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PERTH AND KINROSS COUNTY COUNCIL

COUNTY HEALTH DEPARTMENT

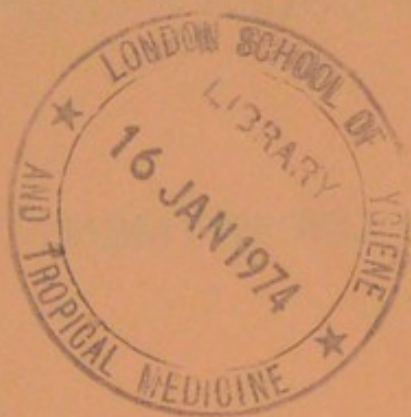
REPORT

ON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR ENDING 31ST JULY, 1960

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PERTH AND KINROSS COUNTY COUNCIL

COUNTY HEALTH DEPARTMENT

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SCHOOL HEALTH SERVICE

FOR THE YEAR ENDING 31ST JULY, 1960

REPORT OF THE BOARD OF HEALTH OF THE CITY OF NEW YORK

FOR THE YEAR 1900

REPORT

IN TWO VOLUMES

VOLUME I. GENERAL STATEMENT OF THE HEALTH OF THE CITY

NEW YORK: PUBLISHED BY THE BOARD OF HEALTH, 1901.

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INTRODUCTION

Medical inspection of school children became compulsory by law just over fifty years ago. It might therefore be appropriate to review the progress made during these years and to make some comparisons between the findings in 1910 and those of 1960.

The following table shows the average heights and weights of children of similar ages in these two years.

Age (years)	Year of Inspection	Height (ins)		Weight (lbs)	
		Boys	Girls	Boys	Girls
5 years	1910	40.60	40.70	39.9	38.60
	1960	43.00	43.00	43.90	42.70
	Increase since 1910	2.40	2.3	4.0	4.10
9 years	1910	49.16	49.73	57.68	56.69
	1960	51.80	51.00	67.10	64.20
	Increase since 1910	2.64	1.27	9.42	7.51
13 years	1910	56.1	59.75	77.3	82.4
	1960	60.7	60.80	98.7	105.8
	Increase since 1910	4.6	1.05	21.4	23.4

The figures are not exactly comparable in that those for 1910 refer only to children attending Perth City Elementary Schools while those for 1960 refer to children attending schools from the Joint Counties of Perth and Kinross including Perth City. Nevertheless, the comparison is significant and would indicate that the five year old child of today is some two inches taller and four pounds heavier than his counterpart of fifty years ago. The nine year old is some two inches taller and eight pounds heavier and the thirteen year old some two inches taller and over twenty pounds heavier than those of fifty years ago.

The improved physique of the modern child can be

attributed to many causes - improved child welfare services, a wide dissemination of knowledge on child-rearing, Child Welfare and Nursing Services, school meals and milk, better housing, advances in medical science, and the improved standard of living generally. Full statistical information on the findings at routine medical inspection in 1910 is not available, but it is interesting to note some of the conditions for which children attended the City School Clinic. There were 14 cases of pulmonary tuberculosis; 18 cases of tuberculous disease of the glands; rickets, rheumatism and chorea were prevalent. These have virtually disappeared today. It is recorded that 80-90% of the children had "bad teeth" and the establishment of a school dental clinic was urged. In 1960 the Chief Dental Officer reports that 61% of the children examined systematically were found to require dental treatment. He recommends prevention of dental decay by education of both parent and child in the proper care of the mouth, and possibly by fluoridation of water supplies. While the latter would be difficult to apply in a County where there are literally hundreds of small water supplies, much more must be done to encourage children to brush their teeth regularly, at least morning and night, and to discourage them from eating too many sweets and biscuits between meals. The pernicious habit of giving sweets or biscuits to a child last thing at night, sometimes after he has brushed his teeth, must be discouraged. Fruits which have a cleansing effect on the teeth should be given as a substitute for sweets. Oral hygiene must be preached not only by dental officers, but by school medical officers, district nurses, teachers and leaders of Youth Movements, in an endeavour to improve the present position.

Dr. Charles Stuart, the first School Medical Officer in this area, in his Report of 1910 saw the need for many of the developments which have subsequently materialised. He recommended the regulation and supervision of the employment of children, many of whom "come to school tired, hungry and wet, and more fit for bed than school". He noted that 25% of school leavers had "no idea as to what they would like to do in the way of work" and recommended liaison between the School Medical Service and the Labour Bureau so that

suitable employment could be found for children with defects. The Youth Employment Officer of today satisfies that need.

He noted the need for special educational facilities for backward children and urged the establishment of a Special Class for these pupils and the appointment of a qualified teacher. Educational provision is now being developed for these pupils, but still falls far short of requirements. From these small beginnings, the Child Guidance Service and Occupational Centres of today have developed.

He records the duty of the School Boards to see that "no child is prevented from benefiting by the education provided through lack of proper food or necessary clothing" and notes that "a large number of children were attending school barefooted on a day when the thermometer showed 15° of frost".

In November, 1910, "instructions were issued to the various Headmasters to provide breakfasts and dinners for really necessitous children". Breakfast consisted of porridge and milk, and dinner of soup and bread. The dinners were largely taken advantage of by paying pupils, whose parents found it both a cheap and a convenient way of securing a good warm meal for them during the midday interval. The total cost to the Board amounted to £17: 6: 5. It is recorded that Perth School Board was the first Board in Scotland to adopt the "Provision of Meals" Act.

Dr. Stuart suggested that by "forming one centre for the provision of meals, these could be provided more economically(!)* and a more pleasing variety in the dietary could be arranged". The School Meals Service has gradually evolved since that time and the varied diet recommended is provided.

These comparisons are sufficient to demonstrate some of the progress made during half a century.

This report for the year 1959-60 follows the usual lines laid down by the Department of Health. The Routine Medical Inspection of fifty years ago continue today and are an important part of the

* - The exclamation mark is mine.

work of this Department. It is only by this means that early deviations from the normal can be discovered and early treatment instituted. In many cases both child and parent are quite unaware of the presence of a significant defect and the advice of the family doctor is therefore not sought. Herniae, heart lesions, visual defects and impaired hearing frequently come into this category, and the latter two, if undetected may seriously hamper the child's educational progress.

Apart from routine medical inspections, the work of the School Medical Officer of today differs greatly from that of 1910. Much of his time is occupied in the application of immunological techniques developed within recent years. Poliomyelitis vaccination absorbed much of the time of both medical and clerical staff, but it is anticipated that the volume of work in this field will diminish in future years as about 80% of school and pre-school children have already had three injections.

Tuberculin testing and B.C.G. vaccination were again carried out on children aged thirteen years and chest x-ray was arranged where indicated. School staffs throughout the County were again X-rayed by M.M.R.

The demand for the services of the Speech Therapist and Educational Psychologist has not abated and long waiting lists are again reported.

The physique of the average school child today is much superior to that of fifty years ago, but, this is no cause for complacency. The educational provision for the mentally and physically handicapped has improved, and welfare services for their benefit are being developed but it is to be hoped that fundamental research into the causes of congenital defect might lead to a reduction in its incidence.

In conclusion I would like to express my thanks for the co-operation and encouragement which the School Health Service has received from headteachers, teachers and general practitioners throughout the area, and also from members and officials of the County Council, all of whom, by their interest, have contributed to

the smooth running of the Service.

A.S. CALDWELL,
County Medical Officer.

PERTH: January, 1961.

1. LIST of STAFF.

Chief School Medical Officer: A.S. Caldwell, M.B. Ch.B., D.P.H.
Medical Officer - Perth City Schools: John M. Aitken, M.B. Ch.B., D.P.H.

Assistant School Medical Officers:

Sheila M. Ore, M.B. Ch.B., D.P.H. (Senior School Medical Officer).

Vera C. Coutts, M.B. Ch.B., D.P.H. (appointed 16.11.59.)

Eileen R. Forrest, M.B. Ch.B., D.P.H.

Elizabeth T. Watson, M.B. Ch.B. (part-time)

Mary R. McKillop, M.B. Ch.B., D.P.H. (part-time - appointed 26.10.59).

Senior Dental Officer:

M.R. Kirkland, L.D.S.

Assistant Dental Officers:

Mrs. M. Black, L.D.S.

Miss C.J. Brunton, L.D.S.

Mrs. Elizabeth Wallace, L.D.S.

W.J. MacKillop, L.D.S.

School Nurses:

Full time: Miss Isobel Wake (Perth City)

Part time: 50 County District Nurses

7 City Health Visitors.

Physiotherapists:

Miss A.C. Hampton (Senior)

Miss M. Hearnshaw

Miss E. Robertson

Orthoptist: Miss Alison Robb

Audiometrician: Miss Flora Auchterlonie (resigned 16.7.60)

Orthopaedic Almoner: Miss M. Hearnshaw (part-time)

Clinical Assistants:

Medical: Mrs. Elizabeth Cameron

Dental: Miss Christine Clayton (resigned 15.2.60)

Miss Catherine Mowbray (resigned 15.1.60)

Miss M.S. Walker

Mrs. H.W. Ross

Mrs. A. Mackay (appointed 25.1.60)

Mrs. B. Ritchie (appointed 15.2.60)

Miss C. Walker (appointed 10.8.59)

2. GENERAL STATISTICS.

Population of the area			133,371
Number of Schools:			
(a) Nursery)		1
Nursery classes in ordinary schools)			1
(b) Primary)	Under	126
(c) Senior Secondary)	Education	5
(d) Junior Secondary)	Authority	19
(e) (1) Special Schools)		-
(2) Special Classes)		3
(3) Occupation Centres)		2
(f) In receipt of grant from Education Authority and under Medical inspection			2
Average number of children on the roll			20,422
Number in average attendance during year			19,059

3. SANITARY CONDITIONS OF SCHOOLS

The Department of Health advise that this subject be dealt with by a series of systematic surveys extending over a period of years. This year the schools in Perth District were due for review. These are as follows: Arngask, Forgandenny, Abernethy, Forteviot, Craigend, Aberdalgie, Findo Gask, Path of Condie, Rhynd, Dunbarney, Invergowrie, Longforgan, Inchtute, Abernyte, Kinnaird, Errol Senior and Junior, Glendoick, Kilspindie, St. Madoes, Kinfauns, Kinclaven, Auchtergaven, Kinglands, Moneydie, Redgorton, Methven, Ruthvenfield, Balgowan, Pitcairn, Tibbermore, Logiealmond, Buchanty, Stanley and Scone.

1. General: Perth District schools were last surveyed in 1954, and many improvements have been effected in the interval. The Report below refers to conditions as at 31/7/60, and where an improvement scheme is already planned this is indicated thus (S).

2. Overcrowding. Some degree of overcrowding exists at Invergowrie(S), Errol, Methven (S), Dunbarney and Scone (S). At Aberdalgie there is only one room which, though not overcrowded, is used for all purposes including medical inspection and school meals.

3. Condition of Buildings. In general conditions are satisfactory with the exception of Aberdalgie at which the roof was noted to leak. Some ground damp was reported at Kinclaven School.

4. Playgrounds, Playing Fields. All the schools with the exception of Path of Condie and Kinnaird now have surfaces covered with tarmac either in whole or part. These are maintained in good repair.

All the Junior Secondary Schools and most of the larger primary schools have playing fields or use of a public park. 18 small primary schools in the Perth District have no playing field.

5. Shelter Sheds. These are generally satisfactory, though in the case of Dunbarney, Pitcairn, Scone and Redgorton, they are rather small. In some schools the children have free access to the school buildings during intervals especially in inclement weather.

6. Water Supply. Inadequate water supplies in drought are reported at the following schools: Findo Gask, Kinclaven and Balgowan (Schemes for improved supplies in progress) and Kinglands and Rhynd.

7. Washhand Basins: These are insufficient at Findo Gask (S), Buchanty (S), Errol (Infants), Kinclaven, Aberdalgie, Kinfauns, Rhynd and Dunbarney. No hot water is available at Buchanty (S), Inchtute (S), Balgowan (S). At Dunbarney 4 of the 10 washhand basins have only cold water.

8. Toilet Facilities. At Findo Gask dry pail closets are used, but this position will be rectified when water becomes available. There are insufficient W.Cs at Dunbarney and Methven (S) Schools. At Aberdalgie consideration should be given to modernisation of the existing toilets. The water supply is insufficient for satisfactory flushing at Kinglands, Kinclaven, Balgowan and Rhynd. Following a comprehensive scheme of improvements carried out throughout the County most of the schools have inside latrines and others are scheduled for modernisation.

9. Ventilation and Lighting. Ventilation and natural lighting is satisfactory in all schools with the exception of Room 2 in Inchtute School and Errol (Infants), at both of which improvements are planned. Artificial lighting in Findo Gask and Balgowan is by gas and is not very satisfactory, but conversion to electricity is anticipated in

the near future.

10. Heating. Coal fires at Kinfauns, Rhynd and Aberdalgie produce an uneven heat and complaint is made of draughts. At Findo Gask and Tibbermore boilers are situated in the classroom and give rise to fumes.

11. Facilities for Drying Clothes. On the whole arrangements are satisfactory. At most schools where central heating is available, hot pipes are provided for drying clothes. The smaller schools use the open fires.

12. Cloakrooms. These are considered inadequate at Inchtute (S), Errol Infants, Dunbarney (S) and Scone (S).

13. Cleansing. All schools are kept in a clean condition.

14. Improvements throughout the County. Position at 31/7/60.

- (a) Southern District School, Perth, is being converted to a Further Education Centre, the work to be completed in 1961.
- (b) Auchterarder - New Primary Department and alterations to existing school in progress.
- (c) Breadalbane Academy - Second phase of new secondary department scheduled to commence in 1961.
- (d) Dunblane - New Junior Secondary School-work in progress.
- (e) Moneydie - Alterations and additions completed.
- (f) Blackford - Adaptation and improvements nearing completion.
- (g) Thornhill - Alterations and additions well advanced.
- (h) Balquhiddie - Alterations and additions in progress.
- (i) Milnathort - New primary school plans submitted for approval.
- (j) Rattray - Alterations and additions in progress.
- (k) Killin - New building completed: old buildings reconstructed and both occupied.
- (l) Kincardine - New classrooms and dining centre completed
- (m) Portmoak - New school and schoolhouse completed and occupied.
- (n) Aberuthven - New classrooms and dining centre completed.
- (o) Coupar Angus - New part of school completed. Improvements to old buildings in progress.
- (p) Strathyre - New school and schoolhouse completed and occupied.
- (q) Kinnoull School - Alterations completed.
- (r) Perth Senior Academy - New classrooms and dining centre completed.
- (s) Residential School for Mentally Handicapped - Tenders out. Building planned to commence 1961.
- (t) Invervar Primary School - Extensions completed and occupied.

4. ORGANISATION AND ADMINISTRATION.

A. System and extent of medical inspection and treatment. No change occurred in the general arrangements during the year. The groups of children examined systematically during 1959-60 were (1) entrants and (2) children born in the years 1950, 1946 and 1943. Details of the results of these examinations are shown below and in the statistical tables.

As is now usual, boosting doses of diphtheria prophylactic were given to entrants, and tuberculin testing and where necessary B.C.G. vaccination were carried out for children in the thirteen year old group. Vaccination against poliomyelitis continued during the year although, because of the very good response when poliomyelitis vaccination was introduced, the great majority of school children had received all three injections before the session commenced. The procedures mentioned in this paragraph are National Health Service functions of the County and Town Councils as Local Health Authorities, but for convenience they are administered on a joint basis with Perth City within the framework of the School Health Service.

B. System and extent of dental inspection and treatment. The general arrangements were unchanged during the session under review. Five dental officers were available during the whole session. Details of the work done are given later in this Report.

C. School Nursing and arrangements for following up.

D. Co-ordination.

E. Co-operation with voluntary bodies etc.

No change occurred under these heads.

F. Co-operation with teachers and parents. The teaching staff have again been most helpful in referring cases to the School Medical Officers, and in co-operating to ensure the attendance of children for specialist advice and treatment. The attendance of parents at inspections was much the same as in previous years. One talk was given to a Parent-Teacher Association during the year.

5. FINDINGS of MEDICAL INSPECTION.

The number of children examined systematically was 6,437 as against 6,032 for the previous year. In addition, the Medical Officers examined in the schools, 924 special cases and made 2,070 re-examinations. The number of children examined for vision only at age seven was 1,675 and the number of children in employment examined was 575.

Except where otherwise stated, the figures in the following sections refer to the 6,437 children examined systematically.

1. Clothing.

Number of children examined systematically	6437	
Number with unsatisfactory clothing	17(0.26)	
	<u>Perth City.</u>	<u>Perth County</u>
Number of examinations of children by the nurses	21,420	50,936
Number with unsatisfactory clothing (including footwear)	45	40

The nurses' inspections are made without previous warning.

2. Footwear. No child was found with unsatisfactory footwear.

3. Cleanliness. The findings at the routine school medical inspections are not a very reliable index of cleanliness since the children may have been cleaned up for the occasion.

(a) Heads - dirty, nits or vermin	30 (0.47)
(b) Bodies - dirty, or verminous	10 (0.16)

The corresponding figures for last year were (0.56) and (0.05) respectively.

The nurses' cleanliness inspections give a more reliable index since no warning is given of visits. In 21,420 examinations in Perth City Schools, 16 children were found to have verminous heads on one or more occasions, as against 43 in 1958-59, 42 in 1957-58 and 35 in 1956-57.

In addition 209 children were found to have nits on one or more occasions.

In 50,936 County examinations, 30 children were found to have verminous heads on one or more occasions, the previous figures being 43 in 1958-59 and 56 in 1957-58. In addition, 144 children were found to have nits on one or more occasions.

The procedure laid down in the Education (Scotland) Act, 1946, was found to work satisfactorily. 10 formal notices were issued to parents requiring them to cleanse a total of 16 children.

4. Skin. Very few skin conditions were found at routine inspections.

(a) Heads:	Ringworm	1 (0.02)
	Impetigo	2 (0.03)
	Others	36 (0.56)

(b) Bodies:	Ringworm	Nil
	Impetigo	1 (0.02)
	Scabies	4 (0.06)
	Others	59 (0.92)

5. Nutrition. The general level of nutrition has been well maintained. Of the 6,437 children examined, 43 (0.67) were in a state of nutrition regarded as slightly defective, and in 6 (0.09) it was regarded as defective.

6. Mouth and Teeth. Of the 6,437 children examined at routine inspections, 612 (9.51) were considered by the Medical Officers to have unhealthy mouths, but these figures must be regarded as conservative when compared with the findings of the detailed examinations by the Dental Officers.

7. Naso-Pharynx. Most of the defects found again consisted of unhealthy tonsils and adenoids.

77 (1.2) cases were found to have slight nasal obstruction. 41 (0.64) had a degree of obstruction requiring operative treatment and 30 (0.47) had other nasal conditions.

In 376 cases (5.84) the tonsils were enlarged but not unhealthy. In 93 (1.44) cases it was considered that removal of the tonsils and/or adenoids was necessary.

46 cases (0.71) had glandular enlargement requiring observation,

and 7 (0.11) requiring treatment.

8. Eyes. The usual external diseases of the eyes, blepharitis and conjunctivitis are now uncommon. The cases found were treated, either at the school clinic or by the District Nurses. Strabismus (squint) remains a relatively common defect in this area. Cases of squint and defective eyesight are referred to the Eye Specialist.

Of the 6437 children examined, 42 (0.65) were found to have blepharitis and 2 (0.03) corneal opacity. No case of conjunctivitis was found. 96 (1.49) were found to have strabismus of varying degrees. 16 (0.25) were found to be suffering from other eye conditions.

603 children (9.49) were found to have some degree of defective vision. Of the 1675 children examined for vision at age seven, 126 (7.5) had some degree of defective vision, 123 (7.3) having fair vision (not worse than 6/12 in the better eye) and 3 (10.18) having bad vision (worse than 6/12 in the better eye).

9. Ears. 9 children (0.14) were found at routine inspection to be suffering from otorrhoea and 32 (0.5) from other diseases of the ear.

24 cases of defective hearing were found at routine inspection. 12 of these cases were classified as Grade I (capable of education in an ordinary classroom), 12 as Grade II(a) (capable of education in an ordinary class if seated near the teacher) None as Grade II(b) (requiring special education, but not of the type required for those whose speech and language are seriously affected) and none as Grade III (so deaf that speech and language are seriously defective and requiring education as for deaf and dumb children).

10. Speech. 41 children (0.64) were found to have defective articulation, and 8 (0.12) were found to suffer from stammering.

11. Mental and Nervous Conditions. The cases referred to below are those brought to notice for the first time during routine inspections.

(a) Backward	5 (0.08)
(b) Dull	35 (0.54)
(c) Mentally Defective (educable)	6 (0.09)
(d) Mentally defective (ineducable)	4 (0.06)
(e) Highly nervous or unstable	11 (0.17)
(f) Difficult in behaviour	7 (0.11)

12. Circulatory System. 24 children were found at routine inspection to have organic heart disease, congenital in 18 (0.28) cases and acquired in 6 cases (0.09). 22 cases (0.34) were found to have functional heart conditions.

13. Lungs. 8 children (0.12) were found to have chronic bronchitis, 5 (0.08) suspected tuberculosis and 52 (0.81) had other chest conditions including asthma.

14. Deformities. The cases referred to below are those included in the groups systematically examined, but the majority were already known to the Orthopaedic Department.

(a) Congenital deformities	132 (2.05)
(b) Acquired (infantile paralysis)	8 (0.12)
(c) Acquired (probably rickets)	3 (0.05)
(d) Acquired (other causes)	294 (4.57)

15. Infectious Diseases. 2 (0.03) cases were found at routine inspections.

16. Other Diseases and Defects. Nothing unusual was found under this heading. The total found was 179 (2.78).

17. Vaccination. 81.73% of all children examined were found to have been vaccinated. The percentage varied slightly between the age groups - entrants 82.23%; 1950 group (77.62%; 1946 group 85.48%; and 1945 group 89.34%.

18. Heights and Weights. The table below gives the average heights and weights found.

Year 1959 - 60.

<u>Group</u>	<u>Number Examined</u>	<u>Average Age</u>		<u>Height ins.</u>	<u>Average Weight lbs.</u>
		<u>Years</u>	<u>Months</u>		
Entrants	B 953	5	4	43	43.9
	G 915	5	2	43	42.7
Nines (1950)	B 945	9	4	51.8	67.1
	G 923	9	4	51	64.2
Thirteens (1946)	B 1080	13	4	60.7	98.7
	G 958	13	6	60.8	105.8
Sixteens (1943)	B 188	16	9	68	140.7
	G 186	16	11	63.9	124

6. TREATMENT.

A. Minor Ailments.

(1) Cuts, bruises, sprains and minor injuries. In Perth City treatment is available for those cases at the school clinic. Suspected fractures or other injuries requiring X-ray or special treatment are referred to Perth Infirmary. In the County, cases are treated by the teachers or district nurses. First aid requisites are supplied to all schools, with special outfits for the science and practical classes, and these are replenished as required.

Details of cases treated at the Perth Clinic are as follows:

Cases treated during the year	433
Cases ceasing to attend	cured 427
	improved -
Cases under treatment at end of year	6

(2) Diseases of the ear. In Perth City cases are treated by the School Clinic. County cases are treated either by the district nurses or the family doctors. Cases treated at Perth Clinic:

Cases treated during the year		36
Cases ceasing to attend	cured	36
	improved	-
Cases under treatment at end of year		-

During the session 19 Ear, Nose and Throat Clinics were held, at which there were 277 examinations of children by the Specialist. 77 cases were recommended for removal of tonsils and adenoids. 12 nasal cases were dealt with. 16 cases of catarrhal deafness were successfully treated by politzerisation. In 13 cases conservative treatment was advised. 6 cases were referred for investigation of sinuses; 7 cases were referred to the Deafness Clinic, Dundee and of these 2 received hearing aids.

(3) Diseases of the eye, excluding defective vision. Cases usually consist of styes, blepharitis or conjunctivitis. These are treated by the clinic or the district nurses. 123 cases were treated at the Perth Clinic this year.

(4) Diseases of the Skin. 40 cases of scabies and 20 cases of impetigo were dealt with during the session. All the cases were mild and cleared up without difficulty. 184 other skin cases were dealt with. Some two-thirds of these were warts on the hands, knees and face. These occurred in most of the City Schools and the numbers at the beginning of the 1960-61 session were similar to last year.

B. Defective Vision and Squint. Eye Clinics for school children, primarily a function of the Regional Hospital Board, are run on a joint basis within the School Health Service. Pre-school children are also dealt with at these clinics.

The number of new cases examined for the first time was 486, including 94 children under five years of age. Of these cases, 309 were examined at the Perth Clinic, 35 Crieff, 27 at Dunblane,

19 at Aberfeldy, 42 at Blairgowrie, 34 at Pitlochry, 20 at Kinross. 110 of these cases were squints and in 68 cases no defect was found by the Specialist. The remaining 308 cases were classified as follows:

Simple Hypermetropia	18 (3.7)
Simple Myopia	55 (11.8)
Hypermetropic Astigmatism	21 (4.32)
Myopic Astigmatism	4 (0.82)
Compound Hypermetropic Astigmatism	63 (12.96)
Compound Myopic Astigmatism	41 (8.44)
Mixed Astigmatism	46 (9.47)
Other conditions	60 (12.35)

The number of children re-examined was 1495 and the total number of refractions was 1982. Spectacles were ordered in 1000 cases.

The total number of cases seen by the Orthoptist during the year was 368. 72 of these were seen only once for diagnostic purposes. 133 attended for supervision whilst undergoing a course of occlusion to re-establish good visual acuity in the squinting or amblyopic eye. 42 cases were given orthoptic exercises to improve their binocular function. 125 cases were kept under observation to ensure that no deterioration took place either in the state of binocular function or the visual acuity. The number of attendances by the 368 cases was 1638.

C. Nose and Throat - operative treatment. Altogether 249 cases were operated on at Perth Royal Infirmary and a further 173 at Bridge of Earn Hospital, of which 64 had been referred through the School Health Service. At the end of the session the number of cases on the School List awaiting operation was 39.

In the Western District, 62 cases were done at Stirling Royal Infirmary, all having been referred by general practitioners.

D. Orthopaedic Treatment. This Regional Hospital Board service, dealing with children of all ages, is administered within the frame-

work of the School Health Service, and is based on the Perth School Clinic.

During the session, 2074 school children were seen by the Orthopaedic Surgeon and 113 school children were admitted to hospital (Bridge of Earn). The physiotherapists dealt with 1171 children for care and aftercare, giving 6175 treatments.

E. Hearing Testing. During the session 113 schools were surveyed. 2380 children were tested and of these 2259 were found to have normal hearing. The remaining 121 children were found to have defective hearing of varying degree: Grade I: 69 (2.94%), Grade IIA: 50 (2.1%), and Grade IIB: 2 (0.08%).

Included in the above totals were 790 boys of the 1951 age group and of these 760 had normal hearing, 18 had Grade I defect and 12 Grade IIA defect. 756 girls of the 1951 age group were tested and of these 722 had normal hearing, 19 Grade I defect and 15 Grade IIA defect.

The School Medical Officers have so far examined 93 of the 121 defects. 41 cases were in turn referred to the family doctor (wax 21, otorrhoea 10, others 10) and 42 cases were referred to the E.N.T. Clinic. By the end of the session 35 cases had been examined by the E.N.T. Specialist. In 16 cases removal of tonsils and/or adenoids was advised. 10 cases received treatment by politzerisation. In one case a hearing aid was provided. Treatment was given in another 3 cases and in 5 cases the disability was regarded as permanent and appropriate advice given regarding placing in class.

F. Vision Testing of Entrants. During the session 805 children born in 1954 had vision tests carried out by the audiometrician using the "E" test. 52 found to have visual defects were referred to the School Medical Officers for confirmation before referral to the Ophthalmologist.

7. DENTAL INSPECTION AND TREATMENT.

Mr. M.R. Kirkland, L.D.S., Senior Dental Officer, has prepared the following report.

The statistical summary for the year under review shows evidence of a year of steady and valuable work carried out by the staff of five Dental Officers. Generally speaking, there is an all-round increase in the volume of routine treatment, and this is particularly noticeable in the number of fillings in permanent teeth. This reflects our efforts to stem the flood of dental disease that exists in schools all over the country today. With the limited resources in the number of staff at our disposal, however, these efforts cannot hope to provide for all the children a continuous and regular service of inspection and treatment, which is our eventual objective. It seems, therefore, that while continuing to devote the energies of the Dental Officers to the repair of as much of the dental disease as they can manage, steps should be considered as to what can be done to prevent this occurring in the first place.

Prevention has become the watchword in dentistry, and if theory can be converted into practice, it does provide the most hopeful method of attacking the growing problem of dental disease. There appear to be two main lines of approach to the question of prevention; firstly Dental Health Education, and secondly Chemical Prophylaxis which in effect means Fluoridation.

Dental Health Education implies the education of both parent and child in the proper care of the mouth, and in the various factors influencing the incidence of dental disease. A programme of talks, demonstrations and films, directed at both parent and child, and varied according to the age of the audience, could be very useful. However, it is not possible to divert the present undermanned staff from the large volume of reparative work which they have on hand, and it seems that their contribution to the cause of Dental Health Education will be limited to individual instruction given to patients when they attend for treatment.

Efforts have been made and will continue to be made to increase the size of the staff in accordance with the Council's declared policy, but the national shortage of dental surgeons makes it very difficult, and

even in the event of further appointments being made, it is unlikely that it would be possible to direct their services to anything other than the treatment of existing dental decay for some considerable time to come.

The other aspect of Prevention is that controversial subject, Fluoridation. A good deal of the opposition to this project arises from objections to what is called "mass medication" and "interference with the liberty of the subject". It is not within my province to enter into these matters, but on the simple question of its effectiveness, I feel that the scientific evidence is overwhelmingly suggestive that fluoridation of water supplies in the proportion recommended, i.e. one part per million, does have a considerable effect in reducing the incidence of dental decay. However, it seems that the question of Fluoridation is, in this County, purely academic and is unlikely to be so for some time, owing to the extreme complexity and diversity of the water supplies, which with the exception of one or two areas, would make it technically and economically difficult to attempt.

With regard to facilities, these are improving in a number of schools as a result of the school building programme, but there are still many where no sort of accommodation suitable for dental work is available. As far as possible these are dealt with by the Mobile Unit, which is extremely useful in these cases. At the moment there are too many of these schools for the Unit to deal with effectively, but the school building plans seem to indicate that the number will be reduced to a manageable size. This will be an improvement since the use of a static surgery in the school is to be preferred where possible.

The equipment position generally is satisfactory, but reference should be made to a matter which has been foreshadowed in the reports for the last two years, i.e. the new high-speed engines. The widespread use of this equipment during the past three years has given the profession the opportunity to assess its value from many points of view and there does not appear to be any doubt that it is now considered to be an essential item in the modern dental surgery. It is hoped to put forward shortly proposals for its gradual introduction to the service in this area, to bring us into line with both the general practitioner

service and the local authority service elsewhere.

The advice and help of the Regional Hospital Board Orthodontic Consultant has again been available throughout the year and a regular fortnightly clinic has been held, which has been of great value. There is a large reservoir of this type of work requiring to be done, and with increasing parental awareness, the demand is likely to increase.

In the Dental Department we depend on the sympathetic co-operation of many people to carry out our work effectively, among whom may be mentioned the County Medical Officer and the teaching staffs at the various schools. We have received this co-operation in full measure and I would like to conclude by expressing my appreciation to them.

SUMMARY - 1959-60.

1. Inspected by the Dental Officers:

Age	(a) Systematic Examinations	(b) Special and Emergency cases	TOTAL
5	395	14	409
6	504	17	521
7	583	45	628
8	709	23	732
9	929	28	957
10	956	28	984
11	942	17	959
12	1,140	18	1,158
13	812	17	829
14	415	26	441
15	257	-	257
16	88	1	89
17	73	-	73
	7,803	234	8,037

	<u>Systematic Examinations</u>	<u>Special and Emergency cases</u>
2. Found to require treatment	4,787	234
2a. Number of acceptances	2,239	234
3. Actually treated by the School Dental Officers	2,262	234
4. Number of attendances made by children for treatment	9,658	234
5. Fillings: (a) Permanent teeth	7,677	-
(b) Temporary teeth	1,015	-
6. Extractions: (a) Permanent teeth	606	61
(b) Temporary teeth	1,151	124
7. Number of administrations of general anaesthetics for extractions	209	-
8. Other operations: (a) Permanent teeth	6,154	124
(b) Temporary teeth	1,430	55
9. Halfdays devoted to inspection	189	-
9a. Halfdays devoted to treatment	1,923	-
10. Number of children treated under private arrangement	-	-
Number of Partial Dentures fitted		28
Number of Orthodontic appliances fitted		45

Orthodontic Service.

1. No. of children given orthodontic treatment	
(a) By School Dental Officer	59
(b) By Regional Hospital Board Orthodontist	38
Cases treated by School Dental Officer:	
2. No. of cases continuing from previous year	21
3. No. of new cases	38
4. No. of cases completed	16
5. No. of cases discontinued	6
6. No. of cases continuing at end of year	37
7. No. of attendances for treatment	246
Details of treatment:	
8. No. of impressions taken	196
9. No. of appliances fitted	45
10. No. of extractions for orthodontic purposes	16
11. No. of X-rays for orthodontic purposes	102

8. SPECIAL SCHOOLS AND CLASSES.

(a) Physically defective children. There are no special schools or classes in the County, but during the session 1 child was in Trefoil Residential School, 1 in Rudolph Steiner Schools, 3 in Westerlea and 2 in East Park.

(b) Blind and Partially Sighted Children. There are no special classes. During the session there were 3 children from this area in the Royal Blind Asylum and School, Edinburgh, and 5 children at the Sight Saving School, Dundee.

(c) Deaf, partially deaf and deaf mute children. There are no special classes. 12 children were in schools outwith the area; 4 in Donaldson's School for the Deaf, Edinburgh, 6 in the Institution for the Deaf and Dumb, Dundee; 1 in St. Vincent's School for the Deaf, Glasgow and 1 in Glasgow School for the Deaf.

(d) Mentally Handicapped Children. Two Special Classes were held in Perth during the year, the number of pupils attending being 34, a total which is restricted by accommodation and staffing. At Blairgowrie a special class was started at Hill Primary School on 5th January, 1960 when 17 pupils were enrolled.

During the year 4 educable mentally handicapped children were accommodated outwith the County: 1 in Baldovan Institution, 1 in Waverley Park Home, Kirkintilloch, 1 in Fairmuir Special School, 1 in Lochgelly Special Class and 1 at a special class in Dunfermline.

15 children attended Perth Occupation Centre daily between 10 a.m. and 3 p.m. Free milk was issued and a midday meal provided. A percussion band was formed and a display of work done by the pupils was held.

13 children were enrolled at Blairgowrie Occupation Centre during the session.

(e) Retarded Children. As far as possible, these are placed in ordinary classes suitable for their level of intelligence.

(f) Residential School for Mentally Handicapped Children. Work is planned to commence shortly on the foundations of the residential

school for mentally handicapped children at Scone. The new school will have accommodation for 60 resident pupils with 40 places for day pupils from Perth and the adjacent area.

(g) Child Guidance. The work of the Child Guidance Service has continued along the lines laid down in previous years, its concern being with those children who need specialised help in overcoming their educational, emotional or behaviour problems. The nature and extent of these problems are such that it would be idle to suppose that they could all be resolved speedily and effectively but there is ample evidence to show that there is a great need to be met and that the Child Guidance Service succeeds, at least in part, in meeting this need.

The tables and comments that follow give some indication of the work undertaken during the past session.

<u>Sources of Referral</u>	<u>Boys</u>	<u>Girls</u>	<u>Totals</u>
Head Teachers	88	41	129
Director of Education	7	9	16
School Medical Officers (including private doctors)	38	29	67
Other sources - Probation Department, Children's Officers, Speech Therapists, Parents etc.	28	8	36
	<u>161</u>	<u>87</u>	<u>248</u>

During the session 248 children were seen altogether, 104 of these being from Perth City and 144 from the County area. These figures include all children seen, whether in school, in the Child Guidance Centre or in their own homes. The figures represent an overall increase over previous sessions and, in particular, a marked increase so far as County children are concerned. The special efforts made to try to keep up with the increasing demand made on the Service inevitably meant that a larger proportion of children were seen for diagnosis and advice only, and the time available for undertaking regular treatment of cases correspondingly decreased.

The distribution of intelligence was as follows:

I.Q.		-70	70-79	80-89	90-99	100-109	110-119	120-129	130+	Not Tested
Number of Cases	Boys	22	27	32	22	15	16	4	1	22
	Girls	27	18	16	5	5	3	1	1	11
	Totals	49	45	48	27	20	19	5	2	33

A survey of mentally handicapped children in the Blairgowrie area was carried out near the beginning of the session in preparation for the Special Class which was subsequently established in the Hill Primary School, Blairgowrie. The results of this survey are reflected in the proportionately higher than usual number of intellectually dull children in the above table.

It is of interest to note the boy/girl ratio at the various I.Q. levels. It is only in the lowest I.Q. Ranges, where most of the children are referred solely for intellectual assessment and advice, that the girls number as many as the boys. The increased boy/girl ratio is clearly seen in the higher I.Q. ranges which by and large represent the children in need of regular treatment. The apparent conclusion is that boys are much more prone than girls to become disturbed or difficult. In our present state of knowledge one can only speculate about the reason for this, but one should not overlook the possibility that girls may in fact be just as prone to disturbance as are boys, but that the forms which their upsets take are more insidious and less obvious and so tend not to be noticed.

The services of Dr. John McDonald, Psychiatrist, for one day per week have continued throughout the session, to the great benefit of some of our most seriously disturbed children and their families.

The following table shows the problems investigated:

General Backwardness	70	Theft	22
Educational Retardation	29	Malicious Mischief	3
Post-Primary Subjects	5	Sexual Difficulties	5
Mental Handicap	62	General Instability	27
Physical Handicap	23	Fears	28
Vocational Guidance	1	Enuresis & Soiling	28
Aggression & Temper Tantrums	13	Psycho-somatic Symptoms	9
Difficult Behaviour	33	Stammering	6
Truancy & Wandering	17	General Immaturity	12

This table is included to give some idea of the range of symptoms encountered in child guidance practice.

The waiting list continues to grow, 292 children now awaiting attention.

It is gratifying to note that the Education Committee has decided to proceed to the appointment of an assistant educational psychologist.

(h) Speech Therapy. The detailed report on the work of the Speech Therapists during the past year has been submitted to the Education Committee. Two Speech Therapists have continued to work in the Perth Centre and in the subsidiary clinics throughout the County. A total of 252 children have received treatment, this being an increase of 27 from last year. 173 boys and 79 girls were treated, 140 of these being County cases and 112 from Perth City. Group treatments were discontinued. 381 children are on the waiting list, of whom 228 are from the County and 153 from Perth City.

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

The Department of Health recommends that a proportion of the schools in the area should be surveyed under this heading each year. This year, Perth District Schools are due for review.

A. Accommodation for Physical Education. Fully equipped gymnasias are provided at Scone R.D.M. and Stanley J.S. Schools. Local halls with some portable equipment are used at Dunbarney and Invergowrie. The school assembly hall is used at Arngask, Redgorton and Methven. At Pitcairn part of the hall is curtained off and is used as a classroom, the remaining portion being used for physical education. At the majority of other schools a spare classroom or general purposes room is used, but at the following schools ordinary classrooms are used for all teaching purposes including physical education: Craigend, Aberdalgie, Findo Gask, Path of Condie, Longforgan, Inchtute, Errol (Infants), Glendoick, Kinclaven, Balgowan, Tibbermore and Logiealmond.

(a) Facilities for changing shoes and clothing. R.D.M. School, Scone, has separate dressing accommodation. At the other schools under review, the accommodation used for physical education is also used for changing shoes, and in the case of secondary schools, for changing clothing.

(b) Spray Baths. The only school in Perth District with this amenity is R.D.M. Scone.

(c) Provision of Towels and Hot Water etc. Soap, Towels and water is available at all schools, but as noted earlier in this report, hot water is not yet available at Buchanty, Inchtute and Balgowan and at Dunbarney four of the ten washhand basins have only a cold water supply.

(d) School Intervals. The usual interval is 10-15 minutes in the forenoon and 5-10 minutes in the afternoon.

B. Swimming Baths. Swimming instruction has been organised as an optional extra for pupils at Abernethy School who attend Perth Swimming Baths and for pupils of Invergowrie J.S. School who attend Dundee Baths.

C. Playing Fields. See earlier in this report.

D. School Camps. During the Summer, 1960, 245 children from schools in Perth City were accommodated for a fortnight at Belmont Camp, Meikle.

There are no organised camping facilities for County children.

E. Practical Instruction in Personal and Communal Hygiene. In all schools some instruction in hygiene is given by the class teachers. In secondary schools this is also given by teachers of physical instruction and domestic subjects based on the Scheme drawn up by the Scottish Council for Health Education. When time permits, brief talks are given by the Medical Officers at their visits.

F. Parent-Teacher Association. There are now parent-teacher associations at four of the schools under review (Auchtergaven, Redgorton, Ruthvenfield and Stanley).

16. OTHER ACTIVITIES IN RELATION TO THE
HEALTH OF SCHOOL CHILDREN.

(a) Milk in Schools. Milk is available in 153 schools and 79% of the pupils in these schools take milk. In each case the source of the supply is approved by the Medical Officer of Health, the milk being either T.T. or pasteurised.

(b) School Meals. School meals are now served at 152 schools, leaving only 4 unprovided for. The 35 kitchens provided 1,754,988 meals during the session. A Fife Cooking Centre provided 4 schools and supplied 30,086 meals not included in the above total.

T A B L E I.

Total number of children examined at:-		
(A)	Systematic Examinations	Other Systematic Examinations
(Entrants	1868	
Ordinary Schools (Second Age Group	1868	
(Third Age Group	2038	
(Fourth Age Group	374	
Secondary Schools (Age Group	-	
	<hr/>	<hr/>
TOTAL	6148	289
		<u>6437</u>
(B) Other Examinations		
Special cases		924
Re-inspections by Medical Officers		<u>2070</u>
		<u>2994</u>
Number of individual children inspected at Systematic Examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries)		
Entrants		543
Second Age Group		368
Third Age Group		314
Fourth Age Group		40
Secondary Age Group		2
Other Systematic Examinations		<u>49</u>
		<u>1316</u>

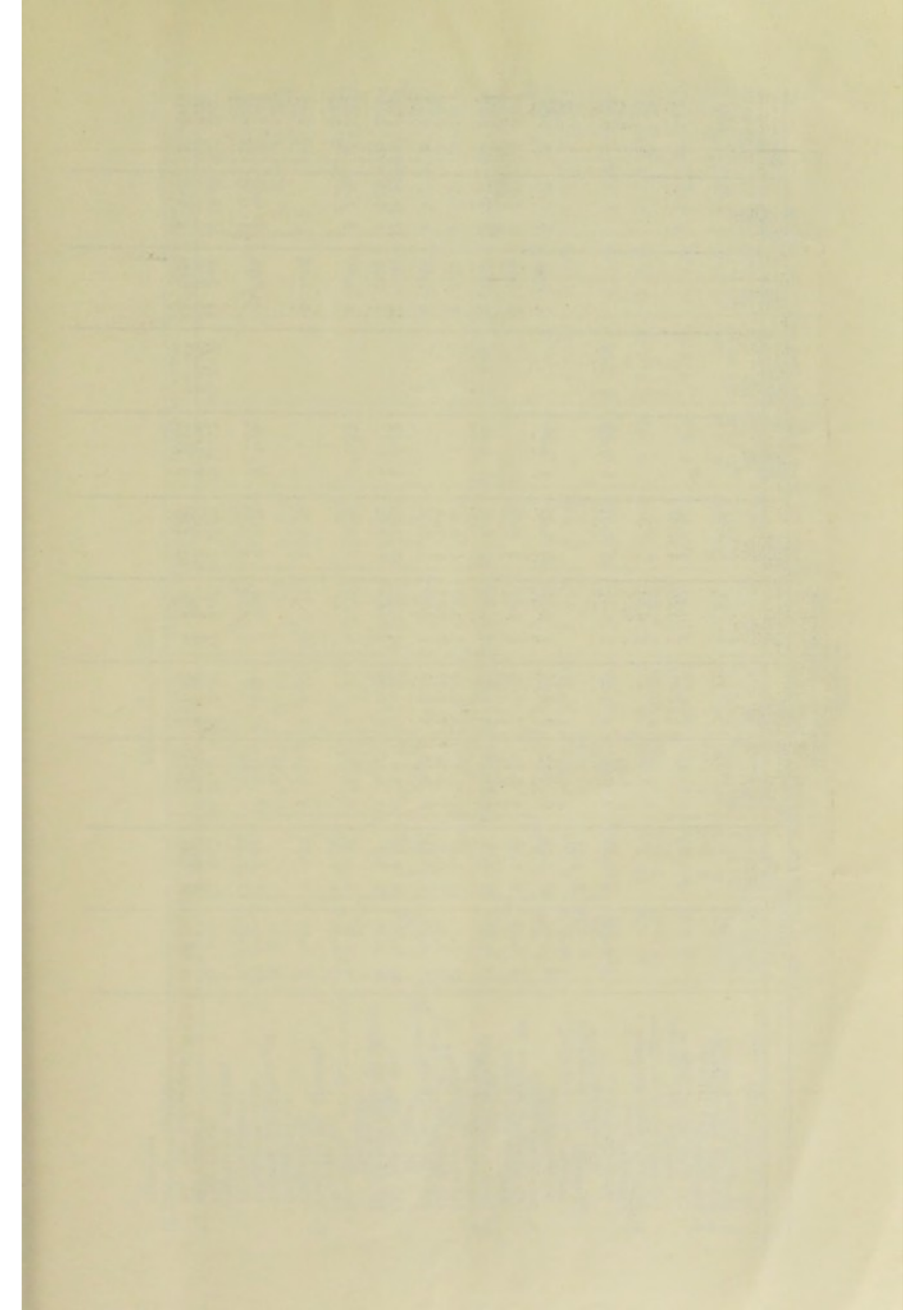


TABLE II
SYSTEMATIC EXAMINATIONS.

Return of number and percentage of individual children in each age group suffering from particular defects											
	Entrants		Second Age Group		Third Age Group		Fourth Age Group		Other Ages		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
1. Clothing unsatisfactory	953	915	945	923	1080	958	188	186	156	133	6437
2. Footwear unsatisfactory	3 0.31		3 0.32	1 0.11	5 0.46	4 0.42				1 0.75	17 0.26
3. Cleanliness											
(a) Head: dirty, nits or vermin		8 0.87	1 0.11	7 0.75	1 0.09	9 0.94				4 3.01	30 0.47
(b) Body: dirty, verminous											
4. Skin: (a) Head: Ringworm			4 0.42	2 0.22	3 0.28	1 0.1					10 0.16
(b) Body: Ringworm			2 0.21		1 0.09						1 0.02
Impetigo			7 0.74	3 0.33	5 0.46	15 1.57	1 0.53	2 1.08			2 0.03
Other diseases	2 0.21	1 0.11									36 0.56
(b) Body: Ringworm		1 0.11									1 0.02
Impetigo	1 0.1		2 0.21	1 0.11							4 0.06
Scabies	9 0.94	10 1.09	6 0.63	8 0.87	8 0.74	12 1.25	2 1.06		3 1.92	1 0.75	59 0.92
Other diseases											
5. Nutritional State:											
(1) Slightly defective	6 0.63	9 0.98	6 0.63	7 0.75	6 0.56	3 0.31			5 3.21	1 0.75	43 0.67
(2) Bad	67 7.03	80 8.74	109 11.53	88 9.53	127 11.76	95 9.92	12 6.38	2 1.08	19 12.18	4 3.01	6 0.09
6. Mouth & teeth unhealthy											612 9.51
7. Naso-Pharynx (a) Nose											
(1) Obstr. req. obs.	21 2.2	13 1.42	18 1.9	11 1.19	3 0.28	4 0.42			5 3.21	2 1.5	77 1.2
(2) Obstr. req. op. tr.	15 1.58	7 0.77	7 0.74	7 0.75	1 0.09	4 0.42			2 1.28	2 1.5	41 0.64
(3) Other conditions	6 0.63	4 0.44	6 0.63	2 0.22	5 0.46	3 0.31					30 0.47
(b) Throat											
(1) Tonsils req. obs.	85 8.92	81 8.84	72 7.6	50 5.42	28 2.59	31 3.24	1 0.53		11 7.05	17 12.77	376 5.84
(2) Tonsils req. op. tr.	32 3.36	21 2.3	12 1.27	9 0.93	5 0.46	8 0.84			1 0.64	5 3.76	93 1.44
(c) Glands											
Req. Obs.	9 0.94	8 0.87	7 0.74	4 0.43	4 0.37	9 0.94	1 0.53		1 0.64	3 2.26	46 0.71
Req. Op. Tr.	3 0.31	4 0.44									7 0.11
8. Eyes: (a) Ex. Diseases	5 0.52	7 0.77	5 0.53	8 0.87	10 0.93	5 0.52			2 1.28		42 0.65
Blepharitis											
Conjunctivitis											
Corneal Opacities	1 0.1		1 0.11								2 0.03
Strabismus	20 2.1	26 2.84	18 1.9	12 1.3	7 0.65	9 0.94	2 1.06		1 0.64	1 0.75	96 1.49
Other Diseases	2 0.21	3 0.33	6 0.63		1 0.09	3 0.31					16 0.25
(b) Visual acuity:											
Fair vision	29 3.04	22 2.41	96 10.15	92 9.97	97 8.98	103 10.75	29 15.43	20 10.75	11 7.05	16 12.03	515 8.0
Bad vision		1 0.11	7 0.74	6 0.65	14 1.3	15 1.57	2 1.06	2 1.08	1 0.64		49 0.76
Rec. for Refraction		2 0.22	5 0.53	6 0.65	7 0.65	10 1.04	1 0.53		1 0.64	2 1.5	39 0.61
9. Ears (a) Diseases	5 0.52										
Otorrhoea											

TABLE II (CONT'D).

	Entrants		Second Age Group		Third Age Group		Fourth Age Group		Other Ages		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
9. Ears (a) Diseases Otorrhoea Other Diseases (b) Defective hearing Grade I Grade IIa Grade IIb Grade III	2 0.21 2 0.21	2 0.22 3 0.33	2 0.21 3 0.32	4 0.43	1 0.09 7 0.65	2 0.21 10 1.04	1 0.53		2 1.28		9 0.14 32 0.5
10. Speech: Def. Articulation Stammering	16 1.68 1 0.1	8 0.87	11 1.16 3 0.32	3 0.33	1 0.09 1 0.09	1 0.1 1 0.1	1 0.53		1 0.64	1 0.75	41 0.64 8 0.12
11. Mental & Nervous Conds. (a) Backward (b) Dull (c) Men. Def. (Educable) (d) Men. Def. (Inedu.) (e) Highly nervous or unstable (f) Difficult in behaviour	3 0.31 1 0.1	4 0.44 1 0.11 1 0.11	13 1.38 3 0.32	1 0.11 5 0.54	2 0.15 4 0.37	1 0.1 5 0.31 1 0.1			2 1.28 1 0.64	1 0.75 1 0.75 1 0.75	5 0.08 35 0.54 6 0.09 4 0.06
12. Circulatory System (a) Organic heart dis. (1) Congenital (2) Acquired (b) Functional cards. Lungs: Chr. Bronchitis Sus. Tuberculosis Other diseases	3 0.31	2 0.22	3 0.32	3 0.33	1 0.09	2 0.21					11 0.17
13. Deformities (a) Congenital (b) Acq. (inf. par.) (c) Acq. (pro. rickets) (d) Other causes	4 0.42 5 0.52 4 0.42 1 0.1 15 1.58	5 0.55 6 0.66 6 0.66	3 0.32 2 0.21 3 0.32 2 0.21 9 0.95	4 0.43 2 0.22 6 0.65	1 0.09 1 0.09 2 0.19 1 0.09 4 0.37	3 0.31 2 0.21 1 0.1 3 0.31	1 0.53		1 0.64 1 0.64 5 3.21	1 0.75 1 0.75 3 2.26	18 0.28 6 0.09 22 0.34 8 0.12 5 0.08 52 0.81
14. Infectious Diseases (a) Congenital (b) Acq. (inf. par.) (c) Acq. (pro. rickets) (d) Other causes	36 3.78 2 0.21	17 1.86 1 0.11	22 2.33 1 0.11	16 1.73 1 0.11 1 0.11 37 4.01	23 2.13 3 0.28 1 0.09 41 3.8	7 0.73 1 0.1 39 4.07	3 1.59	2 1.08	1 0.64	5 3.76	132 2.05 8 0.12 3 0.05
15. Other dis. or defects Vaccinations Parents present Diphtheria Immunisation	62 6.51 55 5.77 783 82.16 623 65.37 894 93.81	62 6.78 1 0.11 36 3.94 753 82.3 597 65.25 853 93.22	27 2.86 1 0.11 40 4.23 695 73.54 238 25.19 870 92.06	10 1.08 755 81.8 272 29.47 877 95.02	10 0.93 914 84.63 33 3.06 1012 93.7	16 1.67 828 86.43 55 3.65 900 93.95	5 2.66 2 1.06 169 89.89 1 0.53 178 94.69	11 7.05	5 3.21 101 64.74 29 18.59 131 83.97	5 3 2.26 294 4.57 4 3.01 179 2.78 96 72.13 5261 81.73 27 20.3 1855 28.82 113 84.21 6011 93.38	

APPENDIX.

TUBERCULIN TESTING AND B.C.G. VACCINATION.

Session 1959-60.

* - Not included in totals

	% Consent	Boys		Girls		Boys and Girls			No. tests
		No. Tested	% positive	No. tested	% positive	No. tested	% positive	No. vaccinated	
<u>Perth City</u>									
Perth Academy	96	112	13	108	17	220	15	187	193
Perth High	94	90	14	109	15	199	15	170	155
Goodlyburn J.S.	94	71	11	61	8	132	10	119	130
St. John's R.C.	95	28	14	21	5	49	10	44	35
Total	95	301	13	299	13	600	13	520	513
<u>Perth District</u>									
Dunbarney	90	27	7	20	5	47	6	44	16
Errol	98	16	-	24	17	40	10	36	14
Invergorrie	91	17	12	25	12	42	12	37	17
Scone	89	26	15	19	5	45	11	40	18
Nethven	97	26	15	27	7	53	11	47	12
Stanley	90	25	16	20	10	45	13	39	17
Strathallan*		53	8	-	-	53	8	49	75
Trinity College*		49	14	-	-	49	14	42	62
Kilgranton*		-	-	44	16	44	16	40	32
Total	92	137	12	135	9	272	11	243	94
<u>Eastern District</u>									
Blairgowrie	89	81	20	72	19	153	20	123	77
Coupar Angus	88	22	27	21	38	43	33	29	15
Alyth	90	20	45	14	57	34	50	17	12
Total	89	123	25	107	28	230	26	169	104
<u>Highland District</u>									
Brendalbane Acad.	100	36	11	32	22	68	15	57	64
Dunkeld	92	11	9	20	5	31	6	29	7
Pitlochry	85	31	43	24	33	55	42	32	20
Total	93	78	26	76	21	154	23	118	91
<u>Central District</u>									
Grieff	95	73	10	63	10	141	10	127	26
Lorrison's Acad.	96	63	10	62	13	125	11	111	178
Comrie	63	8	-	2	50	10	10	9	9
Auchterarder	95	59	15	54	11	113	13	98	17
Lavers Sch. Agr.*		7	29	-	-	7	29	5	12
Seymour Lodge*		-	-	9	22	9	22	7	13
Total	94	203	11	186	12	309	11	345	255
<u>Western District</u>									
Dunblane	95	23	-	32	9	55	6	52	16
McLaren High	92	43	14	32	6	75	11	67	105
Aberfoyle	96	11	36	9	-	20	25	15	11
Killin	90	6	17	3	-	9	9	8	1
St. Minians*		18	17	-	-	18	17	15	-
Queen Victoria*		35	17	-	-	35	17	29	39
Total	94	83	13	76	8	159	11	142	133
<u>Kinross County</u>									
Kinross	87	46	17	47	9	93	13	81	59
Rochnoor*		15	20	4	-	19	16	16	17
Total	87	46	17	47	9	93	13	81	59
COUNTY TOTALS	92	670	16	627	15	1297	15	1098	736
CITY & COUNTY TOTALS	93	971	15	926	14	1897	15	1618	1249

