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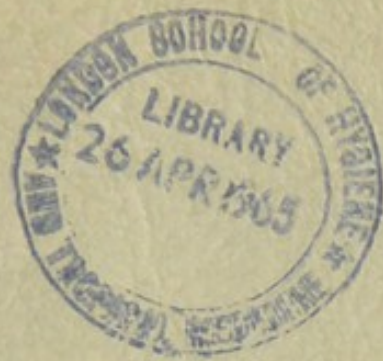
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PERTH AND KINROSS COUNTY COUNCIL

COUNTY HEALTH DEPARTMENT

REPORT

ON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR ENDING 31ST JULY, 1964



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INTRODUCTION

This Report for the year 1963-64 follows the usual pattern.

The Scottish Home and Health Department have requested in this Report information on the extent to which the Council has adopted the recommendations for better supervision of school children contained in S.H.H.D. Circular 58/1962. This circular, among other things, stressed the importance of continuous health supervision by close contact between school doctor, school nurse, parent, teacher and family doctor and suggested that routine inspection at nine and sixteen years might be committed so that more doctor time might be available to concentrate on the examination and treatment of children suspected on observation by those in daily contact with them, of having defects. It was also suggested that Authorities may decide to allocate a medical officer to act as 'School doctor' to a group of schools which he would visit at regular, perhaps monthly, intervals at pre-arranged times.

Following consideration of the above recommendation, this Authority decided to continue meantime the existing form of supervision including routine medical inspection of school children at nine and sixteen years of age. The recommendations that school entrants should be tested by an audiometrician for hearing defects and have a visual acuity test, and that thirteen year old boys should have a routine colour vision test were adopted and have been routine practice during the past two school sessions.

Personal contact between the school medical officers and parents is extremely limited, perhaps more so in rural than in urban areas, and this can be attributed to some extent to the distance some children are conveyed to school by bus and the infrequency or inadequacy of public transport services. Parents are invited to be present at medical inspections, but the response is poor - 69.6% attending at examinations of entrants, 35% at nine year old examinations, 84% at thirteen year old examinations and none at examinations of sixteen year olds. Some older pupils, striving for a sense of independence and maturity obviously resent and are embarrassed by the exceptional presence of a parent at the inspection and wish their parents to conform to the custom of the group and stay at home.

While this attitude is perhaps unfortunate, it is difficult to change. For these reasons contact with parents has been made for many years in this area by the use of questionnaires in which the parent is invited to record illnesses and inoculations and to bring to the attention of the school medical officer any health, emotional or behaviour problem relating to the child. Teachers too are invited to note on the questionnaire any suspected defect or problem which may require investigation. The answers to the questionnaire are closely scrutinised and suspected defects are thoroughly investigated. In the case of behaviour problems, emotional difficulties, backwardness etc., the help of the educational psychologist in the investigation is usually sought.

Child Welfare Record Cards are a reliable source of information to the school health service. In this area where combined nursing duties are the rule, the district nurse/midwife/health visitor is also the school nurse so that there is potentially continuity of nursing care and supervision from birth to eleven years of age when the pupil may pass to a secondary school outwith the nurse's area. Significant information from the child welfare card is transferred to the school record card when the child reaches five years of age and in the case of a handicapped child the child welfare card is retained and filed together with the school record card.

Parents, head teachers, teachers and school nurses are encouraged to discuss and to bring forward for examination any child not due for routine examination who is suspected of having some disability or who has frequent absences from school, and many take advantage of this opportunity.

The allocation of one medical officer to a group of schools has the substantial advantage that that medical officer will get to know more intimately the pupils, parents, teachers and general practitioners of that area, and they him. But there are practical difficulties in implementing this recommendation. It has, for example, been the practice in this area for senior girls to be examined by a female medical officer and senior boys by a male, an arrangement favoured by some headmasters and more acceptable to some pupils. Moreover, if district medical officers were appointed, office accommodation and domicile within each district would be advisable and this could only

be considered as a long term objective.

The Chief Dental Officer in his report emphasises the importance of dental health education in the prevention of dental decay, largely caused by ignorance and neglect, and welcomes the decision of the County Council to appoint a suitable person to carry out a continuous programme of instruction in dental care and oral hygiene in primary schools throughout the County. He deplores, however, the practice at a number of schools of selling biscuits as a means of raising school funds, and suggests that apples, crisps and nuts would be less damaging as between-meal snacks which should as far as possible be discouraged. The appointment of an additional dental officer bringing the authorised establishment to eight dentists was approved, and this is estimated to be a sufficient number to carry out annual inspection and treatment of school children in this area.

The Speech Therapist reports a more manageable list awaiting treatment following the appointment of two assistant therapists at the beginning of the session.

The Education Psychologist reports an increasing number on the waiting list for attention despite the appointment of a third psychologist.

It is a pleasure to acknowledge the co-operation, assistance and encouragement received from members of the School Health Joint Committee and senior officials and from head teachers, teachers and medical practitioners throughout the area.

I would also record my sincere appreciation of the work carried out by the staffs of this and of the City Health Department during the year.

A. S. CALDWELL,

County Medical Officer.

PERTH: 1st December, 1964.

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:

Alan Herschell, M.B. Ch.B., D.P.H. (Deputy County Medical Officer)
(Appointed 1.10.63)

E. Jean S. Binnington, M.B. Ch.B. (Appointed 10.9.63)

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)

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. McKillop, L.D.S.

Mrs. Flora Kirkland, L.D.S. (Part-time)

J. Blair, L.D.S.

School Nurses:

Full time: Miss Isobel Wake (Perth City)

Part time: 50 County District Nurses

7 City Health Visitors.

Physiotherapists:

Miss E. Robertson

Miss J. Marshall

Orthoptist:

Miss Elspeth Crombie

Audiometrician:

Miss Dawn Milne

Clinical Assistants:

Medical: Mrs. Elizabeth Cameron

Dental: Mrs. H.W. Ross

Mrs. B. Ritchie

Mrs. J. McDonald (Resigned 30.8.63)

Miss P. Cameron

Miss E. Richard

Miss J. Robertson

Miss M. Bryson

Miss L. Logie (Appointed 16.9.63)

2. GENERAL STATISTICS

Population of the area		131,323
Number of Schools:		
(a) Nursery	)	1
Nursery classes in ordinary schools	)	1
(b) Primary	)	122
(c) Senior Secondary	)	Under 5
(d) Secondary	)	Education 6
(e) Junior Secondary	)	Authority 13
(f) (1) Special Schools)	-
(2) Special Classes	)	3
(3) Occupation Centres	)	2
(g) In receipt of grant from Education Authority and under Medical Inspection		2
Average number of children on the roll		20,504
Number in average attendance during the year		19,296

3. SANITARY CONDITIONS OF SCHOOLS

The Scottish Home and Health Department advise that this subject should be dealt with by a series of systematic surveys extending over a period of years. This year the Schools for review are those in the Highland District of Perthshire.

These are as follows:- Acharn, Amulree, Blair Atholl, Breadalbane Academy, Butterstone, Dalnaspidal, Dowally, Dunkeld, Dull, Fearnan, Foss, Georgetown, Glenerichty, Glenlyon, Grantully, Killiecrankie, Kinloch Rannoch, Logierait, Pitlochry, Strathtummel, Struan and Fortingall.

1. General. Those schools were last surveyed in 1958 and in the interval a steady programme of maintenance and improvements have been carried out. New schools are under construction at Kinloch Rannoch, and Struan and the second phase of new building at Breadalbane Academy is in progress. The school at Logierait is being completely reconstructed.

The report below refers to conditions as at 31/7/64 and where an improvement scheme is already planned, this is indicated thus - (S).

2. Overcrowding. There is some overcrowding in the infant classrooms

at Breadalbane Academy (S) and at Grandtully. There is also overcrowding at Foss, Kinloch Rannoch (S) and in two rooms and ladies staffroom at Pitlochry High School.

3. Conditions of Buildings. The general conditions of buildings is satisfactory.

The external woodwork at Butterstone, Dowally and Grandtully requires repainting and interior redecoration is required at Amulree, Breadalbane, Dalnaspidal, Dunkeld, Foss, Killiecrankie (S), Kinloch Rannoch (S), and Struan (S).

Floors were reported to be old, uneven and difficult to keep clean at Acharn (Room 1), Blair Atholl, Breadalbane Academy (corridors)(S), Butterstone, Dowally, Dunkeld, Foss, Georgetown and Struan (S).

4. Playgrounds. All schools have a playground, but these are rough and uneven at Breadalbane (S), Butterstone, Dunkeld, Kinloch Rannoch (S), Killiecrankie, Struan (S), and Pitlochry High. Flooding is reported to occur at Blair Atholl and Georgetown. At Killiecrankie the playground is grassy and is muddy in wet weather.

5. Shelter Sheds. There are none at Foss, Glenelichy, Grandtully and Kinloch Rannoch (S). At Fortingall the sheds were being used for storage of desks and at Struan (S) for storage of electrical equipment. Provided that the children are permitted to shelter within the school in inclement weather, the provision of shelters at these schools would not appear to be necessary.

6. Water Supply. At all schools water supplies are adequate in quantity and of good quality. At Dalnaspidal however, it is reported that the supply becomes inadequate under frosty conditions presumably because of insufficient depth of the piping. When this occurs a temporary emergency supply is provided.

7. Washhand Basins. There are insufficient washhand basins at Breadalbane Academy (S), Glenelichy, where there is only one sink for all purposes, Strathtummel and Struan (S). There is no hot water at Dowally and Struan (S).

8. Toilet Facilities. There are outside toilets at Acharn (S), Amulree, Blair Atholl, Breadalbane Academy (infants)(S), Dalnaspidal,

Dull, Dunkeld, Fearnan, Fortingall, Foss, Glenerichty, Glenlyon and Kinloch Rannoch (S). All have protection against frost.

At Dull, Strathtummel and Fearnan the boys urinals have to be flushed using pails of water, automatic flushing not being provided. At Fortingall the urinal is frequently out of order. At Glenlyon the drain pipe from the urinal is frequently blocked suggesting some structural fault in the drainage system which requires full investigation. At Glenerichty the urinals are not used because of the absence of automatic flush and a tendency to smell when in use.

9. Ventilation and Lighting. Window area is deficient at Acharn (room 1)(S) and in the old building at Breadalbane Academy (S). Natural lighting is deficient in these schools and at Blair Atholl (infants), Dowally, Fearnan and Fortingall. Artificial lighting is used when required and is by electricity in all schools with the exception of Dowally where rural gas is used. Room 31 at Pitlochry High School was reported to have inadequate artificial lighting.

10. Heating. At Amulree, Dalnaspidal, Fortingall and in the huts at Dunkeld used by P.V. and P.VI, at all of which night storage off-peak electricity is used, it was reported that heating was inadequate in very cold weather. Some means of supplying supplementary heat at peak hours should perhaps be provided for use in conditions of extreme cold at these schools.

11. Facilities for Drying Clothes. These are on the whole satisfactory most schools having adequately heated cloakrooms.

12. Cloakrooms. There is insufficient accommodation at Breadalbane (primary)(S), Georgetown, Grandtully and Kinloch Rannoch (S).

13. Cleansing. All schools were in a satisfactory state of cleanliness at the time of inspection.

14. Improvements throughout the County. (Position at 31.7.64)

(1) Coupar Angus. Extension under construction.

(2) Auchterarder. Three new science rooms and library nearing completion.

- (3) Breadalbane Academy. Work still in progress in second phase of new school.
- (4) Balbeggie. Full reconstruction completed early in 1964.
- (5) Kinloch Rannoch. New school and schoolhouse still under construction.
- (6) Logierait. Alterations and additions still in progress.
- (7) Scone Residential School. New school nearing completion. Occupation anticipated early 1965.
- (8) Letham Primary School. Completed and fully occupied, summer 1964.
- (9) Milnathort. New school and schoolhouse still in process of building.
- (10) Alyth. Additional accommodation under construction.
- (11) Methven. Temporary hutted classroom accommodation completed.
- (12) Struan. Alterations and additions in progress.
- (13) Callander. New Secondary school in process of construction.
- (14) Madderty. Alterations and additions still under construction.
- (15) Northern District School, Perth. Outside conveniences remodelled.
- (16) St. John's R.C. School, Perth. Improvements to external conveniences.
- (17) Blackwater. New gravitational water supply provided.

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 1963-64 were (1) entrants and (2) children born in the years 1954, 1950, and 1947. Details of the results of these examinations are shown below and in the statistical tables.

Booster doses of diphtheria-tetanus prophylactic and of oral poliomyelitis vaccine were given to school entrants. A boosting dose of diphtheria-tetanus prophylactic for nine year old children was introduced at the beginning of the session. Tuberculin testing and where indicated B.C.G. vaccination was carried out on children in the thirteen year old group. 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 frame work of the School Health Service.

B. System and extent of dental inspection and treatment. The general arrangements were unchanged during the session under review, the establishment of dental officers remaining at seven. 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, 69.6% attending at entrant examinations, 35% at nine year old examinations and 1% of 13 year old examinations. Three talks were given to Parent-Teacher Associations during the year.

5. FINDINGS OF MEDICAL INSPECTION

The number of children examined systematically was 6,604 as against 6,247 for the previous year. In addition, the Medical Officers examined in the schools, 667 special cases and made 1,112 re-examinations. The number of children examined for vision only at the age of seven was 1,541 and the number of children in employment examined was 360. This last figure compares with 983 employed children examined last year, the difference being accounted for by the fact that this year employed children attending City Schools were not examined

owing to illness of the City Medical Staff.

Except where otherwise stated, the figures in the following sections refer to the 6,604 children examined systematically. Percentages are appended in brackets.

1. Clothing

Number of children examined systematically	6,604	
Number with unsatisfactory clothing	2(0.03)	
	<u>Perth City</u>	<u>Perth County</u>
Number of examinations of children by the nurses	27,717	47,629
Number with unsatisfactory clothing (including footwear)	28	50

The nurses' inspections are made without previous warning.

2. Footwear. Three children were found to have 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	10 (0.15)
(b) Bodies - dirty or verminous	5 (0.08)

The corresponding figures for last year were (0.22) and (0.10) respectively.

The nurses' cleanliness inspections give a more reliable index since no warning is given of visits. In 27,717 examinations in Perth City Schools, 30 children were found to have verminous heads on one or more occasions, as against 31 in 1962-63, 11 in 1961-62 and 17 in 1960-61. In addition 165 children were found to have nits on one or more occasions.

In 47,629 County examinations, 49 children were found to have verminous heads on one or more occasions, the previous figures being 36 in 1962-63, 32 in 1961-62 and 25 in 1960-61. In addition, 239 children were found to have nits on one or more occasions.

6 first notices were issued to parents requiring them to cleanse a total of 11 children. 2 second notices were issued to parents requiring them to cleanse a total of 2 children.

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

(a) Heads:	Ringworm	2 (0.03)
	Impetigo	5 (0.08)
	Others	39 (0.59)

(b) Bodies:	Ringworm	3 (0.05)
	Impetigo	Nil
	Scabies	2 (0.03)
	Others	101 (1.53)

5. Nutrition. The general level of nutrition has been well maintained. Of the 6,604 children examined 45 (0.68) were in a state of nutrition regarded as slightly defective, and in 11 (0.17) it was regarded as defect

6. Mouth and Teeth. Of the 6,604 children examined at routine inspections, 412 (6.24) 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.

63 (0.95) cases were found to have slight nasal obstruction. 25 (0.38) had a degree of obstruction requiring operative treatment and 38 (0.58) had other nasal conditions.

In 337 cases (5.1) the tonsils were enlarged but not unhealthy. In 53 (0.8) cases it was considered that removal of the tonsils and/or adenoids were necessary.

24 cases (0.36) had glandular enlargement requiring observation, and 2 (0.03) requiring treatment.

8. Eyes.

Colour Vision - The ISHIHARA TEST was performed on all boys examined routinely at 13 years of age. Of the 963 boys examined 9 (0.93) were found to have some degree of colour blindness.

Of the 6,604 children examined, 37 (0.56) were found to have blepharitis and 6 (0.09) conjunctivitis. 88 (1.33) were found to have strabismus of varying degrees. 18 (0.27) were found to be suffering from other eye conditions.

627 children (9.49) were found to have some degree of defective vision. Of the 1,541 children examined for vision at age seven, 136 (8.88) had some degree of defective vision, 135 (8.81) having fair vision (not worse than 6/12 in the better eye) and 1 (0.07) having bad vision (worse than 6/12 in the better eye).

Special visits to schools were paid by School Medical Officers to carry out visual acuity 'E' tests on all entrants.

Of the 1,981 children examined, 166 had V.A. not worse than 6/12 with/without glasses and are being kept under surveillance: 4 children were worse than 6/12 uncorrected and were recommended for refraction: 11 child was worse than 6/12 with glasses. Of the total 55 were found to have varying degrees of strabismus.

9. Ears. 6 children (0.09) were found at routine inspection to be suffering from otorrhoea and 12 (1.82) from other diseases of the ear.

32 cases of defective hearing were found at routine inspection. 19 of these cases were classified as Grade I (capable of education in ordinary classroom), 12 as Grade IIa (capable of education in an ordinary classroom if seated near the teacher or with the assistance of a hearing aid), one as Grade IIb (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. 49 children (0.74) were found to have defective articulation and 22 (0.33) 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 inspection.

(a) Backward	5 (0.08)
(b) Dull	37 (0.56)
(c) Mentally Defective (educable)	7 (0.11)
(d) Mentally Defective (ineducable)	1 (0.02)

(e) Highly nervous or unstable	34 (0.51)
(f) Difficult in behaviour	19 (0.29)

12. **Circulatory System.** 21 children were found at routine inspection to have organic heart disease, congenital in 16 (0.24) cases and acquired in 5 cases (0.08). 21 cases (0.32) were found to have functional heart conditions. The majority of these cases had been discovered previously and had already been referred to specialists by the family doctor.

13. **Lungs.** 9 children (0.14) were found to have bronchitis, 6 (0.09) suspected tuberculosis and 62 (0.94) 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	61 (0.92)
(b) Acquired (infantile paralysis)	6 (0.09)
(c) Acquired (probably rickets)	4 (0.06)
(d) Acquired (other causes)	404 (6.12)

15. **Infectious Diseases.** Four cases of Chickenpox and two cases of Mumps were found at routine school inspection.

16. **Other Diseases and Defects.** Nothing unusual was found under this heading. The total found was 375 (5.68).

17. **Vaccination.** 85.12% of all children examined were found to have been vaccinated. The percentage varied slightly between the age groups - entrants 84.91%, 1954 group 85.86%, 1950 group 85.41% and 1947 group 91.05%.

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

Year 1963-64

GROUP	NUMBER EXAMINED	AVERAGE AGE		AVERAGE	
		YEARS	MONTHS	HEIGHT INS.	WEIGHT LBS.
Entrants	B 1000	5	2	43.3	43.8
	G 981	5	3	42.1	42.7
Nines (1954)	B 914	9	5	52.9	68.7
	G 842	9	5	52.1	64.2
Thirteens (1950)	B 963	13	9	61.5	103.2
	G 928	13	8	61.3	108.4
Sixteens (1947)	B 241	16	7	68.4	140.3
	G 294	16	7	63.8	127.5

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 or Bridge of Earn Hospital. 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 647

Cases ceasing to attend - cured 432

improved -

Cases under treatment at the end of the year 215

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

Cases treated during the year 41

Cases ceasing to attend - cured 32

improved -

Cases under treatment at end of year 9

Twenty-one Ear, Nose and Throat Clinics were held from August, 1963 to July, 1964. 138 new cases were seen, of which 12 had nerve deafness, 21 catarrhal deafness, 1 otitis media, 1 laryngitis, 46 tonsils and adenoids, 28 adenoids only, 2 allergic rhinitis, 1 external otitis, 1 S.M.R., 2 epistaxis, 1 deviated septum and 22 others. 176 children were re-examined. The following new and reporting cases were referred elsewhere for treatment: 4 to the Deafness Clinic, Dundee, 4 for cauterisation to Little's area, 1 for X-ray of mastoid, 23 for X-ray for sinus, 2 to speech therapist, 2 for cauterisation of turbinates, 82 for tonsils and adenoids and 5 for bilateral antral washout. Four children were supplied with hearing aids.

(3) Diseases of the eye, excluding defective vision. Styes, blepharitis and conjunctivitis are treated at the clinic or referred to the family doctor. 143 cases were treated at the Perth Clinic this year.

(4) Diseases of the Skin. 7 cases of scabies and 11 cases of impetigo were dealt with during the session. All the cases were mild and cleared up without difficulty. 174 other skin cases were dealt with, some two thirds of these being warts on the hands, knees and face. There was no case of ringworm treated at the clinic this 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 391 including 88 children under five years of age. Of the total, 227 were examined at the Perth Clinic, 32 at Crieff, 37 at Dunblane, 10 at Aberfeldy, 38 at Blairgowrie, 17 at Pitlochry, 30 at Kinross. 74 of these cases were squints. In 65 cases no defect was found by the Specialist. The remaining 252 cases were classified as follows:

Mixed Astigmatism	43 (17.06)
Simple Hypermetropia	10 (3.97)
Simple Myopia	76 (30.16)
Hypermetropic Astigmatism	7 (2.78)
Myopic Astigmatism	-
Compound Hypermetropic Astigmatism	36 (14.29)
Compound Myopic Astigmatism	9 (3.57)
Other conditions	71 (28.17)

The number of children re-examined was 1,774 and the total number of refractions was 2,165. Spectacles were ordered in 857 cases.

The total number of cases seen by the Orthoptist during the year was 451. 64 of these were seen only once for diagnostic purposes. 161 attended for supervision whilst undergoing a course of occlusion to re-establish good visual acuity in the squinting or amblyopic eye. 102 cases were given orthoptic exercises to improve their binocular function. 124 cases were kept under observation to ensure that no deterioration took place in binocular function or visual acuity. The number of attendances by the 451 cases was 1457.

C. Nose and Throat - operative treatment. Altogether 261 cases were operated on at Perth Royal Infirmary and a further 110 at Bridge of Earn Hospital, of which 63 had been referred through the School Health Service.

In the Western District, 57 cases were operated on at Stirling Royal Infirmary, of which none were referred through the School Health Service.

D. Orthopaedic Treatment. This Regional Hospital Board service, dealing with children of all ages, is administered within the framework of the School Health Service and is based on the Perth School Clinic.

During the session, 1967 school children were seen by the Orthopaedic Surgeon and 154 school children were admitted to hospital (Bridge of Earn). The physiotherapists dealt with 613 children for care and aftercare, giving 5918 treatments.

E. Hearing Testing. During the session 128 schools were surveyed. 3930 children were tested: 1958 age group 1717, 1956 age group 1602, previous defectives, 297, other age groups 314.

Of the 3319 children tested routinely at ages 5 and 7, 3192 were found to have normal hearing. The remaining 127 children had defective hearing of varying degree, in one or both ears. 86 children were regarded as having Grade I deafness and 41 as having Grade IIa deafness. 297 children previously found to be defective were retested.

Of these 144 had regained normal hearing, 99 had a Grade I defect and 54 a Grade IIa defect. The School Medical Officers examined 108 of the new defectives. Of these 77 were referred to the M.M. Clinic where 69 were treated, including 4 issued with hearing aids, details being as follows:

Nerve deafness	5
Referred to Deafness Clinic	1
Catarrhal Deafness	4
Otitis Media	3
Excessive Wax	2
Tonsils and Adenoids removed	10
Tonsils removed	1
Adenoids removed	12
X-ray sinuses	4
Others for observation	14

The remaining 31 were referred to the family doctor where necessary.

7. DENTAL INSPECTION AND TREATMENT

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

The figures shown in the Statistical Summary of the School Dental Service for 1963-64 are similar in most respects to those of the past few years. There are, however, one or two variations, perhaps not immediately obvious, which should be considered, together with the factors causing them.

The summary of inspection shows that (a) of those children inspected, a higher percentage showed dental defects; (b) of the children referred for treatment following inspection, a smaller percentage accepted treatment. The clear explanation for these two variations is that as a result of the appointment of an additional dental officer towards the end of the previous session, a number of schools - most of them larger schools - were taken into the system of routine dental care, whereas previously owing to the shortage of staff it not been possible to provide any effective dental supervision for them.

As a result, naturally a higher percentage needed treatment, and also naturally, since we had not been providing an adequate service before, and we now have to show that such a service will be both regular and effective, the acceptance rate at the moment is much lower in these schools than can be expected as time goes on.

Another point that arises is that although we have had the services of an additional dental officer,, and there has been a general increase in the volume of routine dental treatment provided, and in the attendance for treatment, the number of patients made dentally fit has remained more or less level. Here again the cause is the same. The children who have accepted treatment at the schools referred to above and who have not previously been under regular dental supervision require more dental work and more surgery attendances to make them dentally fit.

These are features of a developing service which will correct themselves as the service proves its value in the areas newly under dental care. In passing it is interesting to note that the 'average' child accepting treatment has required five attendances, during which he/she has needed four fillings, one extraction and two other operations (dressings, scaling, gum treatment etc.) to make him/her dentally fit.

One other item, from the Summary of Treatment which requires comment is the very considerable increase in the quantity of orthodontic work which has been undertaken, both by the Dental Officers themselves and also by the Regional Hospital Board Consultant, within the School Dental Service. The regular clinics held by the Regional Hospital Board Consultant, at which he advises upon or treats, those cases of a more involved nature, referred by dental officers, are of great value to us and to the increasing number of patients concerned.

While it is true that the service is increasingly occupied with conserving teeth - as is shown by the high ratio of fillings to extractions, viz. approximately 4-1, it is unfortunately still true that the emphasis has been almost entirely reparative, rather than preventive. It is appropriate to refer in this year's report, to an important aspect of prevention, i.e. Dental Health Education.

This year has seen the publication of the Cohen Report on Health Education and there can be no doubt that although all those engaged in the practice of dentistry bear some responsibility for educating the general public in dental care, it is very much a function of the local authority to include dental health education as part of a preventive health service.

In the light of this, it is gratifying that during the past year the County Council has approved the appointment of a suitable person to carry out a continuous programme of instruction on dental care and oral hygiene throughout the primary schools of the county; it should be stressed that to be effective, such a programme must be continuous. Such an appointment has now been made, together with arrangements for the necessary training, and it is hoped that the system will soon be in operation.

In view of the efforts being made in this direction, and of the constant struggle by the dental officers to repair the results of neglect and ignorance, it is disturbing to have to report the spread of the habit of selling biscuits as between-meal snacks at an increasing number of schools. The objective appears to be to provide school funds for the purchase of additional equipment and facilities - an objective which one would not wish to discourage - but is the selling of between-meals food to the children the only way of doing this? If it is, can the foods not be more suitably selected? Certainly apples, crisps, nuts etc. would be preferable from the dental point of view to biscuits and sweets. If this traffic in biscuits and sweets is to continue under the auspices of the local authority, it will constitute an additional and discouraging burden to the dental service and will make nonsense of any programme of dental health education.

The County Council has demonstrated its awareness of the size of the dental problem in this area - and it is the same all over the country - by the approval this year of the appointment of an additional dental officer. This appointment has now been made and the dental officer will be commencing duty shortly.

Also approved was the provision of another Mobile Unit - a modern fully equipped unit which will initially supplement and eventually replace the present unit. The present unit has been most valuable during the past year, as always, in allowing us to work at some of those schools where other facilities are not available, and in spite of its limitations - due to its improvised construction and its age - will continue meantime to be most useful in association with the new unit. This new unit is now under construction, and should be in use during the new session.

Accommodation within the schools is improving gradually; provision for dental treatment is being made, both in new schools and also where additions are being made to old schools. The standard of equipment is now generally good, with the exception of some of the portable equipment, the quality of which is to some extent limited by the requirement of being easily carried.

We have received during the year from various sources a great deal of co-operation and assistance, and I should like to offer my thanks to the teachers to the dental staff, to the members of other departments who have been so helpful, and to the County Medical Officer for his understanding and encouragement.

Summary of Inspections - 1963-64

AGE	No. Inspected	No. with Dental defects	No. referred for treatment	No. accepting treatment	No. made dentally fit
5	839	623	596	308	264
6	959	704	669	357	335
7	1,007	780	690	371	350
8	1,051	820	682	388	332
9	1,004	766	636	354	312
10	1,186	846	733	424	370
11	1,028	729	597	323	294
12	1,023	749	630	307	276
13	990	727	593	275	248
14	897	598	482	200	179
15	432	274	205	81	82
16	115	63	55	35	36
17 and over	48	19	9	2	2
TOTAL	10,579	7,698	6,577	3,431	3,080

Summary of Treatment - 1963-1964

Attendances for treatment (not including Orthodontic)	15,050
Fillings (a) Permanent teeth	10,259
(b) Temporary teeth	2,791
Extractions (a) Permanent teeth	1,085
(b) Temporary teeth	2,010
General Anaesthetics	41
Other operations (Dressings, Scaling, Gum Treatments etc.)	
(a) Permanent teeth	4,324
(b) Temporary teeth	2,378
Dentures fitted	31
X-rays taken	202

Orthodontic Treatment

Cases treated by school Dental Officers	128
Cases treated by Regional Hospital Board Consultant	63
Cases continuing from previous year	71
New Cases	120
Cases Completed	47
Cases Discontinued	14
Cases continuing at end of year	130
Attendances for treatment	1,224
Appliances fitted	79
Repairs for Appliances	5
Extractions for Orthodontic purposes	101
X-rays for Orthodontic purposes	224

Allocation of time

Sessions devoted to Inspection	181
Sessions devoted to treatment	2,745
Sessions devoted to Administration and clerical work ..	140
Sessions lost due to illness of Dental Officer	105

8. SPECIAL SCHOOLS AND CLASSES

(a) **Physically Defective Children.** There are no special schools or classes in the County, but during the session one child was in Rudolph Steiner Schools, one in Westerlea, one in East Park Home, Glasgow, and one child was having home tuition.

(b) **Blind and Partially Sighted Children.** There are no special classes. During the session there were three children from this area in the Royal Blind Asylum and School, Edinburgh, one in the Sight Saving School, Dundee, and two had home tuition.

(c) **Deaf, Partially Deaf and Deaf Mute Children.** There are no special schools or classes, 15 children were in schools outwith the area, 3 in Donaldson's School for the Deaf, Edinburgh, 12 in the Institution for the Deaf and Dumb, Dundee, and one 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 33, a total which is restricted by accommodation and staffing. At Blairgowrie the Special Class at the Hill Primary School had 15 pupils on the roll.

During the year 2 educable mentally handicapped children were accommodated outwith the County: one in Waverley Park Home, Kirkintilloch and one in Lochgelly Special Class.

13 children attend Perth Occupational Centre daily between 10 a.m. and 3 p.m. Free milk was issued and a midday meal provided.

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.** It was hoped that this school which is to be known as Glebe School would be ready for occupation at the beginning of session 1964-65, but it now appears unlikely that it will open before the beginning of 1965.

(g) **Child Guidance.** This year's work in the Child Guidance Centre has been largely dominated by the promise of the new school for slow-learning children which is to open next session at Scone. At the beginning of the year a register of all the known mentally handicapped children in the County was drawn up and reports were sought from the

schools regarding the work and behaviour of these children. If a child was found to be in difficulties, the home was visited by a psychologist or by one of the County Medical Officer's Staff and the position re possible residence at the Glebe School was assessed. At the same time, a pilot survey of the 6½-7½ year old school population was held and the reliability of the group test and the teacher's estimates in picking out the less able children was explored. This led to the decision to make the screening test an annual occurrence. From now on it should be possible for all the mentally handicapped children in the County to be discovered by their seventh year and to be correctly placed educationally by their eighth birthday if their parents are willing to be advised. Because of the intensive observation focussed on the child during the individual test, problems apart from obvious mental handicap have also shown up. By pin-pointing these difficulties and giving early help, we hope to be able to prevent some vulnerable children from becoming maladjusted.

Source of Referral. 364 children were seen this year, 239 from the County and 125 from the City.

Table 1

Head Teachers	..	..	..	102
Director of Education	..	..	..	20
School Medical Officers	..	..	..	55
Probation Officers	..	..	..	5
Children's Officers	..	..	..	10
Juvenile Liaison Officer	..	..	..	14
Speech Therapist	..	..	..	9
Parents	..	..	..	18
Scottish Council for Research in Education	..	..	..	2
Hospitals and G.P's.	..	..	..	19 + 3 Dr. Cottrell
Youth Employment Officer	..	..	..	-
R.S.P.C.C.	..	..	..	1
Moray House Test	..	..	..	105

This is more or less the same as in previous years with the addition of the children who had to be tested individually following the Moray House Picture Test, which was used for screening purposes with the seven year old age group.

The age range was as follows:-

Table 2

Age in Years		Pre-School	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Number of Cases	Boys	8	12	17	61	31	18	22	18	13	19	14	5	2	-	-
	Girls	5	5	11	38	19	10	8	7	6	4	8	3	-	-	-
	Totals	13	17	28	99	50	28	30	25	19	23	22	8	2	-	-

The rise in the 6, 7 and 8 year old age groups is accounted for by the testing which followed the screening test. 101 extra children in in this group were seen, 21 of these were found to be mentally handicapped and two children who were proved to be of normal intelligence were found to be suffering from perceptual difficulties which will necessitate special methods of instruction.

The distribution of intelligence was as follows:

Table 3

I.Q.		70	70/79	80/89	90/99	100/109	110/119	120/129	130+	Not Tested
No. of Cases	Boys	40	39	52	37	34	22	7	6	3
	Girls	26	21	40	17	7	4	3	1	5
	Totals	66	60	92	54	41	26	10	7	8

This distribution is positively skewed by the extra testing done to select these children who would benefit most from the opening of the Glebe School at Scone.

Table 4

Psychologists' Interviews

	Child Interviews		Parent Interviews	Home Visits
	In Schools	In Centres		
Perth	285	1,168	315	136
Blairgowrie	25	169	-	14
Crieff	39	178	9	24
Kinross	29	215	4	28
Auchterarder	9	47	-	23
Totals	387	1,777	328	225

The appointment of a third psychologist was followed by the opening of an additional weekly centre at Auchterarder. Since he took over the Crieff Centre also, it was possible to carry on more intensive work in the Perth Centre and to increase the time given to the Kinross Centre to one full day per week.

The large number of home visits is due to the fact that when a County Child was found to be mentally handicapped, the home was visited, both to acquaint the parents with the existence of the Glebe School and with their child's possible need for this type of schooling and also to assess home factors which would have to be considered before a recommendation of placement in the Glebe School, Scone was made.

Psychiatrist's Interviews

The services of Dr. Leonard Cottrell were available at Perth Clinic on two mornings per week. This is proving of immense benefit to more disturbed children who attend the Centre. Dr. Cottrell examined 67 children, interviewed 66 parents and paid two domiciliary visits during the year.

State of Cases

Table 5

Number of Cases			Discharged	Continued	Waiting Attention
Boys	Girls	Total			
240	124	364	288	76	133 + Moray House list of 107

Table 6

Problems treated

Enuresis	41
Soiling	10
Asthma	1
Sickness	7
Tics and Spasms	3
Stammer	5
Fears	8
Disturbed sleep	9
Inhibited	5
Negative	4
School Refusal	14
Aggression	25
Lack of Concentration	15
Temper Tantrums	9
Defiance of Authority	5
Sex Offences	3
Theft	34
Lying	8
Truancy and Wandering	13
Compulsive Acts	1
Educational Backwardness	3
Permanently Backward	18
Perceptual Difficulties	4
Epilepsy or Brain Damage	10

Children who were discharged as I.Q. and Advice or Mentally Handicapped are not included in this table.

Waiting Attention.

133 children are on the waiting list for attention.

(h) **Speech Therapy.** With the appointment in August, 1963 of two Assistant Speech Therapists, the Department was fully staffed throughout the session. Clinic sessions were resumed at Auchterarder, Dunblane and Kinross, these centres having been closed for the past three years because of shortage of staff. Full day weekly clinics were held at Blairgowrie, Crieff and Kinross, and half-day clinics at Auchterarder, Coupar Angus, Dunblane and Rattray. The Centre in Perth was open every week day during the school session.

Work for Session. The names of 300 children appeared on the current case book during the session - 182 County cases and 118 City cases. There were 208 boys and 92 girls.

Discharge cases. The total number of discharge cases is 102, subdivided as follows:

Speech satisfactory or maximum improvement made	77
Left County, treatment still required	10
Left school, treatment still required	5
Treatment stopped	10

Thus a total of 198 cases will be carried forward into next year, 76 being City cases and 122 being County cases.

Waiting List. The waiting list has now been reduced to 125 names, 20 in the City and 105 in the County.. This is the lowest figure since the start of the service in the Combined Counties and compares very favourably with 344 last year.

Since Mrs. Watt, Bridge of Earn Hospital,, holds regular clinics in the Aberfeldy, Alyth, Callander, Dunkeld and Pitlochry areas, we are relieved of lists of cases awaiting attention in these districts. There are, however, still some children who are not within easy reach of any centre.

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE

A proportion of the schools in the area are surveyed under this heading each year. This year schools in the Highland District of Perthshire are due for review.

A. Accommodation for Physical Education. The only schools with gymnasia are Breadalbane Academy, Royal School Dunkeld and Pitlochry High School.

Local halls with some portable equipment are used at Kinloch Rannoch where a new school with general purpose room is under construction: and at Grandtully. At Blair Atholl the local hall is used only occasionally because of its distance from the school. At all other schools in the Highland District ordinary classrooms are used for all teaching purposes including physical education. Logierait and Struan Schools are in process of reconstruction and improvement, and will contain general purpose rooms when these alterations are completed.

(a) Facilities for changing shoes and clothing. Changing rooms are provided at Breadalbane Academy, Dunkeld and Pitlochry,, the three secondary schools in the area under review. At all other schools the accommodation used for physical education is also used for changing shoes.

(b) Spray Baths. At present no school in the Highland District is provided with spray baths. This amenity will however shortly be available at Breadalbane Academy which is being extended and reconstructed.

(c) Provision of Towels and Hot Water etc. Soap, towels and water are available at all schools, but as reported earlier in this Report, hot water is not available at Dowally and Struan, but at the latter a new school with all facilities is under construction.

The experimental use of paper towels in schools where there is no disposal problem is under consideration and daily provision of clean roller towels is recommended for other schools.

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

B. Swimming Baths. Perth City Baths are the only public baths in the County of Perth and Kinross and distance makes attendance there difficult for pupils attending schools in the Highland and Western Districts of the County. The possibility of provision of baths in these two districts is under review.

Arrangements have been made for pupils at Breadalbane Academy, Pitlochry High School and Dunkeld to have instruction at Perth Baths on Saturday mornings from April to October, special transport being provided for the purpose.

C. Playing Fields. See earlier in this Report.

D. School Camps. During the summer, 1964, 250 children from schools in Perth City were accommodated for a fortnight at Belmont Camp, Meikle.

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.

F. Parent-Teacher Associations. There are eight parent-teacher associations at the schools under review.

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

(a) Milk in Schools. Milk is available in 146 schools and 76% 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 T.T. pasteurised.

(b) School Meals. School meals are now being served at 145 schools leaving only 3 unprovided for. The 44 kitchens provided 2,142,058 meals during the session.

TABLE I

Total number of children examined at:			
(A)		<u>Systematic Examinations</u>	<u>Other Systematic Examinations</u>
	(Entrants	1,981	
Ordinary Schools	(Second Age Group	1,756	
	(Third Age Group	1,891	
	(Fourth Age Group	535	
Secondary Schools	(Age Group	-	
TOTAL		6,163	441
			<u>6,604</u>
(B) Other Examinations			
	Special cases		667
	Re-inspection by Medical Officers		<u>1,112</u>
			<u>1,779</u>
Number of individual children inspected at Systematic Examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries).			
	Entrants	685	
	Second Age Group	400	
	Third Age Group	343	
	Fourth Age Group	60	
	Other Systematic Examinations	57	
		<u>1,545</u>	

**TABLE
SYSTEMATIC**

Return of number and percentage of individual children

	Entrants				Second Age Group			
	Boys 1000		Girls 981		Boys 914		Girls 842	
	No.	%	No.	%	No.	%	No.	%
1. Clothing Unsatisfactory	-	-	-	-	-	-	-	-
2. Footwear Unsatisfactory	-	-	1	0.1	1	0.11	-	-
3. Cleanliness -								
(a) Heads dirty, nits or vermin	-	-	3	0.31	2	0.22	-	-
(b) Body: dirty or verminous	-	-	-	-	1	0.11	-	-
4. Skin: (a) Head: Ringworm	-	-	-	-	-	-	-	-
Impetigo	3	0.3	1	0.1	-	-	-	-
Other diseases	5	0.5	6	0.61	4	0.44	4	0.48
(b) Body: Ringworm	-	-	-	-	-	-	2	0.24
Impetigo	-	-	-	-	-	-	-	-
Scabies	-	-	-	-	-	-	1	0.12
Other diseases	18	1.8	19	1.94	14	1.53	9	1.07
5. Nutritional State:								
Slightly defective	11	1.1	8	0.82	8	0.88	9	1.07
Bad	1	0.1	-	-	1	0.11	3	0.36
6. Mouth and teeth unhealthy	62	6.2	68	6.87	77	8.42	66	7.84
7. Naso-Pharynx (a) Nose								
(1) Obst. req. obs.	22	2.2	20	2.04	5	0.55	5	0.59
(2) Obstr. req. op. tr.	5	0.5	11	1.12	1	0.11	1	0.12
(3) Other conditions	10	1.0	9	0.92	5	0.55	3	0.36
(b) Throat								
(1) Tonsils req. obs.	112	11.2	101	10.3	32	3.5	35	4.16
(2) Tonsils req. op. tr.	11	1.1	19	1.94	5	0.55	7	0.83
(c) Glands: (1) Req. obs.	7	0.7	8	0.82	3	0.33	3	0.36
(2) Req. op. tr.	-	-	-	-	1	0.11	1	0.12
8. Eyes: (a) External diseases:								
Blepharitis	8	0.8	4	0.41	7	0.77	9	1.07
Conjunctivitis	1	0.1	-	-	2	0.22	1	0.12
Corneal Opacities	-	-	-	-	-	-	-	-
Strabismus	28	2.8	27	2.75	14	1.53	9	1.07
Other diseases	4	0.4	1	0.1	1	0.11	6	0.71
(b) Visual Acuity: Fair Vision	79	7.9	87	8.87	81	8.86	84	9.98
Bad Vision	3	0.3	2	0.2	5	0.55	3	0.36
Recommended for refraction	2	0.2	-	-	2	0.22	3	0.36
9. Ears: (a) Diseases - Otorrhoea	1	0.1	3	0.31	-	-	-	-
Other Diseases	2	0.2	-	-	4	0.44	1	0.12
(b) Def. hearing: Grade I	3	0.3	2	0.2	5	0.55	1	0.12
Grade IIa	-	-	-	-	2	0.22	2	0.24
Grade IIb	-	-	-	-	-	-	-	-
Grade III	-	-	-	-	-	-	-	-
10. Speech: Def. articulation	19	1.9	8	0.82	7	0.77	2	0.24
Stammering	4	0.4	-	-	6	0.66	-	-
11. Mental and nervous conditions								
(a) Backward	-	-	-	-	1	0.11	1	0.12
(b) Dull	3	0.3	4	0.41	11	1.2	4	0.48
(c) Men. Def. (Educable)	-	-	1	0.1	2	0.22	-	-
(d) Men. Def. (Ineducable)	-	-	-	-	-	-	1	0.12
(e) Highly Nervous or unstable	6	0.6	7	0.71	3	0.33	1	0.12
(f) Difficult in behaviour	6	0.6	3	0.31	3	0.33	1	0.12
12. Circulatory System								
(a) Organic heart disease								
(1) Congenital	4	0.4	2	0.2	1	0.11	2	0.24
(2) Acquired	-	-	1	0.1	-	-	-	-
(b) Functional conditions	4	0.4	4	0.41	4	0.44	3	0.36
13. Lungs: Chronic Bronchitis	3	0.3	1	0.1	2	0.22	1	0.12
Suspected Tuberculosis	1	0.1	-	-	2	0.22	-	-
Other diseases	9	0.9	8	0.82	12	1.31	3	0.36
14. Deformities:								
(a) Congenital	10	1.0	10	1.02	8	0.88	7	0.83
(b) Acquired (Inf. Par.)	3	0.3	-	-	1	0.11	-	-
(c) Acquired (pro. Rickets)	-	-	3	0.31	-	-	-	-
(d) Other Causes	94	9.4	65	6.63	56	6.13	45	5.34
15. Infectious Diseases	2	0.2	3	0.31	-	-	-	-
16. Other Diseases or Defects	123	12.3	48	4.89	66	7.22	33	3.92
17. Vaccination	848	84.8	834	85.02	173	84.56	734	87.17
18. Parents present	696	69.6	683	69.62	307	33.59	302	35.87
19. Diphtheria immunisation	935	93.5	930	94.8	856	93.65	790	93.82

II EXAMINATIONS

in each age group suffering from particular defects.

Third Age Group				Fourth Age Group				Other Ages				Total 6604	
Boys 963		Girls 928		Boys 241		Girls 294		Boys 211		Girls 230			
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
1	0.1	-	-	-	-	-	-	-	-	-1	0.43	2	0.03
-	-	1	0.11	-	-	-	-	-	-	-	-	3	0.05
-	-	3	0.32	-	-	-	-	-	-	2	0.87	10	0.15
-	-	2	0.22	-	-	-	-	1	0.47	1	0.43	5	0.08
-	-	1	0.11	-	-	-	-	1	0.47	-	-	2	0.03
1	0.1	-	-	-	-	-	-	-	-	-	-	5	0.08
3	0.31	11	1.19	2	0.83	2	0.68	-	-	2	0.87	39	0.59
1	0.1	-	-	-	-	-	-	-	-	-	-	3	0.05
-	-	-	-	-	-	-	-	-	-	-	-	-	-
1	0.1	-	-	-	-	-	-	-	-	-	-	2	0.03
7	0.73	19	2.05	7	2.9	3	1.02	2	0.95	3	1.3	101	1.53
5	0.52	1	0.11	1	0.41	-	-	1	0.47	-	-	45	0.68
1	0.1	5	0.54	-	-	-	-	-	-	-	-	11	0.17
43	4.47	59	6.35	2	0.83	10	3.4	12	5.69	13	5.65	412	6.24
2	0.21	3	0.32	-	-	1	0.34	4	1.9	1	0.43	63	0.95
1	0.1	-	-	-	-	-	-	3	1.42	3	1.3	25	0.38
1	0.1	3	0.32	-	-	-	-	3	1.42	4	1.74	38	0.58
10	1.04	19	2.05	-	-	2	0.68	10	4.74	16	6.96	337	5.1
2	0.21	4	0.43	-	-	-	-	3	1.42	2	0.87	53	0.8
1	0.1	-	-	-	-	-	-	-	-	2	0.87	24	0.36
-	-	-	-	-	-	-	-	-	-	-	-	2	0.03
2	0.21	2	0.22	-	-	-	-	-	-	5	2.17	37	0.56
1	0.1	1	0.11	-	-	-	-	-	-	-	-	6	0.09
-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	0.21	4	0.43	1	0.41	1	0.34	1	0.47	1	0.43	88	1.33
2	0.21	1	0.11	-	-	1	0.34	2	0.95	-	-	18	0.27
72	7.48	102	10.99	19	7.88	40	13.65	32	15.17	31	13.48	627	9.49
12	1.24	13	1.41	3	1.24	4	1.36	-	-	1	0.43	46	0.70
1	0.1	-	-	-	-	-	-	1	0.47	2	0.87	11	0.17
-	-	2	0.22	-	-	-	-	-	-	-	-	6	0.09
3	0.31	1	0.11	-	-	1	0.34	-	-	-	-	12	1.82
4	0.42	1	0.11	-	-	1	0.34	2	0.95	-	-	19	0.29
3	0.31	4	0.43	-	-	-	-	-	-	1	0.43	12	1.82
-	-	1	0.11	-	-	-	-	-	-	-	-	1	0.02
-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	0.73	2	0.22	-	-	-	-	4	1.9	-	-	49	0.74
4	0.42	2	0.22	2	0.83	1	0.34	1	0.47	2	0.87	22	0.33
1	0.1	-	-	-	-	-	-	2	0.95	-	-	5	0.08
8	0.83	4	0.43	1	0.41	-	-	1	0.47	1	0.43	37	0.56
3	0.31	-	-	-	-	-	-	1	0.47	-	-	7	0.11
-	-	-	-	-	-	-	-	-	-	-	-	1	0.02
5	0.52	4	0.43	-	-	1	0.34	6	2.84	1	0.43	34	0.51
2	0.21	3	0.32	-	-	-	-	-	-	1	0.43	19	0.29
-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	0.21	3	0.32	-	-	-	-	1	0.47	1	0.43	16	0.24
-	-	1	0.11	2	0.83	1	0.34	-	-	-	-	5	0.08
3	0.31	1	0.11	1	0.41	1	0.34	-	-	-	-	21	0.32
1	0.1	1	0.11	-	-	-	-	-	-	-	-	9	0.14
2	0.21	-	-	-	-	-	-	1	0.47	-	-	6	0.09
16	1.66	4	0.43	1	0.41	2	0.68	3	1.42	4	1.74	62	0.94
9	0.93	4	0.43	4	1.66	3	1.02	5	2.37	1	0.43	61	0.92
2	0.21	-	-	-	-	-	-	-	-	-	-	6	0.09
-	-	1	0.11	-	-	-	-	-	-	-	-	4	0.06
20	2.08	57	6.14	6	2.49	16	5.44	13	6.16	32	13.91	404	6.12
-	-	1	0.11	-	-	-	-	-	-	-	-	6	0.09
26	2.7	25	2.69	3	1.24	12	4.08	19	9.0	20	8.7	375	5.68
818	84.94	797	85.88	220	91.29	267	90.82	154	72.99	176	76.52	5621	85.12
11	1.14	5	0.54	-	-	-	-	38	18.01	47	20.43	2089	31.63
902	93.67	872	93.97	235	97.51	286	97.28	166	78.67	201	87.39	6173	93.47

TABLE
SYSTEMATIC MEDICAL

	Entrants		Second Age Group	
	No. of Children	Percentage of the children examined in this group	No. of children	Percentage of the children examined in this group
I. Children free from defects	1,222	61.72	1,212	69.08
II Children (otherwise free from defects) who suffer from-				
(a) Def. vision not worse than 6/12 in better eye with or without glasses	94	44.75	109	6.23
(b) Conds. of mouth and teeth requiring treatment	23	1.17	36	2.05
(c) Both (a) and (b)	9	0.45	-	-
	1,348	6.37	145	8.28
III Children suffering from ailments (other than those mentioned in II) from which complete recovery is anticipated within a few weeks	410	20.68	222	12.64
IV Children suffering from (or suspected to be suffering from) defects less remedial than def. spec. in II & III distinguishing cases				
(a) where com. cure or restoration of functions (in the case of eye defs. full correction) is considered possible	217	10.93	156	8.82
(b) where impr. only is considered possible e.g. without complete restoration of function	6	0.3	21	1.18
	223	11.23	177	10.00
Total no. of children examined	1,981	100.00	1,756	100.00

III. EXAMINATIONS

Third Age Group		Fourth Age Group		Other Ages		Total	
No. of children	Percentage of the children examined in this group	No. of children	Percentage of the children examined in this group	No. of children	Percentage of the children examined in this group	No. of children	Percentage of the children examined in this group
1,403	74.13	405	76.25	254	57.71	4,496	68.08
154	8.17	54	9.82	28	6.38	439	6.65
26	1.38	2	0.34	17	3.89	104	1.57
2	0.11	-	-	-	-	11	0.17
182	9.66	56	10.16	45	10.27	554	8.39
159	8.41	35	6.48	82	18.46	908	13.75
135	7.17	12	6.74	52	11.77	597	9.04
12	0.63	25	0.37	8	1.79	49	0.74
147	7.80	37	7.11	60	13.56	646	9.78
1,891	100.00	535	100.00	441	100.00	6,604	100.00

TABLE IV

RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA

	At Ordinary Schools	At Special Schools or Classes	At no School or Institution	Total
1. Blind	-	1	2	3
2. Partially Sighted: (a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	2	1	-	3
(b) Other conditions of the eye e.g. cataract, ulceration, etc. which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	4*	1	1	6
3. Deaf: Grade I	19	1	-	20
Grade IIa	36	-	-	36
Grade IIb	-	4	-	4
Grade III	1	9	-	10
4. Defective Speech: (a) Defects of articulation requiring special educational measures	7	-	-	7
(b) Stammering, requiring special educational measures	5	-	-	5
5. Mentally Defective (children between 5 and 16 years) (a) Educable (I.Q. app. 50-70)	175	67	1	243
(b) Ineducable (I.Q. generally less than 50)	4	61	27	92
6. Epilepsy: (a) Mild and occasional	41	-	-	41
(b) Suitable for care in a residential school (severe)	5	2	-	7
7. Physically defective (children between 5 and 16 years) (a) Non-pul. T.B. (ex. cerv. glands)	2	-	-	2
(b) General orthopaedic conditions	45	1	1	47
(c) Organic heart disease	30	-	1	31
(d) Other causes	33	1	1	35
8. Multiple Defects (included in above figures under main disability)	38	24	17	79

* Although these children are regarded as having substantial and permanent visual handicaps, they are considered to be suitable placed meantime in ordinary schools.

TABLE IV (contd.)

	At Ordinary Schools	At Special Schools or Classes	At no School or Institution	Total
8. Multiple Defects (details)				
1, 7c	-	-	1	1
1, 7d	-	-	1	1
2a, 5a	-	1	-	1
2a, 7d	-	-	1	1
2b, 5b, 7a	-	1	-	1
2b, 7d	1	-	1	2
3I, 5a	2	1	-	3
3I, 7b	1	-	-	1
3IIa, 4a	2	-	-	2
3III, 4a	1	-	-	1
3III, 5a	-	2	-	2
3III, 7b	-	1	-	1
3III, 7d	-	1	-	1
4a, 5a	7	1	-	8
4a, 5a, 6a	-	1	-	1
4a, 5a, 7d	1	-	-	1
4a, 5b	-	1	-	1
4a, 7c	1	-	-	1
4b, 5a, 6a	1	-	-	1
5a, 6a	5	1	-	6
5a, 6a, 7b	-	1	1	2
5a, 6b	1	-	-	1
5a, 6b, 7d	-	1	-	1
5a, 7b	5	3	-	8
5a, 7b, 7d	-	1	-	1
5a, 7c	1	-	-	1
5a, 7d	3	2	-	5
5b, 6a	-	1	1	2
5b, 6a, 7b	-	-	2	2
5b, 6b, 7b	-	1	-	1
5b, 7b	-	2	6	8
5b, 7c	-	-	1	1
5b, 7c, 7d	-	-	1	1
5b, 7d	-	1	-	1
6a, 7b	1	-	-	1
6a, 7c	1	-	-	1
6a, 7d	1	-	-	1
7a, 7b	1	-	-	1
7b, 7c	2	-	-	2
7b, 7d	-	-	1	1

TUBERCULIN TESTING AND B.C.G. VACCINATION - Session 1963-64

	% Consent	Boys		Girls		Boys and Girls			Re-tests
		No. Tested	% positive	No. Tested	% positive	No. Tested	% positive	No. vaccinated	
Perth City									
Perth Academy	98	81	6	100	3	181	4	173	-
Perth High	96	99	6	117	10	216	8	198	-
Goodlyburn	95	69	6	58	3	127	5	121	-
St. John's R.C.	97	33	9	28	-	61	5	58	-
Total	96	282	6	303	6	585	6	550	-
Perth District									
Dunbarney	93	3	33	7	-	10	10	9	18
Errol	100	13	8	13	-	26	4	25	17
Invergowrie	97	15	-	17	12	32	6	30	16
Scone	96	21	5	20	10	41	7	38	24
Methven	90	24	4	19	5	43	5	41	27
Stanley	98	24	17	22	18	46	17	38	27
Strathallan*	98	45	11	-	-	45	11	40	45
Trinity College*	100	45	20	-	-	45	20	36	57
Kilgraston*	90	-	-	25	12	25	12	22	12
Total	96	100	8	98	9	198	9	181	129
Eastern District									
Blairgowrie	93	70	17	79	16	149	17	124	125
Coupar Angus	98	20	5	20	5	40	5	38	34
Alyth	100	11	27	15	20	26	23	20	26
Total	95	101	16	114	15	215	15	182	185
Highland District									
Breadalbane Acad.	95	29	28	29	10	58	19	47	43
DunkeId	86	14	7	6	17	20	10	18	14
Pitlochry	94	29	21	32	22	61	21	48	34
Croftinloan*	100	12	17	-	-	12	17	10	3
Total	93	72	21	67	16	139	19	113	91
Central District									
Crieff	96	38	16	41	-	79	8	73	58
Morrison's Acad.	92	54	17	40	20	94	18	77	76
Comrie	100	3	-	9	-	12	-	12	9
Auchterarder	91	35	3	30	7	65	5	62	38
Seymour Lodge*	100	-	-	15	7	15	7	14	3
Total	93	130	12	120	8	250	10	224	181
Western District									
Dunblane	94	13	15	20	10	33	12	29	31
McLaren High	85	26	15	35	9	61	11	54	84
Aberfoyle	87	11	9	13	23	24	17	20	12
Killin	100	8	-	6	-	14	-	14	20
St. Ninian's*	100	9	33	-	-	9	33	6	4
Queen Victoria*	100	36	39	-	-	36	39	22	27
Total	89	58	12	74	11	132	11	117	147
Kinross County									
Kinross	95	36	-	43	7	79	4	76	56
Lendrickmuir*	100	13	31	5	20	18	27	13	16
Total	95	36	-	43	7	79	4	76	56
COUNTY TOTALS	94	497	12	516	11	1013	12	893	789
CITY AND COUNTY TOTALS	95	779	10	819	9	1598	10	1443	-

* Not included in totals