	....	....	—
Number of Extractions (non-carious)—										
(a) Permanent Teeth	....	....	....	....	....	....	....	....	....	5
(b) Temporary Teeth	....	....	....	....	....	....	....	....	....	5
Radiographs—										
Number of Exposures										
(a) Intra-oral	....	....	....	....	....	....	....	....	....	23
(b) Extra-oral	....	....	....	....	....	....	....	....	....	30
Consultant Sessions	....	....	....	....	....	....	....	....	....	2
Treatment Sessions	....	....	....	....	....	....	....	....	....	17

Age		Sex		Race		Religion		Social Class		Total
M	F	M	F	M	F	M	F	M	F	
101	11	5	2	5	1	—	1	5	4	101
10	11	11	11	11	11	—	1	11	11	10
10	11	1	1	1	1	—	1	1	1	10
10	11	1	1	1	1	—	1	1	1	10

TABLE XXA

## CASTLECRAIG RESIDENTIAL SCHOOL

## Inspection—

Inspected	....	....	....	....	....	....	....	....	....	38
With Dental Defects	....	....	....	....	....	....	....	....	....	38
Offered Treatment	....	....	....	....	....	....	....	....	....	38

## Treatment—

Number Treated	....	....	....	....	....	....	....	....	....	37
Total Attendances	....	....	....	....	....	....	....	....	....	101
Fillings—Permanent Teeth	....	....	....	....	....	....	....	....	....	37
Temporary Teeth	....	....	....	....	....	....	....	....	....	20
Extractions—Permanent Teeth	....	....	....	....	....	....	....	....	....	—
Temporary Teeth	....	....	....	....	....	....	....	....	....	12
Other Operations—Permanent Teeth	....	....	....	....	....	....	....	....	....	25
Temporary Teeth	....	....	....	....	....	....	....	....	....	15

TABLE XXI<sub>A</sub>TUBERCULIN SKIN TESTING OF SCHOOL LEAVERS  
1950 AGE GROUP

School	No. on Roll		Refusals		Number Tested		Mantoux Negative			
									%	
	M	F	M	F	M	F	M	F		
Broughton	4	3	1	—	3	3	2	3	66	100
Peebles High	53	39	4	—	49	38	42	31	85	74
St Ronan's	14	21	—	—	13	19	11	14	85	75
West Linton	7	6	1	1	6	5	6	4	100	80
Total	78	69	6	1	71	65	61	52	86	80

The 24 Heaf positive reactors were all X-rayed and their chests were found to be clear.

TABLE XXIIA

## X-RAY

School	Pupils		Teaching Staff		Ancillary Staff	
	M	F	M	F	M	F
Broughton ....	1	—	2	4	1	4
Castlecraig ....	—	—	1	3	2	9
Eddleston ....	—	—	—	1	—	1
Kirkurd ....	—	—	—	—	—	2
Lamancha ....	—	—	—	1	—	1
Manor ....	—	—	—	—	—	—
Newlands ....	—	—	—	1	—	1
Peebles High ....	7	8	24	10	3	13
Peebles Public ....	—	—	3	15	2	20
Peebles R.C. ....	—	—	1	1	—	—
St Ronan's Sec. ....	2	5	4	20	2	8
Skirling ....	—	—	—	2	—	1
Stobo ....	—	—	1	—	—	1
Traquair ....	—	—	—	2	—	1
Tweedsmuir ....	—	—	1	—	—	2
Walkerburn ....	—	—	—	2	—	4
West Linton ....	1	1	—	1	—	3
Visiting Staff ....	—	—	1	4	—	—
Totals ....	11	14	38	67	10	71







