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PERTH AND KINROSS COUNTY COUNCIL

COUNTY HEALTH DEPARTMENT

REPORT

ON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR ENDING 31ST JULY, 1969

INDEX

	Page
Introduction	1
List of Staff	3
General Statistics	4
Sanitary Conditions of Schools	4
Organisation and Administration	7
Findings of Medical Inspection	8
Treatment:	
A. Minor Ailments	10
B. Hearing Testing	11
Dental Inspection and Treatment	11
Special Schools and Classes	14
Physical Education and Personal Hygiene	14
Child Guidance	15
Speech Therapy	17
Milk in Schools	18
School Meals	18
Health Education	18
Tables:	
I. Medical Examinations	19
II. Defects Found	20
III. Average Heights and Weights - Scotland	22
IV. Average Heights and Weights by Social Class	23
V. Average Heights and Weights by Number in Family	24
VI. Other Age Groups - Defects Found	25
VII. Exceptional Children	26
VIII. Tuberculin Testing and B.C.G. Vaccination	28

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

101	Introduction
102	1. The Problem
103	2. The Method
104	3. The Results
105	4. The Discussion
106	5. The Conclusion
107	6. The Appendix
108	7. The Bibliography
109	8. The Index
110	9. The Plates
111	10. The Figures
112	11. The Tables
113	12. The Charts
114	13. The Diagrams
115	14. The Maps
116	15. The Photographs
117	16. The Illustrations
118	17. The Examples
119	18. The Cases
120	19. The Studies
121	20. The Experiments
122	21. The Observations
123	22. The Measurements
124	23. The Calculations
125	24. The Formulas
126	25. The Equations
127	26. The Theorems
128	27. The Lemmas
129	28. The Propositions
130	29. The Corollaries
131	30. The Theorems
132	31. The Lemmas
133	32. The Propositions
134	33. The Corollaries
135	34. The Theorems
136	35. The Lemmas
137	36. The Propositions
138	37. The Corollaries
139	38. The Theorems
140	39. The Lemmas
141	40. The Propositions
142	41. The Corollaries
143	42. The Theorems
144	43. The Lemmas
145	44. The Propositions
146	45. The Corollaries
147	46. The Theorems
148	47. The Lemmas
149	48. The Propositions
150	49. The Corollaries
151	50. The Theorems
152	51. The Lemmas
153	52. The Propositions
154	53. The Corollaries
155	54. The Theorems
156	55. The Lemmas
157	56. The Propositions
158	57. The Corollaries
159	58. The Theorems
160	59. The Lemmas
161	60. The Propositions
162	61. The Corollaries
163	62. The Theorems
164	63. The Lemmas
165	64. The Propositions
166	65. The Corollaries
167	66. The Theorems
168	67. The Lemmas
169	68. The Propositions
170	69. The Corollaries
171	70. The Theorems
172	71. The Lemmas
173	72. The Propositions
174	73. The Corollaries
175	74. The Theorems
176	75. The Lemmas
177	76. The Propositions
178	77. The Corollaries
179	78. The Theorems
180	79. The Lemmas
181	80. The Propositions
182	81. The Corollaries
183	82. The Theorems
184	83. The Lemmas
185	84. The Propositions
186	85. The Corollaries
187	86. The Theorems
188	87. The Lemmas
189	88. The Propositions
190	89. The Corollaries
191	90. The Theorems
192	91. The Lemmas
193	92. The Propositions
194	93. The Corollaries
195	94. The Theorems
196	95. The Lemmas
197	96. The Propositions
198	97. The Corollaries
199	98. The Theorems
200	99. The Lemmas
201	100. The Propositions
202	101. The Corollaries
203	102. The Theorems
204	103. The Lemmas
205	104. The Propositions
206	105. The Corollaries
207	106. The Theorems
208	107. The Lemmas
209	108. The Propositions
210	109. The Corollaries
211	110. The Theorems
212	111. The Lemmas
213	112. The Propositions
214	113. The Corollaries
215	114. The Theorems
216	115. The Lemmas
217	116. The Propositions
218	117. The Corollaries
219	118. The Theorems
220	119. The Lemmas
221	120. The Propositions
222	121. The Corollaries
223	122. The Theorems
224	123. The Lemmas
225	124. The Propositions
226	125. The Corollaries
227	126. The Theorems
228	127. The Lemmas
229	128. The Propositions
230	129. The Corollaries
231	130. The Theorems
232	131. The Lemmas
233	132. The Propositions
234	133. The Corollaries
235	134. The Theorems
236	135. The Lemmas
237	136. The Propositions
238	137. The Corollaries
239	138. The Theorems
240	139. The Lemmas
241	140. The Propositions
242	141. The Corollaries
243	142. The Theorems
244	143. The Lemmas
245	144. The Propositions
246	145. The Corollaries
247	146. The Theorems
248	147. The Lemmas
249	148. The Propositions
250	149. The Corollaries
251	150. The Theorems
252	151. The Lemmas
253	152. The Propositions
254	153. The Corollaries
255	154. The Theorems
256	155. The Lemmas
257	156. The Propositions
258	157. The Corollaries
259	158. The Theorems
260	159. The Lemmas
261	160. The Propositions
262	161. The Corollaries
263	162. The Theorems
264	163. The Lemmas
265	164. The Propositions
266	165. The Corollaries
267	166. The Theorems
268	167. The Lemmas
269	168. The Propositions
270	169. The Corollaries
271	170. The Theorems
272	171. The Lemmas
273	172. The Propositions
274	173. The Corollaries
275	174. The Theorems
276	175. The Lemmas
277	176. The Propositions
278	177. The Corollaries
279	178. The Theorems
280	179. The Lemmas
281	180. The Propositions
282	181. The Corollaries
283	182. The Theorems
284	183. The Lemmas
285	184. The Propositions
286	185. The Corollaries
287	186. The Theorems
288	187. The Lemmas
289	188. The Propositions
290	189. The Corollaries
291	190. The Theorems
292	191. The Lemmas
293	192. The Propositions
294	193. The Corollaries
295	194. The Theorems
296	195. The Lemmas
297	196. The Propositions
298	197. The Corollaries
299	198. The Theorems
300	199. The Lemmas
301	200. The Propositions
302	201. The Corollaries
303	202. The Theorems
304	203. The Lemmas
305	204. The Propositions
306	205. The Corollaries
307	206. The Theorems
308	207. The Lemmas
309	208. The Propositions
310	209. The Corollaries
311	210. The Theorems
312	211. The Lemmas
313	212. The Propositions
314	213. The Corollaries
315	214. The Theorems
316	215. The Lemmas
317	216. The Propositions
318	217. The Corollaries
319	218. The Theorems
320	219. The Lemmas
321	220. The Propositions
322	221. The Corollaries
323	222. The Theorems
324	223. The Lemmas
325	224. The Propositions
326	225. The Corollaries
327	226. The Theorems
328	227. The Lemmas
329	228. The Propositions
330	229. The Corollaries
331	230. The Theorems
332	231. The Lemmas
333	232. The Propositions
334	233. The Corollaries
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336	235. The Lemmas
337	236. The Propositions
338	237. The Corollaries
339	238. The Theorems
340	239. The Lemmas
341	240. The Propositions
342	241. The Corollaries
343	242. The Theorems
344	243. The Lemmas
345	244. The Propositions
346	245. The Corollaries
347	246. The Theorems
348	247. The Lemmas
349	248. The Propositions
350	249. The Corollaries
351	250. The Theorems
352	251. The Lemmas
353	252. The Propositions
354	253. The Corollaries
355	254. The Theorems
356	255. The Lemmas
357	256. The Propositions
358	257. The Corollaries
359	258. The Theorems
360	259. The Lemmas
361	260. The Propositions
362	261. The Corollaries
363	262. The Theorems
364	263. The Lemmas
365	264. The Propositions
366	265. The Corollaries
367	266. The Theorems
368	267. The Lemmas
369	268. The Propositions
370	269. The Corollaries
371	270. The Theorems
372	271. The Lemmas
373	272. The Propositions
374	273. The Corollaries
375	274. The Theorems
376	275. The Lemmas
377	276. The Propositions
378	277. The Corollaries
379	278. The Theorems
380	279. The Lemmas
381	280. The Propositions
382	281. The Corollaries
383	282. The Theorems
384	283. The Lemmas
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388	287. The Lemmas
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390	289. The Corollaries
391	290. The Theorems
392	291. The Lemmas
393	292. The Propositions
394	293. The Corollaries
395	294. The Theorems
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397	296. The Propositions
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399	298. The Theorems
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401	300. The Propositions
402	301. The Corollaries
403	302. The Theorems
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405	304. The Propositions
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411	310. The Theorems
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415	314. The Theorems
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418	317. The Corollaries
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424	323. The Lemmas
425	324. The Propositions
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427	326. The Theorems
428	327. The Lemmas
429	328. The Propositions
430	329. The Corollaries
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432	331. The Lemmas
433	332. The Propositions
434	333. The Corollaries
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436	335. The Lemmas
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438	337. The Corollaries
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449	348. The Propositions
450	349. The Corollaries
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453	352. The Propositions
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456	355. The Lemmas
457	356. The Propositions
458	357. The Corollaries
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460	359. The Lemmas
461	360. The Propositions
462	361. The Corollaries
463	362. The Theorems
464	363. The Lemmas
465	364. The Propositions
466	365. The Corollaries
467	366. The Theorems
468	367. The Lemmas
469	368. The Propositions
470	369. The Corollaries
471	370. The Theorems
472	371. The Lemmas
473	372. The Propositions
474	373. The Corollaries
475	374. The Theorems
476	375. The Lemmas
477	376. The Propositions
478	377. The Corollaries
479	378. The Theorems
480	379. The Lemmas
481	380. The Propositions
482	381. The Corollaries
483	382. The Theorems
484	383. The Lemmas
485	384. The Propositions
486	385. The Corollaries
487	386. The Theorems
488	387. The Lemmas
489	388. The Propositions
490	389. The Corollaries
491	390. The Theorems
492	391. The Lemmas
493	392. The Propositions
494	393. The Corollaries
495	394. The Theorems
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497	396. The Propositions
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509	408. The Propositions
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513	412. The Propositions
514	413. The Corollaries
515	414. The Theorems
516	415. The Lemmas
517	416. The Propositions
518	417. The Corollaries
519	418. The Theorems
520	419. The Lemmas
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522	421. The Corollaries
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524	423. The Lemmas
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526	425. The Corollaries
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529	428. The Propositions
530	429. The Corollaries
531	430. The Theorems
532	431. The Lemmas
533	432. The Propositions
534	433. The Corollaries
535	434. The Theorems
536	435. The Lemmas
537	436. The Propositions
538	437. The Corollaries
539	438. The Theorems
540	439. The Lemmas
541	440. The Propositions
542	441. The Corollaries
543	442. The Theorems
544	443. The Lemmas
545	444. The Propositions
546	445. The Corollaries
547	446. The Theorems
548	447. The Lemmas
549	448. The Propositions
550	449. The Corollaries
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553	452. The Propositions
554	453. The Corollaries
555	454. The Theorems
556	455. The Lemmas
557	456. The Propositions
558	457. The Corollaries
559	458. The Theorems
560	459. The Lemmas
561	460. The Propositions
562	461. The Corollaries
563	462. The Theorems
564	463. The Lemmas
565	464. The Propositions
566	465. The Corollaries
567	466. The Theorems
568	467. The Lemmas
569	468. The Propositions
570	469. The Corollaries
571	470. The Theorems
572	47

INTRODUCTION

The organisation of the School Health Service was considerably modified in the course of the year in part implementation of:-

- (1) a revised schedule of vaccination and immunisation procedures in childhood, recommended in October, 1968 by the Scottish Home and Health Department for universal adoption;
- (2) a Report issued in January, 1969 on the School Health Service by a Study Group set up by the Secretary of State for Scotland; and
- (3) Health and Welfare Services Circular No. 10/1969 dated 23rd April, 1969 which recommends the adoption of a uniform system of statistical records for the school health service and sets out the form in which annual reports of Authorities on the service should be prepared.

With regard to (1), the Local Medical Committee recommended adoption of the new schedule of immunisation procedures and that generally School Medical Officers should as before undertake the procedures in that part of the schedule which related to children between the ages of 5 and 15 years. These children are conveniently gathered together at school and for this reason immunisation there is likely to achieve a higher acceptance rate.

The following schedule has been recommended for general adoption in schools within this County:-

Age	Vaccine	Interval
4½-5 years	Boost Diphtheria/Tetanus and Oral Poliomyelitis	
4½-5 years	Smallpox revaccination	At least 4 weeks
13 years	Tuberculin Skin Test and B.C.G. when appropriate	
14 years	Tetanus Toxoid and boost Oral Poliomyelitis	
14 years	Smallpox revaccination	At least 4 weeks

Implementation involves an annual additional visit by a medical officer to each school to perform smallpox revaccination of school entrants and leavers. Otherwise the main change is in the timing of injections to achieve an optimum immunological response. An endeavour was made to introduce smallpox revaccination of entrants and leavers during the session and to commence immunisation of fourteen-year-olds against tetanus and poliomyelitis. Both schedules were being simultaneously operated during the year and this entailed considerable additional work. In future years, however, when the new schedule has completely superseded the old, the additional load will be reduced.

The Study Group's Report on the School Health Service evaluates the effectiveness of the traditional routine medical inspections at the ages of 5, 9, 13 and 16 years, and concludes that medical manpower would be more usefully deployed in ensuring full systematic medical inspections only at the ages of 5 and 13 years, together with selective clinical examinations of those known or suspected to have defects. Closer contacts between the school doctor and the school nurse, parent, teacher and family doctor were urged in the process of selection of children for examination.

More frequent screening for defective vision was recommended, and it was suggested that colour vision tests which so far have been administered only to boys, should be extended to include girls.

Health and Welfare Services Circular No. 10/1969 details the statistical information and the form of School Health Reports required by the Scottish Home and Health Department in the future, and cancels N.M. & C. Circular No. 60/1938 on which previous reports were based.

The recommended changes noted above disturbed the smooth running of the established administrative arrangements, and this Report by its more complicated lay-out reflects that lack of uniformity and perhaps confusion which is inevitable when new procedures are introduced in mid-session. It is hoped that in the next session a more ordered and uniform presentation of the Report on the School Health Service will be achieved.

I take this opportunity of thanking the staff of this Department and of Perth City Health Department for their loyalty and support in a difficult transitional year. Thanks is also due to Headteachers, Teachers, General Practitioners for their willing co-operation and to Members and Officials of the County Council for their help and encouragement.

A.S. CALDWELL,

County Medical Officer.

County Health Department,
PERTH: July, 1970.

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:

George Reid, M.B.,Ch.B.,D.P.H. (Depute County Medical Officer)

E. Jean S. Binnington, M.B.,Ch.B.

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

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

Mary R. Mackillop, M.B.,Ch.B.,D.P.H., (part time)

Chief Dental Officer:

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

Senior Dental Officer:

W.J. Mackillop, L.D.S.

Assistant Dental Officers:

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

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

Mrs. E. Wallace, L.D.S.

J. Blair, L.D.S.

J. Angus, L.D.S.

Mrs. F. Kirkland, L.D.S. (part time)

Oral Hygiene Instructor:

Mrs. G.B. Lowe

School Nurses:

Mrs. R. Henderson

Mrs. E.M. Whyte (part time)

50 County District Nurses (part time)

Audiometrician:

Miss Sandra Macdonald

Clinical Assistant:

Mrs. Elizabeth Cameron

Dental Surgery Assistants:

Mrs. B. Ritchie

Mrs. P. Laing

Miss E. Richard

Mrs. M. Smith

Mrs. L. Melville

Mrs. E. Smith

Miss C. Watt

Miss P. Malloch

2. GENERAL STATISTICS

Population of Area	.. .. . 130,740
Number of Schools:	
(a) Nursery	1
Nursery Classes in ordinary Schools	1
(b) Primary	112
(c) Senior Secondary	5
(d) Secondary with primary dept.	6
(e) Junior Secondary with primary dept.	13
(f) (1) Special Schools	1
(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 roll	20,530
Number in average attendance during the year	19,390

3. SANITARY CONDITIONS OF SCHOOLS

This year the sanitary conditions in schools in the Western District of Perthshire were due for review, having last been systematically reported on in 1963. The following are the schools in the Western District: Aberfoyle, Ardeonaig, Balquhidder, Braco, Callander Primary, Crianlarich, Deanston, Doune, Dunblane, Gartmore, Greenloaning, Killin, Kinbuck, Kincardine, Kinlochard, Lecropt, Lochearnhead, McLaren High, Port of Menteith, St. Mary's Epis., Strathyre, Thornhill and Trossachs.

1. General: A steady programme of maintenance and improvements to schools throughout the County is carried through by the County Architect's Department. Since last reported upon, the following major projects were completed in the Western District. The new McLaren High School at Callander was completed and occupied in 1966; Callander Primary School then transferred to the old McLaren High School buildings and use of the old primary school buildings was discontinued. New schools have been built at Crianlarich and Doune. Additional mobile classrooms have been provided at Dunblane to accommodate a rapidly increasing school population.

The report below refers to conditions as at 31/7/69 and where an improvement scheme is already planned, this is indicated thus (S).

2. Overcrowding: There is a degree of overcrowding at Dunblane Junior Secondary School. The school was opened in 1963 and from the beginning, accommodation problems have arisen owing to the progressive increase in population. Three mobile classrooms were provided during the year to keep pace with the increasing numbers of children. The infant room in Kinbuck School is overcrowded.

3. Condition of Buildings: At Aberfoyle School some of the stonework requires repointing: the floors of the corridors are uneven and redecoration is required in the staff/medical room.

At Deanston School there was evidence of damp on the ceiling of the infant room and some of the external woodwork at the eaves was rotted. The walls of the other two classrooms were dirty and redecoration in lighter colours would brighten these rooms.

The condition of Kinbuck School is sub-standard, some cracks being evident on the external wall, probably due to subsidence. The floors of the entrance hall and passages are cracked and uneven.

At Kincardine School the infant room floor is rough and liable to splinter.

At Kinlochard the large classroom requires redecoration following repairs to plaster work.

At Lochearnhead School the floors are rough, uneven and liable to splinter. It is understood that steps are in hand to remedy this.

At Strathyre some thermoplastic tiles on the floor of the general purposes room are chipped and broken, making it difficult to maintain a clean surface. These tiles should be replaced.

At Trossachs School the floor of the dining area is rough, uneven and difficult to maintain in a clean condition. The walls of the cloakroom and lavatories are distempered and difficult to keep clean. A surface finish which can be washed down would be more hygienic.

4. Playgrounds: Playing Fields: All schools have a playground and the majority have a playing field or the use of a public park.

The playground at Aberfoyle School is small and requires resurfacing. The tarmacadam area at Trossachs School is very rough and liable to graze knees in falls.

The playing field used by Aberfoyle School has an unused derelict pavilion with broken windows. Broken glass on the ground around the pavilion constitutes a danger.

The playing field at Braco was water-logged in parts and improved drainage is necessary.

The following small schools have no playing field: Ardeonaig, Balquhidder, Kinbuck, Kinlochard, Port of Menteith, St. Mary's Epis., Strathyre and Trossachs.

5. Shelter Sheds: The absence of shelter sheds at Dunblane Junior Secondary School and Doune Primary School, both of which have been built in recent years, is indicative of a policy decision to allow pupils access to the school itself in inclement weather.

Nine schools within the Western District of Perthshire have no shelter sheds, but as shelter is permitted within the schools, no hardship is caused.

6. Water Supply: At Lochearnhead School the water supply is inadequate in summer and in dry weather the supply is reported to fail entirely.

At Strathyre the water supply is reported to have high colour and sediment after heavy rains. Pine needles and silt frequently block the supply, but the flow is easily re-established.

7. Washhand Basins: At Deanston and Gartmore Schools the washhand basins, though sufficient in number, are chipped and difficult to keep clean.

At Kinlochard there are only two washhand basins for boys and one for girls. This is inadequate for the thirty pupils presently on the roll.

At St. Mary's Epis. School, Dunblane, the washhand basin provision is grossly inadequate, two washhand basins being provided for use by 55 pupils.

8. **Toilet Facilities:** At Kinbuck the outside latrines and urinals were in a dirty condition. The wall surfaces are cracked and broken so that a satisfactory standard of cleanliness would be difficult to maintain.

At McLaren High School an unusually high ratio of girls to boys makes W.C. provision for girls substandard.

9. **Ventilation and Lighting:** At Deanston natural lighting is substandard in two classrooms. Artificial lighting at working level could also be improved by lengthening the electric flexes. At present the electric bulbs are so high that difficulty is experienced in replacing them when necessary.

At Greenloaning the artificial lighting was reported as insufficient.

10. **Heating:** At Aberfoyle where there is solid fuel central heating, the temperature in classroom 7 was reported to be as low as 50°F in winter. Supplementary heating in this room was recommended and immediate remedial action was taken.

At Kinlochard draughts in the main classroom were reported when the wind was in certain directions even though heating arrangements were satisfactory.

At Thornhill where there are off-peak storage heaters, the temperature in the infant room was recorded as 54°F while other rooms registered 65°F. Regulation of the controls, however, may remedy the matter which should be further investigated.

11. **Facilities for Drying Clothes:** The drying of clothes would not appear to present any great problem. The majority of cloakrooms are well heated and where necessary wet clothing is dried near the various sources of heat within the schools.

12. **Cloakrooms:** These are considered to be adequate in all schools in the Western District of the County.

13. **Cleansing:** All schools are kept in a satisfactory state of cleanliness, except the latrine wall surfaces at Kinbuck, and Deanston which are so uneven as to make cleansing difficult.

14. **Improvements throughout the County: Position at 31/7/69:**

- (1) Aberfoyle: New internal conveniences provided and improvements made to Headmaster's room and clerical staff accommodation.
- (2) Auchtergaven: New internal conveniences provided.
- (3) Longforgan: Additional mobile classroom provided.
- (4) Dunblane J.S. School: Three mobile classrooms and a music room provided.
- (5) Blackford: New schoolhouse in course of construction.
- (6) Oakbank Primary School, Perth: Completed.
- (7) Oakbank Comprehensive School, Perth: Under construction.
- (8) Tulloch Primary School, Perth: Completed.
- (9) Brahan Technical School, Perth: Under construction.
- (10) Doune: New primary school completed.
- (11) Crianlarich: New school and schoolhouse completed.
- (12) Kinross Secondary School: Additions under construction.
- (13) Kinross Primary School: New school completed.
- (14) McLaren High School, Callander: New swimming pool completed and opened Summer, 1969.

- (15) Pitlochry High School: New conveniences provided.
- (16) St. John's R.C. School, Perth: New conveniences and improvements in course of construction.
- (17) Inverlarig School Hostel, Callander: In course of construction.
- (18) Our Lady of Lourdes School, Perth: New school completed. Additional dining accommodation in course of construction.
- (19) Auchterarder S. School: Improvements and additions completed. Youth Centre accommodation at planning stage.
- (20) Dunbarney School: One mobile classroom provided.
- (21) Invergowrie School: One mobile classroom in course of construction.
- (22) Crieff Secondary School: New school in course of construction.
- (23) Blair Atholl: New school under construction.
- (24) Forteviot School: New school completed.
- (25) Meigle School: New conveniences and staffroom completed.
- (26) Fortingall School: New conveniences completed.
- (27) Kinlochard School: Mobile classroom provided.
- (28) Friarton Nursery School, Perth: Improvements completed.

4. ORGANISATION AND ADMINISTRATION

A. System and Extent of Medical Inspection and Treatment: The groups of children examined systematically during the session 1968-69 were (1) entrants and (2) children born in the years 1959, 1955 and 1952. Details of the results of these examinations are shown below and in the statistical tables.

The scheme for medical inspection of new entrants and "leavers", i.e. children aged 13 years, with record cards completed and sent to the Scottish Home and Health Department so that statistics could be compiled by computer, was continued during this session. Difficulty is still being experienced because of slow return of records from the Scottish Home and Health Department. Statistics supplied by the Scottish Home and Health Department are shown in Tables 1 to 5. Children born in 1959 and 1952 were also medically examined and statistics relating to these age groups are shown in Table 6. The recommendation of the Scottish Home and Health Department, however, is that routine medical inspection of ages other than five years and 13 years should be discontinued in favour of selective examination and this scheme will be introduced next session.

Booster doses of oral poliomyelitis vaccine and diphtheria/tetanus prophylactic were given to school entrants. Nine-year-old children were given a boosting dose of diphtheria/tetanus and children aged fourteen were offered booster doses of poliomyelitis, tetanus and smallpox vaccine. Tuberculin testing and where necessary B.C.G. vaccination was carried out on children in the thirteen year age group. Measles vaccination of the four to seven year age group was continued during the session. Supplies of measles vaccine were limited, but it was possible to complete vaccination of all susceptible children aged four to seven years whose parents had requested it. 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. The establishment of dental officers remained at eight throughout the session. Details of the work done are given later in this Report.

C. School Nursing Arrangements for Follow-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. Three talks were given to Parent-Teacher Associations during the year.

5. FINDINGS OF MEDICAL INSPECTION

The number of children examined systematically was 5,707, compared with 6,426 in the previous year. In addition the Medical Officers examined in the schools 299 special cases and made 1,275 re-examinations.

The number of children examined for vision only at the age of seven was 1,548, of which 120 were found to have visual acuity of the better eye not worse than 6/12 with or without glasses: 10 pupils had uncorrected vision worse than 6/12 in the better eye.

The majority of those with slight visual defects were listed for routine surveillance, the others being referred directly for examination by a hospital ophthalmic specialist.

The number of children in employment examined was 610.

Clothing and Footwear: The standard of clothing and footwear worn for school medical inspection of which parents have due notice is generally satisfactory. The new medical record card is not designed for routine comment on the state of clothing, nor is there any code for unsatisfactory clothing so that the Scottish Home and Health Department's Research and Intelligence Unit statistical returns do not include figures regarding clothing. The school nurses, however, carry out routine cleanliness inspections on school children without prior warning and this brought to attention during the year 69 Perth City school children and 14 County children with unsatisfactory clothing or footwear.

Cleanliness: No cases of head louse infestation were reported on routine medical inspection. This may be accounted for by parents presenting their children for examination of which they are forewarned, in a clean condition, or by failure of medical officers to include inspection for louse infestation in routine medical examination. The need for school medical officers to search for the head or body louse is debateable when school nurses carry out frequent routine regular surveillance. The nurses' cleanliness inspections revealed that in 18,698 examinations of Perth City school children, 121 children were found to have verminous heads on one or more occasions, compared with 71 children in session 1967-68, and 13 in session 1966-67. In addition 369 children were found to have nits on one or more occasions compared with 283 in session 1967-68.

It is remarkable that with improved housing conditions including baths, louse infestation remains a major and even increasing problem among school children. This is an eminently curable affliction which cannot be eradicated by treatment of the school child alone. It is normal practice to offer inspection and, where necessary, treatment to all members of a household in which a case occurs, but adult co-operation is not always forthcoming and the source of re-infestation remains within the household.

In 34,521 County examinations, 24 children were found to have verminous heads on one or more occasions compared with 21 children in session 1967-68 and 27 children in 1966-67. In addition 136 County children had nits.

43 formal notices were issued to parents requiring them to cleanse a total of 58 children. 11 second notices were issued to parents requiring them to cleanse a total of 5 children.

The following comments are based on the statistical tables incorporated as an appendix to this Report.

Table I: Of the 899 entrant boys examined, 37.93% were found to have some defect. Although this would appear to be a high incidence of defects, the figure for Scotland is very much higher at 53.72%.

It is impossible to draw any valid conclusion from this comparison, the discrepancy probably being accounted for by value judgments of the doctors concerned. It is obvious that minor and often insignificant conditions are being recorded to make the defect rate so high, e.g. the degree of obesity or of flat feet which justifies recording is subject to individual opinion.

Of the 920 entrant girls, 31.3% were reported to have some defect. This compares with the figure of 49.78% for all Scottish school girl entrants.

Of the 757 boy leavers - aged 13 years - examined, 24.44% were recorded as having some defect, compared with 44.5% for all Scottish schoolboy leavers.

Of the 832 girl leavers - aged 13 years - examined, 21.75% were recorded as having some defect - compared with 44.5% for Scottish schoolgirl leavers.

It could not be claimed that these figures truly indicate a healthier school population in this area than in Scotland as a whole. Within this Local Education Authority area itself, a discrepancy between Perth City school statistics and those for County schools exists in that visual defects corrected by glasses were not recorded in the City but were recorded in the County. The Scottish Home and Health Department has now made it clear that children who wear correcting lenses should be recorded as having visual defects.

Further experience of the use of the new forms and agreement on conditions to be recorded will substantially narrow the wide variation of recorded defect rates throughout Scotland.

Table II: Gives an account of the defects found on routine examination of entrants and leavers. It will be seen that a wide variety of defects were discovered, the commonest of which were visual defects including refractive errors, squint and colour blindness: enlarged tonsils and adenoids: diseases of the skin: orthopaedic disabilities: dental caries: respiratory infections: enuresis and speech defects.

Children found to have significant defects were referred either to the family doctor or through him to the appropriate hospital specialist.

Children with visual defects were referred directly to the ophthalmologist at Perth Royal Infirmary and at peripheral specialist clinics without reference to the general practitioner who received a report after specialist examination. This procedure has previously been agreed by the Local Medical Committee.

Table III: Heights and weights, being objective measurements, are not subject to value judgments. Comparison between the figures for Perth and Kinross and those of Scotland demonstrates that girl and boy entrants and leavers are just marginally above the average Scottish figures for heights and weights.

		Perth and Kinross	Scotland
Average height in Inches	Entrant Boys	43.23	43.17
	Entrant Girls	42.98	42.83
	Leaver Boys	61.63	60.73
	Leaver Girls	61.51	60.73

		Perth and Kinross	Scotland
Average weight in lbs.	Entrant Boys	43.44	43.06
	Entrant Girls	42.43	41.87
	Leaver Boys	104.06	99.62
	Leaver Girls	109.25	104.61

Table IV: Statistics from a 10% sample of all Scottish school entrants and leavers demonstrated that the average heights and weights of children of professional and skilled workers are greater than those of unskilled workers.

Table V: This demonstrates that generally the children of small families are taller and heavier than the children of large families.

A poorer standard of nourishment and of housing in large families and in families of unskilled workers might reasonably be suspected as significant contributory causes for these differences in average height and weight.

Table VI: Gives an account of the defects found on routine examination of some children born in 1959 and in 1952 and others who were overdue re-examination. In former years all children aged 9 years and 16 years were medically examined, but in view of the recommendation by the Scottish Home and Health Department that selective examination would be preferable together with difficulty in introducing new immunisation procedures without curtailing other previous commitments in the absence of additional medical staff, a restricted programme of examinations on these age groups was carried through.

The defects most frequently reported in these children were very similar to those found in entrants leavers, viz: impaired vision, enlarged tonsils and adenoids, dental decay, respiratory infections, asthma, diseases of the skin and orthopaedic deformities.

6. TREATMENT

A. Minor Ailments:

(1) **Cuts, Bruises, Sprains and Minor Injuries:** In Perth City treatment for those cases is available at the school clinic. Suspected fractures or other injuries requiring X-ray or special treatment are referred to Perth Royal 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 those are replenished as required.

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

Cases treated during the year	235
Cases ceasing to attend - cured	234
- improved	—
Cases under treatment at the end of the year	1

(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	23
Cases ceasing to attend - cured	23
- improved	-
Cases under treatment at end of year	-

The majority of cases of disease of the ear were referred to the E.N.T. Clinic at Perth Royal Infirmary for specialist opinion and treatment.

(3) **Diseases of the Eye, excluding Defective Vision:** Styes, Blepharitis and Conjunctivitis are treated at the Clinic or referred to the family doctor. 45 cases were treated at the Perth Clinic this year.

(4) **Diseases of the Skin:** 154 cases of scabies and 15 cases of impetigo were dealt with during the session. All the cases were mild and cleared up without difficulty. 237 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. Hearing Testing:

During the session 129 schools were surveyed by the Audiometrician, 4,492 children being tested - 1964 age group 14, 1963 age group 1,850, 1962 age group 117, 1961 age group 1,753, previous defects 266, other age groups 492.

Of the 3,734 children tested at routine ages, 3,708 were found to have normal hearing. The remaining 26 children had defective hearing of varying degrees in one or both ears. 21 children had Grade I deafness and 5 had Grade IIa deafness.

With regard to other age groups, 188 were absentees from last session and 304 were requested by teachers suspecting deafness. 473 were normal, 14 were Grade I and 4 were Grade IIa.

266 children previously found to have defective hearing were re-examined. 113 had regained normal hearing, 97 had Grade I deafness, 43 had Grade IIa and 13 had Grade IIb deafness.

The School Medical Officers examined 23 new defects. Of these 9 were referred to the E.N.T. clinic at Perth Royal Infirmary, 5 were referred to their own doctor, 2 were treated at the minor ailment clinic, and 7 were kept under observation.

7. DENTAL INSPECTION AND TREATMENT

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

The most notable feature of the reports on the School Dental Service for several years, has been the consistency of the figures, and once more the pattern is repeated in the year under review.

These figures which indicate that once again, it has only been possible during this year, to examine and offer treatment to rather less than 60% of the school children of the County, give clear evidence that the resources at the disposal of the Service are insufficient to provide overall examination and treatment on a scale which can be considered satisfactory.

That our aim is the preservation in a healthy condition, so far as possible, of the natural dentition, is indicated in the figures by the high ratio of conservation work carried out, as opposed to extractions. This is a

policy however, which depends for its success upon regularity and frequency of inspection and treatment, and it is unfortunate that too long (more than six months) and irregular intervals between examinations are not only detrimental to the children's teeth, but serve to undermine the confidence of parents in the service. It must be realised that the age groups with which we are dealing, i.e. those of childhood and adolescence, are those during which the teeth are most liable to widespread and rapid decay. At this stage, a lengthy period without inspection, which in an adult might produce little ill-effect, may well be dentally very serious to a young person.

Three expedients which can be suggested would go far to improve the situation. In the long term a combination of all three would be required, but if present circumstances do not permit this, then perhaps a gradual process of implementation could be initiated.

Firstly, since in an authority of this type, - of a largely rural or semi rural nature, with many and widely scattered communities, - the provision of treatment, as well as examination and preventive services, will continue to be a constant and substantial element in the public dental service, the strengthening of the operating strength, i.e. dental officers, will be essential. That the present strength is not even more inadequate is only due to the fact that hitherto the demand for treatment has been far below the need for treatment. This discrepancy will decrease - indeed is already beginning to do so as a more enlightened and informed view of dental care becomes more prevalent, and it is therefore necessary that future long-term plans should provide for an increase in the establishment of dental officers, together with appropriate modern equipment and accommodation.

The second expedient is to encourage the use by school children of the General Dental Service in those urban and well populated areas where the facilities for treatment by general dental practitioners are easily available and accessible, and where the practitioners themselves are able and willing to undertake this additional commitment. This would only apply to certain limited localities in this authority, and would certainly require discussion with the Local Dental Committee to discover to what extent the practitioners are able and willing to co-operate. This step would enable the school dental service to concentrate its treatment efforts more on those areas where alternative facilities are not easily available.

The third expedient is to institute, and gradually expand, a programme of preventive measures designed to lessen the incidence of dental disease, - a programme which could largely be carried out without encroaching on the time of the dental officers, who are fully committed to treatment.

Hitherto our preventive measures, - in the absence of the most effective one, the fluoridation of water supplies, - have been limited to the scheme of dental health education carried out by the Authority's Oral Hygiene Instructor. This is a valuable activity, particularly in view of its continuity, and it is possibly that some of the new preventive measures could dovetail conveniently in the activities of the Oral Hygiene Instructor, for example the supervision of regular fluoride mouth rinsing sessions which are now being widely used in Scandinavia and to a smaller but increasing extent in Scotland e.g. in Fife and Edinburgh. There are certain other measures such as the topical application of solutions to the teeth, and the clinical improvement of oral hygiene, which would require the services of a qualified dental hygienist, and this should be envisaged as a future requirement within say the next five years. Together, the oral hygiene instructor and the dental hygienist could form an effective preventive team.

This, then, seems to indicate the future pattern of the public dental service. Firstly an intensification of the attack on the incidence of dental disease, by means of improved and expanded preventive measures. Secondly, a strengthened treatment service which can provide examination and treatment of existing dental disease at regular and frequent intervals. Thirdly, a rationalisation of treatment resources in such a way as to make the fullest and most economic use of all elements of the dental service, - local authority, general dental service and hospital dental service.

With regard to the general subject of facilities and accommodation, the most immediate need is for replacement of the older of the two mobile units, which was a conversion carried out on a second-hand chassis in 1955. The

present condition of the vehicle and its equipment, none of which was new when installed, is such that its use for much longer will not be feasible. Under these circumstances it is hoped that approval will be given for the provision of a new mobile unit and equipment in the near future.

These suggestions are made in the context that after a period of progress in the early 1960's, the service has for the past few years remained stationary; there is a need now for a new impetus, - in order to tackle the increasing problem of dental disease more vigorously and with a constructive and modern approach.

It is once more my duty to report regretfully, the increasing provision, in many schools, of facilities for buying the sort of between-meal, sticky, sweetstuff, that is most damaging to the children's teeth, and that is responsible for a good deal of the dental disease referred to above. It is a complete negation of the principles of oral hygiene which we are trying to instil into the children. There are items such as crisps, nuts and fruit which could be substituted to the benefit of the children's dental health, and I would ask urgently that the Authority give firm guidance on this matter.

This service relies heavily on, and receives, the co-operation and goodwill of many people, notably teachers, doctors, nurses and officials of other departments; to them, as well as to the dental staff and particularly the County Medical Officer, I offer my sincere thanks.

SCHOOL DENTAL SERVICE

1968 - 1969

Summary of Treatment:

Attendances for treatment (not including orthodontic)	..	..	..	..	..	..	..	..	..	14,654
Fillings	(a)	Permanent Teeth	..	..	..	..	..	..	..	11,501
	(b)	Temporary Teeth	..	..	..	..	..	..	..	2,913
Extractions	(a)	Permanent Teeth	..	..	..	..	..	..	..	1,113
	(b)	Temporary Teeth	..	..	..	..	..	..	..	3,127
General Anaesthetics	..	..	..	..	..	..	..	..	..	591
Other operations (Dressings, Scalings, Gum Treatments etc.)										
	(a)	Permanent Teeth	..	..	..	..	..	..	..	3,716
	(b)	Temporary Teeth	..	..	..	..	..	..	..	2,354
Dentures Fitted	..	..	..	..	..	..	..	..	..	36
X-Rays taken (excluding orthodontic)	..	..	..	..	..	..	..	..	..	101

Orthodontic Treatment

Cases treated by School Dental Officers	..	..	..	..	..	..	..	..	..	272
Cases treated by Regional Hospital Board Consultant	..	..	..	..	..	..	..	..	..	97
Cases continuing from previous year	..	..	..	..	..	..	..	..	..	229
New cases	..	..	..	..	..	..	..	..	..	140
Cases completed	..	..	..	..	..	..	..	..	..	101
Cases discontinued	..	..	..	..	..	..	..	..	..	21
Cases continuing at end of year	..	..	..	..	..	..	..	..	..	247
Attendances for treatment	..	..	..	..	..	..	..	..	..	1,555
Appliances fitted	..	..	..	..	..	..	..	..	..	128
Repairs to appliances	..	..	..	..	..	..	..	..	..	14
Extractions for orthodontic purposes	..	..	..	..	..	..	..	..	..	234
X-Rays for orthodontic purposes	..	..	..	..	..	..	..	..	..	226

Allocation of Time

Sessions devoted to Inspection	.. .. .	209
Sessions devoted to Treatment	.. .. .	3,014
Sessions devoted to administration and clerical work	.. .. .	203
Sessions devoted to Dental Health Education	a) by dental officers	15
	b) by oral hygiene instructor ..	346
Sessions lost due to illness of dental officers	.. .. .	54

Summary of Inspections

Age	No. Inspected	No. with Dental Defects	No. referred for treatment	No. Accepting Treatment	No. made Dentally Fit
5	1,164	824	675	355	344
6	1,259	844	709	381	376
7	1,099	832	655	372	363
8	1,176	888	659	387	392
9	1,214	825	613	367	358
10	1,190	794	615	374	356
11	1,077	742	527	330	326
12	900	703	487	282	284
13	818	554	411	197	187
14	733	482	348	165	157
15	271	160	100	45	49
16	158	92	50	20	17
17	136	83	47	17	18
TOTAL	11,195	7,823	5,896	3,292	3,227

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 Westerlea, one in East Park Home, Glasgow, one at Lendrick Muir School, Kinross, one at Hawthornbrae Home for Children, one at Salesian and one at Cruachan, Balerno.

(b) **Blind or 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, and one had home tuition.

(c) **Deaf, Partially Deaf and Deaf Mute Children:** There are no special schools or classes. 9 children were in schools outwith the area, 2 in Donaldson's School for the Deaf, Edinburgh, 6 in the Institution for the Deaf and Dumb, Dundee, and one in St. Giles School for the Partially Deaf, Edinburgh.

(d) **Mentally Handicapped Children:** Two special classes were held in Hill Primary School, Blairgowrie, during the year, there being 21 pupils on the roll. 44 day pupils and 40 residential pupils attended Glebe School, Scone.

During the year 11 educable mentally handicapped children were accommodated outwith the County: one at Garvald School, Peebles-shire, 2 in Lochgelly Special Class, 2 in Kirkmichael House, Ayrshire, 1 in Kilquhanity House School, 3 day pupils at Fairmuir Special Class, Dundee, 2 day pupils at Crosshill Special Classes. 17 children were in attendance at Perth Occupation Centre and 6 at Blairgowrie Occupation Centre. At both centres free milk was issued and a free midday meal provided.

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

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

Child Guidance: (Extract from Principal Psychologist's Report).

468 children have been seen this year - 174 from the City and 294 from the County. The sources of referral to the Child Guidance Clinic were as follows:

Table 1

Continued	134	Mental Health Officers	1
Head Teachers	180	Speech Therapist	4
School Medical Officers	25	Children's Officer	1
Moray House Picture Test	46	Juvenile Liaison Officers	2
Hospitals and G.P.s.	24	Probation Officers	1
Parents	25	Social Workers.. .. .	1
Director of Education	15	Other Agencies	1
Psychiatrists	8		

It will be seen that most of our work comes from the schools.

Age Range:

Table 2

Age in years		-3	4	5	6	7	8	9	10	11	12	13	14	15	16	17+
Number of Cases	Boys	7	11	19	32	54	53	26	31	27	22	10	12	6	4	1
	Girls	2	4	7	14	37	28	9	11	8	9	10	9	3	1	1
	Totals	9	15	26	46	91	81	35	42	35	31	20	21	9	5	2

The peak age for referral is seven. A number of pre-school children noted are being kept under general supervision with a view to accurate assessment.

Distribution of Intelligence:

Table 3

		-69	70/79	80/89	90/99	100/109	110/119	120/129	130/139	140+	Not tested	Not M.H.
Number of Cases	Boys	34	38	52	62	37	34	8	9	-	21	20
	Girls	36	18	20	29	9	12	2	3	1	8	15
	Totals	70	56	72	91	46	46	10	12	1	29	35

Although the majority of children seen are of normal intelligence or above, this table is weighted at the bottom end by the fact that one of our functions is to advise on which children need special educational provision.

Interviews and Treatment:

Table 4a
Interviews

	Child Attendances	Parent Attendances		Home Visits	School Visits
		M.	F.		
Perth	1,135	158	66	106	288
Letham	104	9	-	5	97
Blairgowrie ..	267	16	3	11	259
Crieff	148	6	-	13	126
Milnathort ..	363	5	-	47	242
Auchterarder and Dunblane ..	149	37	-	13	139
Pitlochry ..	90	7	-	5	88
County Area ..	176	4	2	91	214
	2,432	242	71	291	1,453

Table 4b
Treatment

	INVESTIGATION			Psychological Treatment	Play	Educational Sessions
	Psychometric	Educational	Psychological			
Perth	154	190	54	389	225	206
Letham	6	1	-	2	77	45
Blairgowrie ..	39	7	2	24	148	133
Crieff	12	5	1	62	73	30
Milnathort ..	45	13	26	178	-	201
Auchterarder and Dunblane ..	12	3	1	11	95	112
Pitlochry ..	16	5	-	3	35	46
County Area ..	65	52	24	55	-	24
	349	276	108	724	652	797

Table 5

Problems Treated

Educational Retardation	99	Enuresis	44
Encopresis	8	Other Physical Symptoms	4
Nervousness	7	Speech Defects	4
School Refusal	8	General Instability	11
Temper Tantrums etc.	30	Lack of Concentration	8
Truancy	10	Sex Offences	1
Anti-social Behaviour	8	Theft	26

Of the 99 children treated for educational retardation, 20 were found to have perceptual difficulties, 2 had had frequent changes of school and 1 came from a grossly unstimulating home. In the total range of cases, 17 children were living in homes where there was an unusual parental situation and 6 children came from families where one or other parent suffered from mental illness.

State of Cases:

Table 6

Number of Cases			Discharged	Continued	Waiting Attention
Boys	Girls	Total			
315	153	468	336	132	26 + Moray House List

Cases Discharged:

Table 7

Satisfactory and Improved	..	..	..	63	Transferred	..	..	..	..	..	..	31
Unsatisfactory	..	..	..	10	Lack of Co-operation	..	..	..	..	..	..	13
Diagnosis and Advice	..	..	..	181	Mentally Handicapped	..	..	..	..	..	..	38

Child Guidance Class:

12 children were enrolled this session.

Psychiatric Help:

Dr. H. Mathewson, Consultant Child Psychiatrist at Liff House, Dundee, Dr. W. McClatchey, Physician Superintendent, Murray Royal Hospital, and Dr. McHarg, Consultant Psychiatrist, Psychiatric Unit, Maryfield Hospital, Dundee, gave much appreciated psychiatric advice during the year.

Speech Therapy: (Extract from Report by Speech Therapist).

There has been no improvement in the staffing situation during the entire session. The Speech Clinic has been run single-handed and on a part-time basis. A restricted service could therefore only be provided. Efforts have been directed mainly towards coping with children referred from City schools and G.P.s.; a few from hospital sources and those from County areas with reasonable access to Perth.

Outline of Work: The number of children investigated and/or treated during the year was 87, of which 40 were discharged, leaving 47 to be carried forward to next session.

Categories of Defects Treated:

Table 1

Stammering	..	..	..	..	..	13	Defective Articulation	..	..	..	..	..	32
Retarded Speech Development due to								Dysarthria	3
(a) Mental or Emotional Immaturity	23)							Cleft Palate	5
(b) Hearing Defect	..	..	..	8)	31		Vocal Disorders	..	..	..	..	..	1
Clutterer	..	..	..	..	..	2							
						Total	..	..	..	..	..	..	87

Reasons for Discharge:

Table 2

Speech Normal	19	Maximum Improvement	12
Left District	6	Failed to co-operate	3
Total		<hr/>	
		40	

There are 58 names currently on the waiting list for attention, 35 being resident in the County and 23 in the City. In addition 65 children in peripheral schools had to have treatment suspended because of staff shortage.

School Camps:

During the summer, 1969, 214 children from schools in Perth City were accommodated for a fortnight at Belmont Camp, Meigle. 5 children attended the International Youth Camp at Dounans Camp, Aberfoyle.

Milk in Schools:

Milk is available in 128 primary schools and departments and 76% of the pupils in these schools take milk. In each case the source of supply is approved by the Medical Officer of Health, the milk being either Standard, Premium or Pasteurised.

School Meals:

School meals are now being served at 137 schools, leaving only one unprovided for. The 54 kitchens provided 2,372,485 meals during the session.

Health Education:

The Scottish Home and Health Department have asked that information on the part played by School Medical Officers and Health Visitors in Health Education Schemes in primary and secondary schools should be given.

Routine group instruction on healthy ways of living is not given in schools in this area directly by medical and nursing personnel, but the advice of these officers is available to primary teachers and to teachers of biology and domestic science, physical education etc. who play the major, though probably inadequate role in Health Education at the present time. The medical and nursing staff give individual advice in the patient/doctor or patient/nurse relationship. Group instruction in oral hygiene is undertaken in primary schools by a suitable person appointed for the purpose with experience in dental chairside assistance.

A Medical Lecturer provided by the Scottish Council for Health Education spends one week per annum in County schools and nurses employed by various commercial firms have contributed to the instruction in hygiene given to senior primary and secondary school girls.

TABLE I

MEDICAL EXAMINATIONS

	ENTRANTS				LEAVERS			
	No. of Examinations		Percentage with Defects		No. of Examinations		Percentage with Defects	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Perth and Kinross	899	920	37.93	31.30	757	832	24.44	21.75
Scotland	44,592	42,489	53.72	49.78	33,140	33,112	44.50	43.33

TABLE II
DEFECTS FOUND

	Defect	ENTRANTS				LEAVERS			
		Boys		Girls		Boys		Girls	
		No.	%	No.	%	No.	%	No.	%
	Total No. Examined	899	100	920	100	757	100	832	100
I	Infective and Parasitic Diseases:								
	Tuberculosis	-	-	-	-	1	0.13	-	-
	Brucellosis	-	-	1	0.11	-	-	-	-
	Late effects of acute Poliomyelitis	-	-	-	-	1	0.13	-	-
	Chickenpox	-	-	1	0.11	-	-	-	-
	Viral Warts	3	0.33	5	0.54	2	0.26	4	0.48
	Dermatophytosis	-	-	-	-	1	0.13	-	-
	Scabies	1	0.11	-	-	1	0.13	1	0.12
II	Neoplasms:								
	Benign neoplasm of bone and cartilage	-	-	-	-	-	-	1	0.12
III	Endocrine, Nutritional and Metabolic Diseases:								
	Nutritional Deficiency	6	0.67	3	0.33	-	-	1	0.12
	Malabsorption Syndrome	1	0.11	1	0.11	-	-	-	-
	Obesity	1	0.11	2	0.22	8	1.06	17	2.04
IV	Diseases of the Blood:								
	Anaemia	2	0.22	-	-	-	-	-	-
V	Mental and Emotional Disorders:								
	Personality Disorders	-	-	2	0.22	-	-	1	0.12
	Stammering	16	1.78	10	1.09	1	0.13	-	-
	Enuresis	37	4.17	-	-	-	-	-	-
	Encopresis	1	0.11	-	-	-	-	-	-
	Special Symptoms not elsewhere classified	-	-	2	0.22	-	-	-	-
	Behaviour Disorders in Childhood	-	-	2	0.22	-	-	-	-
	Borderline Mental Retardation ..	2	0.22	2	0.22	4	0.53	4	0.48
	Mild Mental Retardation	1	0.11	-	-	4	0.53	4	0.48
VI	Diseases of the Nervous System and Sense Organs:								
	Progressive Muscular Dystrophy ..	-	-	-	-	1	0.13	-	-
	Cerebral Palsy	1	0.11	2	0.22	-	-	-	-
	Epilepsy	1	0.11	2	0.22	4	0.53	1	0.12
	Migraine	-	-	-	-	1	0.13	-	-
	Conjunctivitis and Ophthalmia ..	2	0.22	-	-	-	-	-	-
	Blepharitis	2	0.22	2	0.22	2	0.26	1	0.12
	Hordeolum	-	-	1	0.11	-	-	2	0.24
	Inflammation of Lacrimal Glands and Ducts	1	0.11	-	-	-	-	-	-
	Refractive Errors	37	4.12	45	4.89	39	5.15	56	6.73
	Strabismus	12	1.33	18	1.96	4	0.53	5	0.60
	Colour Blindness	-	-	-	-	26	3.44	-	-
	Acute Otitis Media	2	0.22	1	0.11	3	0.40	-	-
	Subacute and Chronic Otitis Media	-	-	-	-	1	0.13	-	-
	Other Inflammatory Diseases of the Ear	2	0.22	3	0.33	-	-	-	-
	Impaired hearing, one or both ears	6	0.67	4	0.44	4	0.53	6	0.72

TABLE II (Cont'd).

Defect	ENTRANTS				LEAVERS			
	Boys		Girls		Boys		Girls	
	No.	%	No.	%	No.	%	No.	%
VII Diseases of the Circulatory System:								
Rheumatic Heart Disease	-	-	1	0.11	-	-	1	0.12
Chilblains	1	0.11	-	-	-	-	-	-
VIII Diseases of the Respiratory System:								
Common Cold	11	1.22	14	1.52	2	0.26	3	0.36
Tonsillitis	2	0.22	3	0.33	-	-	1	0.12
Acute Respiratory Infection	9	1.00	6	0.65	1	0.13	-	-
Chronic Bronchitis	-	-	1	0.11	-	-	-	-
Asthma	8	0.89	2	0.22	4	0.53	5	0.60
Hypertrophy of Tonsils and Adenoids	41	4.56	39	4.24	10	1.32	7	0.84
Chronic Naso-pharyngitis	1	0.11	3	0.33	-	-	1	0.12
Deflected Nasal Septum	-	-	-	-	1	0.13	-	-
Hay Fever	-	-	-	-	4	0.53	2	0.24
Other Diseases of the Respiratory Tract	1	0.11	-	-	-	-	-	-
IX Diseases of the Digestive System:								
Dental Caries	16	1.78	26	2.83	5	0.66	7	0.84
Periapical Abscess	-	-	1	0.11	-	-	-	-
Anomalies of Tooth Position	-	-	-	-	2	0.26	-	-
Hernia	3	0.33	1	0.11	-	-	-	-
Other Diseases of the Digestive System	-	-	1	0.11	-	-	-	-
X Diseases of the Genito-Urinary System:								
Nephritis	-	-	-	-	1	0.13	-	-
Infection of Urinary Tract	-	-	4	0.44	-	-	1	0.12
XI Diseases of the Skin and Subcutaneous Tissue:								
Boils: Carbuncles	1	0.11	-	-	-	-	-	-
Impetigo	-	-	2	0.22	-	-	-	-
Eczema	14	1.56	5	0.55	4	0.53	4	0.48
Psoriasis	-	-	1	0.11	2	0.26	1	0.12
Other conditions of the Skin, Nails and Hair	-	-	2	0.22	3	0.40	9	1.09
XII Diseases of the Musculo Skeletal System and Connective Tissue:								
Diseases of Bones and Joints	-	-	-	-	1	0.13	2	0.24
Curvature of Spine	-	-	-	-	2	0.26	6	0.72
Flat Foot	9	1.00	11	1.20	6	0.79	5	0.60
Other Deformities	22	2.45	14	1.52	1	0.13	3	0.36
XIII Congenital Anomalies:								
Congenital Heart Disease	2	0.22	2	0.22	-	-	1	0.12
Undescended Testicle	44	4.89	-	-	10	1.32	-	-
Other Congenital Abnormalities	14	1.56	12	1.30	11	1.45	9	1.08
XIV Ill-Defined Conditions:	1	0.11	-	-	1	0.13	2	0.24
XV Injuries:	-	-	-	-	1	0.13	2	0.24

TABLE III

AVERAGE HEIGHTS AND WEIGHTS

Local Authority	ENTRANTS				LEAVERS			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)
ABERDEEN BURGH	43.33	43.72	43.06	42.58	-	-	-	-
DUNDEE	42.66	42.29	42.36	41.02	60.65	98.01	60.76	104.16
EDINBURGH	43.01	42.74	42.71	41.66	60.66	98.68	60.98	106.13
GLASGOW	42.47	42.15	42.22	41.10	59.91	97.15	59.97	101.68
ABERDEEN COUNTY	-	-	-	-	-	-	-	-
ANGUS	44.00	45.14	43.52	43.44	61.04	103.20	61.19	107.27
ARGYLL	43.97	44.70	43.32	43.10	61.07	102.05	61.04	106.88
AYR COUNTY	43.37	43.36	43.08	42.30	61.23	101.64	61.02	105.17
BANFF	43.49	44.06	43.04	42.71	60.29	99.77	60.37	104.20
BERWICK	42.88	42.26	42.64	41.61	61.09	102.77	61.74	110.44
BUTE	43.26	43.42	42.90	42.53	61.19	101.97	60.74	106.00
CAITHNESS	43.59	44.98	43.12	42.94	61.02	101.51	61.26	108.48
CLACKMANNAN	42.29	42.31	42.01	41.57	60.04	98.16	59.92	105.81
DUMFRIES COUNTY	43.87	43.66	43.29	42.39	60.73	98.24	61.12	105.77
DUNBARTON	43.37	42.82	42.91	41.33	60.52	99.17	60.67	104.06
EAST LoTHIAN	43.83	44.57	43.11	42.37	60.69	102.58	61.15	108.51
FIFE	42.84	42.49	42.48	41.22	60.84	98.73	60.83	103.59
INVERNESS COUNTY	43.10	43.65	42.69	42.36	61.33	102.81	61.03	106.68
KINCARDINE	44.17	44.50	43.59	42.31	60.64	99.66	60.86	103.46
KIRKCUDBRIGHT	43.98	44.07	43.42	42.81	-	-	-	-
LANARK	43.60	43.37	43.32	42.24	61.23	100.67	61.09	105.79
MIDLoTHIAN	44.01	43.94	43.59	42.72	61.29	101.32	60.84	105.46
MORAY AND NAIRN	42.80	42.58	42.60	41.94	61.10	101.10	61.08	105.02
ORKNEY	44.70	45.20	43.96	44.63	62.09	108.37	60.91	107.70
PEEBLES	43.85	43.73	43.56	43.55	61.88	103.52	61.52	106.62
PERTH AND KINROSS	43.23	43.44	42.98	42.43	61.63	104.06	61.51	109.25
RENFREW	43.09	42.71	42.56	41.08	60.37	98.13	60.35	102.40
ROSS AND CROMARTY	42.95	43.81	42.76	43.07	60.91	103.17	61.09	107.41
ROXBURGH	42.74	42.69	42.46	42.18	60.65	98.19	61.11	107.50
SELKIRK	42.52	41.18	42.26	40.39	60.62	98.48	61.17	102.51
STIRLING COUNTY	44.11	45.02	43.91	44.14	61.38	102.74	61.25	107.67
SUTHERLAND	44.09	45.00	44.22	44.13	61.39	103.72	61.13	109.11
WEST LoTHIAN	42.98	42.21	42.69	41.11	61.01	98.65	60.80	103.22
WIGTOWN	43.30	42.84	42.77	41.56	61.26	99.76	61.68	106.13
ZETLAND	45.36	48.52	44.57	46.87	62.41	114.52	63.00	112.46
SCOTLAND	43.17	43.06	42.83	41.87	60.73	99.62	60.73	104.61

TABLE IV
AVERAGE HEIGHTS AND WEIGHTS BY SOCIAL CLASS

10% SAMPLE

Social Class	ENTRANTS				LEAVERS			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)
1	44.18	45.36	43.71	43.21	61.94	103.21	61.87	108.48
2	43.86	44.55	43.49	43.37	61.50	104.34	61.32	106.07
3	43.19	43.11	42.89	41.95	60.79	99.92	60.84	104.30
4	43.22	43.19	42.79	41.83	60.55	99.06	60.79	105.54
5	42.55	42.09	42.06	40.34	59.83	95.45	59.94	101.49
OTHER OR NOT STATED	42.62	42.36	42.24	40.80	60.26	98.09	60.21	104.85
TOTAL	43.17	43.16	42.82	41.84	60.69	99.59	60.75	104.55

TABLE V
AVERAGE HEIGHTS AND WEIGHTS BY NUMBER IN FAMILY

No. in Family	ENTRANTS				LEAVERS			
	Boys		Girls		Boys		Girls	
	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)	Height (Ins.)	Weight (lbs.)
1	43.64	44.04	43.33	43.07	61.77	107.25	61.30	110.28
2	43.55	43.70	43.22	42.63	61.38	103.02	61.36	107.80
3	43.23	43.15	42.93	41.98	60.94	100.20	60.95	105.35
4	42.92	42.63	42.55	41.28	60.57	98.27	60.64	103.57
5	42.66	42.18	42.31	40.86	60.20	96.97	60.26	102.05
6	42.42	41.85	42.01	40.44	59.94	95.38	60.00	100.87
7	42.36	41.74	41.83	40.20	59.56	93.90	59.80	100.03
8	42.11	41.39	41.74	39.82	59.40	93.34	59.67	100.04
9	42.14	41.55	41.61	39.61	59.47	93.37	59.72	99.24
10	41.77	41.13	41.84	40.06	59.32	93.61	59.35	97.28
11	42.00	41.19	41.49	39.85	59.54	95.48	59.33	98.59
12	41.89	41.02	41.93	40.25	59.99	96.73	59.68	99.05
13	42.09	42.14	42.37	41.63	58.79	90.08	59.42	98.19
14	42.45	41.55	41.60	40.00	59.73	95.77	58.41	91.12
15	42.50	43.50	42.25	41.75	59.80	97.80	61.00	109.80
16	46.00	45.00	40.50	34.50	59.25	94.00	57.00	86.75
17	-	-	39.00	32.00	-	-	58.50	74.50
18	-	-	-	-	-	-	-	-
19	-	-	-	-	58.00	88.00	-	-

TABLE VI

DEFECTS FOUND

Defect	1955 Age Group				1952 Age Group				Other Ages			
	Boys		Girls		Boys		Girls		Boys		Girls	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total No. Examined	872	100	889	100	22	100	103	100	204	100	209	100
Clothing	-	-	-	-	-	-	-	-	-	-	-	-
Footgear	-	-	-	-	-	-	-	-	-	-	-	-
Cleanliness												
(a) Head: dirty, nits or vermin ..	1	0.11	2	0.22	-	-	-	-	-	-	2	0.96
(b) Body: dirty or verminous ..	-	-	2	0.22	-	-	-	-	-	-	2	0.96
Skin												
Ringworm	-	-	-	-	-	-	-	-	-	-	-	-
Impetigo	1	0.11	-	-	-	-	-	-	1	0.49	-	-
Scabies	3	0.34	1	0.11	-	-	-	-	-	-	-	-
Other Diseases	5	0.57	3	0.34	-	-	-	-	2	0.98	1	0.48
Nutritional State Defective	2	0.23	1	0.11	-	-	-	-	2	0.98	1	0.48
Mouth and Teeth Unhealthy	14	1.61	11	1.24	-	-	1	0.97	7	3.43	3	1.44
Naso-Pharynx												
(a) Nose: (1) Obstr. req. obs. ..	13	1.49	4	0.45	-	-	-	-	2	0.98	1	0.48
(2) Obstr. req. op. tr. ..	4	0.46	2	0.22	-	-	-	-	1	0.49	-	-
(3) Other conditions ..	1	0.11	2	0.22	-	-	-	-	-	-	2	0.96
(b) Throat: (1) Tonsils req. obs. ..	10	1.15	23	2.59	-	-	4	3.88	4	1.96	3	1.44
(2) Tonsils req. op. tr. ..	-	-	4	0.45	-	-	-	-	1	0.49	-	-
(c) Glands: (1) Req. Obs.	2	0.23	2	0.22	-	-	-	-	-	-	1	0.48
(2) Req. op.	-	-	-	-	-	-	-	-	-	-	-	-
Eyes												
(a) External Diseases												
Blepharitis	5	0.59	1	0.11	1	4.54	-	-	-	-	-	-
Conjunctivitis	1	0.11	1	0.11	-	-	-	-	1	0.49	-	-
Corneal Opacities	-	-	-	-	-	-	-	-	-	-	-	-
Other Diseases	2	0.23	2	0.22	-	-	-	-	-	-	-	-
Strabismus	1	0.11	5	0.56	-	-	-	-	-	-	3	1.44
(b) Fair Vision	45	5.16	62	6.97	-	-	22	21.36	7	3.43	9	4.31
Bad Vision	11	1.26	9	1.01	-	-	-	-	1	0.49	2	0.96
Recommended for Refraction ..	9	1.03	11	1.24	-	-	-	-	2	0.98	2	0.96
Ears												
(a) Diseases - Otorrhoea	1	0.11	3	0.34	-	-	-	-	-	-	-	-
Other Diseases	4	0.46	3	0.34	1	4.54	6	5.83	-	-	1	0.48
(b) Defective Hearing												
Grade I	3	0.34	3	0.34	-	-	-	-	1	0.49	-	-
Grade IIa	-	-	1	0.11	-	-	-	-	-	-	-	-
Grade IIb	-	-	-	-	-	-	-	-	-	-	-	-
Grade III	-	-	-	-	-	-	-	-	-	-	-	-
Speech												
Defective Articulation	4	0.46	4	0.45	-	-	-	-	5	2.45	-	-
Stammering	-	-	1	0.11	-	-	-	-	-	-	-	-
Mental and Nervous Conditions												
(a) Backward	1	0.11	-	-	-	-	-	-	-	-	1	0.48
(b) Dull	12	1.38	11	1.24	-	-	-	-	2	0.98	-	-
(c) Mental Defective (Educable) ..	-	-	3	0.34	-	-	-	-	-	-	-	-
(d) Mental Defective (Ineducable) ..	-	-	-	-	-	-	-	-	13	6.37	4	1.91
(e) Highly Nervous or Unstable ..	2	0.23	6	0.67	-	-	-	-	-	-	1	0.48
(f) Difficult in Behaviour	6	0.69	7	0.79	-	-	-	-	2	0.98	1	0.48
Circulatory System												
(a) Organic Heart Disease												
(1) Congenital	3	0.34	3	0.34	-	-	-	-	2	0.98	1	0.48
(2) Acquired	-	-	-	-	-	-	-	-	-	-	-	-
(b) Functional Conditions	3	0.34	-	-	-	-	2	1.94	-	-	1	0.48
Lungs												
Chronic Bronchitis	2	0.23	1	0.11	-	-	-	-	-	-	-	-
Suspected Tuberculosis	5	0.57	-	-	-	-	-	-	-	-	-	-
Other Diseases	9	1.03	3	0.34	1	4.54	1	0.97	2	0.98	1	0.48
Deformities												
Congenital	1	0.11	7	0.79	-	-	1	0.97	2	0.98	-	-
Acquired (Infantile Paralysis) ..	-	-	-	-	-	-	-	-	-	-	-	-
Acquired (Probably Rickets)	-	-	-	-	-	-	-	-	-	-	-	-
Acquired (Other causes)	28	3.21	38	4.27	-	-	10	9.71	7	3.43	6	2.87
Infectious Diseases												
Other Diseases or Defects	71	8.14	49	5.51	3	13.64	5	4.85	24	11.76	6	2.87
Vaccination	806	92.43	804	90.44	16	72.73	94	91.26	178	87.25	182	87.08
Diphtheria Immunisation	850	97.48	858	96.51	17	77.27	101	98.06	186	91.13	184	88.04
Parents Present	318	36.47	396	44.54	-	-	-	-	73	35.78	60	28.71

TABLE VII

RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA

	At Ordinary School	At Special Schools or Classes	At no School or Institution	Total
1. Blind	-	2	2	4
2. Partially Sighted: (a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	1	-	-	1
(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	1	3	-	4
3. Deaf: Grade I	8	-	-	8
Grade IIa	23	-	-	23
Grade IIb	8	6	-	14
Grade III	-	14	-	14
4. Defective Speech: (a) Defects of articulation requiring special educational measures	1	-	-	1
(b) Stammering requiring special educational measures	-	-	-	-
5. Mentally Defective (Children between 5 and 16 years) (a) Educable (I.Q. app. 50-70)	148	81	-	229
(b) Ineducable (I.Q. generally less than 50)	1	52	15	68
6. Epilepsy: (a) Mild and Occasional	38	1	1	40
(b) Suitable for care in a residential school (severe)	4	-	-	4
7. Physically Defective (Children between five and sixteen years) (a) Non-pul T.B. (ex. Cervical Glands)	-	-	-	-
(b) General Orthopaedic Conditions	58	1	-	59
(c) Organic Heart Disease	41	-	-	41
(d) Other Causes	75	4	1	80
8. Multiple Defects (included in above figures under main disability	16	35	12	63

TABLE VII (contd.)

	At Ordinary School	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, 3IIb, 5b	-	1	-	1
2b, 7d	-	1	-	1
3I, 7b	1	-	-	1
3I, 5a	-	2	-	2
3IIa, 5a	1	1	-	2
3IIb, 4a	1	-	-	1
3III, 5a	-	2	-	2
3III, 7b	-	1	-	1
4a, 5a	1	2	-	3
4a, 5b	-	2	-	2
4a, 6a	1	-	-	1
5a, 2a	1	-	-	1
5a, 3I	-	1	-	1
5a, 3IIa	1	-	-	1
5a, 4a, 7d	-	1	-	1
5a, 6a	2	2	-	4
5a, 6a, 7d	-	1	-	1
5a, 6b	-	1	-	1
5a, 7b	3	1	-	4
5a, 7d	4	3	-	7
5b, 6a	-	4	2	6
5b, 6b, 7b	-	-	1	1
5b, 7b	-	1	6	7
5b, 7c	-	1	-	1
5b, 7d	-	6	1	7

TABLE VIII

TUBERCULIN TESTING AND B.C.G. VACCINATION - SESSION 1968-69

	% Consents	Boys		Girls		Boys and Girls			Retests
		No. Tested	% Positive	No. Tested	% Positive	No. Tested	% Positive	No. Vac.	
PERTH CITY									
Perth Academy	97	78	1	97	2	175	2	172	-
Perth High	97	101	2	109	1	210	2	206	-
St. Columbas	98	26	-	24	8	50	4	48	-
Goodlyburn	95	59	1	53	1	112	1	110	-
Total	97	264	2	283	2	547	2	536	-
PERTH DISTRICT									
Dunbarney	100	18	6	16	13	34	9	25	20
Errol	100	6	-	4	-	10	-	7	13
Invergowrie	100	10	10	12	8	22	9	17	15
Scone	94	21	-	16	13	37	5	35	24
Methven	94	9	-	7	-	16	-	12	4
Stanley	100	33	6	36	6	69	6	59	28
Strathallan*	89	35	6	-	-	35	6	28	42
Trinity College*	96	47	6	-	-	47	6	32	40
Kilgraston*	100	-	-	25	12	25	12	20	24
Glebe	100	5	20	3	33	8	25	5	12
Total	99	102	5	94	9	196	7	160	116
EASTERN DISTRICT									
Blairgowrie High	100	77	5	71	4	148	5	126	139
Hill Primary	100	-	-	2	50	2	50	1	2
Coupar Angus	94	42	2	23	9	65	5	59	23
Alyth	98	22	-	20	-	42	-	36	12
Total	99	141	4	116	5	257	4	222	176
HIGHLAND DISTRICT									
Breadalbane Academy	94	24	4	32	13	56	9	48	49
Croftinloan*	100	9	-	-	-	9	-	7	15
Dunkeld	100	7	-	7	-	14	-	13	6
Pitlochry	98	21	14	33	3	54	7	46	45
Total	96	52	8	72	7	124	7	107	100
CENTRAL DISTRICT									
Crieff	99	44	14	55	2	99	7	90	35
Morrison's Academy	99	48	6	49	6	97	6	79	86
Comrie	88	8	-	6	-	14	-	13	5
Auchterarder	93	37	3	28	21	65	11	53	49
Total	97	137	7	138	7	275	7	235	175
WESTERN DISTRICT									
Dunblane	95	30	-	18	-	48	-	40	20
McLaren High	98	26	-	34	-	60	-	50	81
Aberfoyle	96	13	-	10	-	23	-	19	13
Killin	100	4	-	2	-	6	-	6	4
St. Ninian's*	100	22	-	-	-	22	-	18	1
Queen Victoria*	100	37	3	-	-	37	3	35	32
Total	97	73	-	64	-	137	-	125	143
KINROSS									
Kinross	94	48	2	42	5	90	3	80	57
Lendrick Muir*	90	13	15	6	-	19	11	10	8
Total	94	48	2	42	5	90	3	80	57
COUNTY TOTALS	98	553	5	526	6	1,079	5	929	767
CITY AND COUNTY TOTALS	98	817	4	809	5	1,626	4	1,465	767

* Not included in totals