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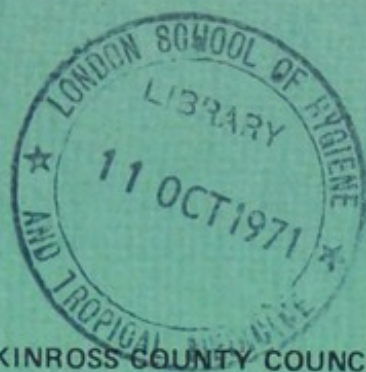
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PERTH AND KINROSS COUNTY COUNCIL

COUNTY HEALTH DEPARTMENT

REPORT

ON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR ENDING 31st JULY, 1970

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INTRODUCTION.

This Report has been prepared in accordance with the recommendations contained in the Scottish Home and Health Department's Health and Welfare Circular No. 10/1969 which supersedes N.M. & C. Circular No. 60/1938 on which previous reports were based.

Routine medical examination was carried out on entrants and 13 year old children, ("leavers"), the new medical record card being completed in respect of these age groups and sent to the Department for computer processing. It was anticipated that computerisation would give a speedy analysis of the results of examination, but corrected statistical tables for session 1969-70 were received in late March 1971 so that this Report appears even later than in previous years. With the development of expertise in the new procedures, statistical analysis and the compilation of the Report should be achieved with greater expedition.

One of the statistical tables produced by the Scottish Home and Health Department (Table 111) designed to show the rates of defects by social class has been omitted from the Report partly because of its unwieldy dimensions and the impossibility of condensing it to a suitable form for inclusion, but also because it is doubtful if the table is of statistical value to an area of this size. The number of defects found, in a total of 3,659 entrant and leaver examinations, when divided to the 5 social classes would seem to provide too small a sample from which to draw valid statistical conclusions. The expression of the small number of defects found in each social class as a rate per 100,000 too seems inappropriate and potentially misleading, particularly where a single case of an uncommon condition is recorded in this way. In general the statistics indicate that the health of the school population in this area is being well maintained.

The revised schedule of vaccination and immunisation procedures in childhood as recommended by the Scottish Home & Health Department in October 1968 was fully implemented during this session.

The Chief Dental Officer reports that the existing staff complement of eight dentists can examine and offer treatment annually to approximately 60% of the school children in the area, priority being given to those areas where alternative dental facilities are not readily available. During the year the application of fluoride solution to the teeth of all patients on the completion of a course of treatment was introduced in an endeavour to reduce the incidence of dental decay. Oral hygiene instruction to primary school children was continued during the session, but the incidence of tooth decay remains so high that expansion of existing treatment facilities is indicated.

I take this opportunity again of expressing my appreciation to the Head Teachers, Teachers, General Practitioners and members and officials of the County Council for their helpful co-operation during the year. I would also thank the staff of this Department and of Perth City Health Department for their conscientious and loyal support.

A.S. CALDWELL,
County Medical Officer.

July, 1971.

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

Mrs. M. Smith

Mrs. E. Smith

Mrs. C. McKelvie

Mrs. P. Murray

Miss E. Richard (resigned 17.4.70)

Mrs. L. Melville (resigned 16.1.70)

Miss I. Bruce (appointed 2.2.70)

Miss S. Spence (appointed 20.4.70)

2. GENERAL STATISTICS

Population of Area	..	..	..	..	..	..	..	130,546
Number of Schools:								
(a) Nursery	..	..	..	..	..	..	..	1
Nursery Classes in ordinary schools)	..	..	..	..	..	..	..	1
(b) Primary	..	..	..	..	..	..	..	107
(c) Senior Secondary	..	..	..	..	..	..	..	5
(d) Secondary with primary dept.	..	..	..	..	..	..	..	5
(e) Junior Secondary with primary dept.	..	..	..	..	..	..	..	10
(f) (1) Special Schools	..	..	..	..	..	..	..	1
(2) Special Classes	..	..	..	..	..	..	..	1
(3) Occupation Centres	..	..	..	..	..	..	..	2
(g) In receipt of grant from Education Authority and under Medical Inspection								-
Average number of children on roll	..	..	..	..	..	..	..	20,827
Number in average attendance during the year	..	..	..	..	..	..	..	19,251

3. SANITARY CONDITIONS OF SCHOOLS

The sanitary conditions in schools in the Highland District of Perthshire were reviewed towards the end of the session. These schools were last systematically reported on in 1964. They are as follows: - Amulree, Blair Atholl, Breadalbane Academy, Butterstone, Dowally, Dunkeld, Fortingall, Georgetown, Glenlyon, Grandtully, Kenmore, Killiecrankie, Kinloch Rannoch, Logierait, Pitlochry and Struan. The following small schools have been closed since the last review:- Acharn, Dalnaspidal, Dull, Fearnan, Foss and Glenerichty. A new school in combination with a new Community Centre was opened at Kenmore to accommodate the children formerly attending schools at Fearnan and Acharn.

1. General: A steady programme of maintenance, improvements and replacement of schools has been carried out in the Highland District during the past 5 years. New schools have been provided at Kinloch Rannoch, Kenmore and Blair Atholl, and a new Secondary Department has been provided at Breadalbane Academy, Aberfeldy. Alterations and additions have been made at the schools in Struan and Logierait. New conveniences have been provided at Fortingall and Pitlochry High School. At the latter, three mobile classrooms have been provided to relieve over-crowding.

The report below refers to conditions as at 31.7.70 and where an improvement scheme is already planned this is indicated thus (S).

2. Overcrowding: Despite the provision of 3 additional mobile classrooms at Pitlochry High School the accommodation is inadequate. No medical inspection room is provided so that medical and ancillary staff have to use the sewing room which is only available to them on one day per week.

Both classrooms at the new school at Kenmore (S) are small and used to capacity with potential danger of over-crowding. An additional classroom is planned.

3. Condition of Buildings: The general condition of buildings is satisfactory. Floors were reported to be rough, uneven and difficult to clean in

(a) Breadalbane Academy Primary Department, corridor and Rooms 5 and 14

(b) Pitlochry High School - some classrooms.

(c) Georgetown.

At Amulree redecoration of the classroom is indicated.

4. Playgrounds: All schools have a playground. Drainage is reported as inadequate in the playgrounds at Georgetown and Fortingall. At Georgetown the sloping grass surface becomes muddy and slippery. At Fortingall the tarmac surface is flooded at times: at Butterstone the surface is rough and uneven. At Pitlochry High School the playground in front of the building has a tarmacadam surface, but a large area at the rear is rough and cobbled.

Playing fields are provided at the larger schools. At Kenmore the playing field becomes very muddy in wet weather and improved drainage is desirable. At Pitlochry High School there is a small playing field beside the school, but the Public Recreation Park situated across the main north road and about one mile distant from the school is the main playing ground in daily use. Improved facilities are desirable.

5. Shelter Sheds: These are not provided at Kenmore, Killiecrankie and Pitlochry High School, but the children are permitted to shelter within the school in inclement weather. All other schools in the Highland District have adequate shelter sheds in good condition.

6. Water Supply: The supplies to Dowally and Glenlyon Schools are reported to be inadequate in quantity in dry summers. All other schools have wholesome and adequate supplies at all times.

No drinking fountain is provided at Dowally and Butterstone Schools, the children using a communal cup. At Dunkeld School the drinking fountains are old and rusty and the metal drinking cup broken. In the interest of hygiene drinking fountains which do not require a drinking vessel should be provided at these schools.

7. Washhand basins: At Pitlochry High School the provision made for the senior girls is inadequate. At all other schools these are provided in sufficient number and all schools have adequate hot water supplies.

8. Toilet Facilities: At Pitlochry High School there are insufficient W.C's. for the senior girls. Outside toilets provided at Amulree, Butterstone, Dowally and Dunkeld are maintained in a satisfactory state of cleanliness. At Dunkeld the inside washhand basins are not sufficiently close to the outside toilets as to encourage regular handwashing after use.

9. Ventilation and Lighting: These are generally satisfactory, but natural lighting in Pitlochry High School and the Primary Department of Breadalbane Academy is sub-standard.

10. Heating: All schools have satisfactory heating systems.

11. Facilities for Drying Clothes: All schools have well heated cloakrooms and the drying of clothes presents no problem.

12. Cloakrooms: These are generally adequate, but at Kenmore and Kinloch Rannoch a few additional pegs should be provided.

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

14. Improvements throughout the County: Position at 31.7.70.

(1) Strone of Cally: School kitchen and dining room completed July 1970.

(2) Dunblane Junior Secondary School: An additional three mobile classrooms provided.

(3) Longforgan: Mobile classroom provided.

(4) Invergowrie: Mobile classroom completed.

- (5) Breadalbane Academy: Additional conveniences in course of construction.
- (6) Errol: Additional conveniences in course of construction.
- (7) Oakbank Comprehensive School, Perth: Still in course of construction.
- (8) Brahan Technical School, Perth: Still under construction.
- (9) Kinross Secondary School; Additions completed.
- (10) St. John's R.C. School, Perth: New conveniences and improvements still in course of construction.
- (11) Inverleny School Hostel, Callander: Still in course of construction.
- (12) Our Lady of Lourdes School, Perth: Additional dining accommodation completed.
- (13) Auchterarder: Youth Centre accommodation completed.
- (14) Crieff Secondary School: New school completed.
- (15) Blair Atholl: New school completed.

4. ORGANISATION AND ADMINISTRATION.

Health and Welfare Services Circular No. 10/1969 dated 23rd April, 1969 recommended the adoption of a uniform system of statistical records for school health services and set out the form in which annual reports of Authorities on the service should be prepared. These recommendations supersede those contained in N.M. & C. Circular No. 60/1938 on which previous Annual Reports were based, and have been adopted and implemented throughout session 1969-70.

In accordance with the recommendations, the groups of children examined systematically during the session were (1) entrants and (2) children born in 1956. Details of the results of these examinations are shown in the statistical tables, these having been provided by the Scottish Home and Health Department after analysis of the school medical cards by computer.

While computerisation of records should ultimately provide a rapid statistical analysis of examination findings, the feed-back at present is extremely slow and corrected tables following computer error were provided nine months after the end of the session. Some of the tables provided, particularly those relating to rates of defects by social class, average heights and weights by social class and by the number in family are of very doubtful statistical value because of the small local samples analysed, but with the exception of Table 111 these are included as required by the Department.

In addition to routine systematic examinations of entrants and "leavers" selective examinations were carried out on children known or suspected to have defects.

Booster doses of oral poliomyelitis vaccine and diphtheria/tetanus prophylactic were given to school entrants. Smallpox re-vaccination was also offered to entrants. Children aged fourteen years were offered booster doses of poliomyelitis, tetanus and smallpox vaccines.

Tuberculin testing and where indicated B.C.G. vaccination was carried out on children in the thirteen year age group. These immunisation procedures are National Health Service functions of the County and

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.

The following table shows the number of immunisation procedures carried out within the schools. In Perth City the majority of entrants had boosting doses of diphtheria/tetanus vaccine, poliomyelitis vaccine and smallpox vaccine at the Child Welfare Clinic or from the family doctor shortly before school entry, and these are not included in this table.

	Vaccine	County Schools	City Schools	Total
Entrants	Diphtheria/tetanus	963	159	1,122
	Poliomyelitis	1,001	179	1,180
	Smallpox	819	35	854
Leavers	Tetanus	913	530	1,443
	Poliomyelitis	1,018	568	1,586
	Smallpox	842	431	1,273

5. FINDINGS OF MEDICAL INSPECTION.

TABLE 1: Of the 1,094 boy entrants examined, 44.79% were found to have some defect: and of the 933 girl entrants examined, 35.05% had some defect. The comparable figures for all Scotland are 56.32% and 50.91% respectively.

Of the 822 boy leavers examined, 32.48% were found to have some defect and of the 810 girl leavers examined, 34.57% were found to have some defect. The comparable figures for Scotland are 45.97% and 44.02% respectively.

These figures would seem to indicate that the children in this area have fewer defects than average, but the difference may be accounted for in part by value judgments of the doctors concerned, e.g. the degree of flat foot, knock knee etc. which justifies recording is subject to individual opinion. It would, therefore be impossible to make truly valid comparisons with the Scottish figures. The percentage defects recorded in this area is greater than that recorded last year, though this is largely accounted for by the fact that last year Perth City children with visual defects corrected by glasses were not recorded as having any defect. In the interest of uniformity, guidance has now been given by the Scottish Home and Health Department that corrected visual defects should be recorded.

TABLE 1
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	1,094	933	44.79	35.05	822	810	32.48	34.57
Scotland	86,952	34,974	56.32	50.91	25,473	25,187	45.97	44.02

Table 11: This gives an account of the defects found on routine examination of entrants and leavers. A wide variety of defects were found, the pattern being similar to the findings of previous years. Refractive errors, squints, unhealthy tonsils, dental decay, speech disorders, minor orthopaedic conditions, enuresis, diseases of the skin and respiratory infections were the commonest conditions found. Other significant conditions brought to light include hearing defects, herniae, congenital heart lesions and colour blindness, the discovery of which was of value in instituting early treatment where appropriate, modification in the school curriculum and guidance as to suitable future careers. 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 ophthalmologists at Perth Royal Infirmary, Stirling Royal Infirmary or at peripheral specialist clinics without reference to the general practitioner who received a report after specialist examination. This procedure was previously agreed with the Local Medical Committee.

TABLE 11
DEFECTS FOUND

	Defect	ENTRANTS				LEAVERS			
		Boys		Girls		Boys		Girls	
		No.	%	No.	%	No.	%	No.	%
	Total number examined	1,094	100	933	100	822	100	810	100
01	Tuberculosis	1	0.09	-	-	-	-	1	0.12
03	Viral Warts	11	1.00	5	0.54	1	0.12	10	1.20
04	Dermatophytosis	1	0.09	-	-	4	0.49	4	0.49
06	Scabies	1	0.09	-	-	1	0.12	-	-
07	Other Infections	1	0.09	1	0.11	1	0.12	1	0.12
08	Neoplasms	2	0.18	1	0.11	-	-	-	-
11	Diabetes	-	-	1	0.11	-	-	1	0.12
12	Under Weight	6	0.55	24	2.57	-	-	2	0.25
13	Obesity	2	0.18	2	0.21	12	1.46	14	1.73
14	Other Endocrine, nutritional, Metabolic Disorder	1	0.09	-	-	1	0.12	-	-
16	Anaemia and other Blood Disorders	3	0.27	-	-	1	0.12	3	0.37
18	Speech Disorder	50	4.57	14	1.50	4	0.49	-	-
19	Eneuresis	52	4.75	33	3.54	12	1.46	5	0.62
20	Behaviour Disorder	7	0.64	9	0.96	5	0.61	7	0.86
21	Borderline Mental Retardation	4	0.37	2	0.21	17	2.07	13	1.60
22	Mild Mental Retardation	-	-	-	-	1	0.12	1	0.12
25	Profound Mental Retardation	-	-	-	-	2	0.24	-	-
27	Epilepsy	1	0.09	5	0.54	2	0.24	4	0.49
28	Other diseases of the Nervous System	3	0.27	-	-	4	0.49	2	0.25
29	Inflammatory conditions of the Eye	7	0.64	4	0.43	5	0.61	4	0.49
30	Refractive Error	74	6.76	65	6.97	73	8.88	102	12.59
31	Strabismus	37	3.38	30	3.22	5	0.61	11	1.36
32	Colour Blindness	-	-	-	-	39	4.75	5	0.67
37	Other Eye Conditions	-	-	-	-	1	0.12	-	-
38	Inflammatory conditions of the Ear	4	0.37	5	0.54	4	0.49	2	0.25
39	Wax in Ear	1	0.09	1	0.11	-	-	2	0.25
40	Other conditions affecting ear	-	-	-	-	-	-	1	0.12
44	Deafness one Ear	-	-	-	-	-	-	2	0.25
45	Impairment of Hearing one or both Ears	5	0.46	2	0.21	9	1.09	9	1.11
46	Chilblains	1	0.09	-	-	-	-	1	0.12
48	Organic disease of Heart and Blood Vessels	1	0.09	-	-	-	-	1	0.12
49	Asthma	6	0.55	7	0.75	11	1.34	6	0.74
50	Disease of Tonsils	81	7.40	48	5.14	8	0.97	24	2.96
51	Disease of the Respiratory System	33	3.02	33	3.54	11	1.34	16	1.97
52	Dental Caries	55	5.03	32	3.43	22	2.68	22	2.72
53	Other diseases of the Mouth	-	-	3	0.32	13	1.58	7	0.86

TABLE 11 (Cont'd).

	Defect	ENTRANTS				LEAVERS			
		Boys		Girls		Boys		Girls	
		No.	%	No.	%	No.	%	No.	%
54	Diseases of the Digestive System	-	-	1	0.11	-	-	-	-
55	Hernia	8	0.73	3	0.32	3	0.36	-	-
56	Kidney Diseases	-	-	3	0.32	-	-	-	-
57	Diseases of the Male Genital Organs	3	0.27	-	-	-	-	-	-
59	Infections of Skin	-	-	5	0.54	-	-	1	0.12
60	Eczema	10	0.91	10	1.07	9	1.09	5	0.67
61	Acne	-	-	-	-	3	0.36	10	1.23
62	Other diseases of the Skin	8	0.73	10	1.07	6	0.73	4	0.49
63	Osteochondroses	-	-	-	-	1	0.12	1	0.12
64	Spinal Curvature	-	-	-	-	6	0.73	7	0.86
65	Pes Planus	34	3.11	23	2.46	14	1.70	12	1.48
66	Halux Valgus	-	-	-	-	-	-	2	0.25
67	Other Minor Deformities	25	2.28	21	2.25	6	0.73	4	0.49
68	Other Orthopaedic Conditions	3	0.27	-	-	3	0.36	3	0.37
70	Congenital Hydrocephalus	1	0.91	-	-	-	-	-	-
72	Congenital Anomalies of the Eye	3	0.27	2	0.21	-	-	-	-
73	Congenital Anomalies of the Ear, Face and Neck	1	0.09	-	-	-	-	-	-
74	Congenital Anomalies of Heart	7	0.64	1	0.11	2	0.24	-	-
77	Cleft Palate and Cleft Lip	-	-	1	0.11	-	-	-	-
80	Congenital Anomalies of the Genital Organs	77	4.11	-	-	12	1.46	-	-
81	Congenital Anomalies of the Urinary System	1	0.09	1	0.11	-	-	-	-
82	Congenital Club Foot	15	1.37	4	0.43	2	0.24	10	1.23
83	Other Congenital Anomalies of Limbs	4	0.37	3	0.32	2	0.24	1	0.12
84	Other Congenital Anomalies of Musculo-Skeletal System	4	0.37	-	-	-	-	2	0.25
85	Congenital Anomalies of Skin, Hair and Nails	2	0.18	1	0.11	-	-	1	0.12
88	Ill-defined Conditions Swollen Glands	5	0.46	1	0.11	-	-	-	-
89	Other ill-defined conditions	7	0.64	3	0.32	-	-	4	0.49
90	Injuries	4	0.37	1	0.11	2	0.24	3	0.37

Table 111: This table has been omitted from the Report and can be made available to any interested party.

Table 1V: Heights and weights, being objective measurements, are not subject to value judgments so that a direct comparison can be made with Scottish averages.

	Perth and Kinross	Scotland (excluding Glasgow)
Average height in inches:		
Entrant Boys	43.41	43.39
Entrant Girls	42.79	43.04
Leaver Boys	61.37	60.94
Leaver Girls	61.58	60.92

Entrant girls in this area are marginally below the Scottish average in height. Entrant boys and leavers of both sexes are slightly above the national average height.

	Perth and Kinross	Scotland
Average weight in lbs.:		
Entrant Boys	43.39	43.13
Entrant Girls	42.08	42.00
Leaver Boys	99.68	99.52
Leaver Girls	107.36	104.88

Entrants and leavers in this area are therefore above the national average weight.

Table V(2): This is intended to demonstrate differences in this County in heights and weights according to social class. The sample, however, contains such a small number of entrants and leavers particularly in social classes 1 and 5 that no reliable or valid conclusion can be drawn from the County figures. It would appear that children in social class 2 are taller than those in other social classes and that their weight on school entry is greater than in other social classes, but the difference between the social classes in this County shows no constant relationship and a much larger sample would be required for valid comparisons to be made. The Scottish figures show that social classes 1 and 2 are superior in height and weight to the other social classes and that there is a deterioration in these indices according to social class.

TABLE V.

AVERAGE HEIGHTS AND WEIGHTS BY SOCIAL CLASS.

PERTH AND KINROSS

Social Class	ENTRANTS						LEAVERS					
	Boys			Girls			Boys			Girls		
	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)
1	3	43.33	42.33	6	43.33	39.83	1	59.00	100.00	1	65.00	123.00
2	15	44.13	45.00	24	43.63	44.46	22	61.09	99.41	14	61.86	105.14
3	54	43.26	43.06	34	43.29	43.53	33	60.64	97.58	34	60.94	102.15
4	23	43.26	43.39	19	42.63	41.53	16	61.00	103.50	17	61.00	101.35
5	5	42.60	42.00	8	43.00	42.50	4	59.75	93.25	10	61.00	111.60
OTHER OR NOT STATED	8	43.13	43.63	8	42.13	40.25	7	60.29	96.14	5	61.80	104.20
TOTAL	108	43.34	43.37	99	43.13	42.80	83	60.73	98.90	81	61.22	104.05

SCOTLAND

Social Class	ENTRANTS						LEAVERS					
	Boys			Girls			Boys			Girls		
	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)
1	178	43.84	44.13	178	43.69	43.27	71	61.83	100.85	81	61.57	102.47
2	407	43.96	43.90	369	43.60	43.21	305	61.63	101.88	281	61.78	110.06
3	1,880	43.39	43.09	1,773	43.11	42.02	1,192	60.78	98.86	1,181	60.93	104.15
4	573	43.22	43.23	539	42.98	41.98	461	60.86	99.50	467	60.55	104.44
5	374	42.86	42.45	397	42.46	40.74	318	60.12	95.22	297	60.12	102.15
OTHER OR NOT STATED	345	42.91	42.34	339	42.56	41.17	248	60.32	96.31	261	60.17	102.27
TOTAL	3,757	43.35	43.12	3,595	43.05	41.98	2,595	60.80	98.70	2,568	60.80	104.37

Table V1 (2): This shows the average heights and weights by number in the family. This demonstrates fairly convincingly that first children are taller and heavier than subsequent children and that height and weight show a general downward trend as the number in the family increases.

The number of County children who were eighth and above in the family are too small for valid comparisons to be made. The Scottish figures confirm this general trend which, with the larger numbers, is shown to extend well beyond the eighth child.

TABLE V1

AVERAGE HEIGHTS AND WEIGHTS BY NUMBER IN FAMILY.

PERTH AND KINROSS

No. in Family	ENTRANTS						LEAVERS					
	Boys			Girls			Boys			Girls		
	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)
1	82	43.80	44.39	69	43.45	43.62	62	62.27	105.37	49	61.61	111.24
2	405	43.57	43.72	331	43.41	42.75	242	62.27	104.25	211	62.09	108.26
3	314	43.53	43.68	253	42.77	41.84	214	61.12	98.43	222	61.50	105.97
4	170	43.06	42.54	157	42.82	41.43	144	61.03	98.10	149	61.51	107.88
5	71	42.90	42.34	78	42.01	40.09	57	60.68	94.46	63	61.25	107.83
6	31	42.94	41.29	28	42.14	42.00	52	60.62	92.92	66	61.27	102.24
7	12	42.83	42.67	11	42.09	40.55	23	59.78	91.17	27	60.59	104.85
8	3	43.00	42.00	3	42.67	42.67	9	60.56	103.33	10	60.80	119.40
9	3	41.33	42.00	2	44.00	45.00	9	58.89	91.67	5	62.60	119.00
10	3	41.67	40.00	1	42.00	42.00	6	58.67	90.00	5	60.80	107.40
11	-	-	-	-	-	-	2	57.00	74.50	2	59.50	99.50
12	-	-	-	-	-	-	1	63.00	126.00	1	61.00	168.00
13	-	-	-	-	-	-	1	61.00	105.00	-	-	-

SCOTLAND

No. in Family	ENTRANTS						LEAVERS					
	Boys			Girls			Boys			Girls		
	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)	No.	Height (Ins.)	Weight (lbs.)
1	2,776	43.75	43.96	2,667	43.44	43.04	1,802	61.68	105.71	1,746	61.39	109.11
2	12,776	43.67	43.68	12,152	43.35	42.62	6,475	61.56	102.79	6,162	61.38	107.53
3	10,328	43.44	43.28	9,727	43.03	41.96	6,333	61.13	99.98	6,135	61.11	105.48
4	5,653	43.12	42.68	5,367	42.81	41.44	4,511	60.70	98.14	4,444	60.84	104.23
5	2,645	42.76	42.13	2,520	42.46	40.74	2,687	60.25	95.75	2,755	60.45	102.03
6	1,381	42.80	42.00	1,261	42.31	40.58	1,602	60.27	95.34	1,696	60.23	101.01
7	667	42.49	41.70	648	42.27	40.60	934	59.89	94.45	1,018	60.11	101.10
8	339	42.73	42.05	324	42.15	40.38	513	59.64	94.15	587	59.94	101.31
9	190	42.38	41.28	142	41.69	39.85	290	59.52	92.59	310	59.82	98.16
10	103	42.04	41.14	86	42.10	40.31	157	59.38	91.76	172	59.72	97.80
11	51	42.16	41.12	41	41.93	39.44	80	58.79	88.20	84	59.68	98.44
12	24	43.04	41.75	21	42.38	42.00	43	59.70	93.19	49	60.08	100.45
13	10	42.79	41.30	8	42.13	40.00	29	58.83	90.59	19	59.32	99.11
14	3	42.00	40.67	8	42.13	39.88	10	59.50	89.90	7	59.29	91.43
15	4	42.75	45.50	2	41.50	39.50	3	58.00	100.33	2	58.50	90.50
16	2	41.00	35.00	-	-	-	4	57.50	89.50	1	63.00	114.00
17	-	-	-	-	-	-	-	-	-	1	62.00	93.00

Table V11: This shows the number of substantially handicapped children of school age for Perth and Kinross, their main disability and educational placing. By far the commonest disability is mental deficiency, the vast majority of these cases being within the educable range.

Partial deafness, heart disease, epilepsy, cerebral palsy, asthma and orthopaedic deformities are the other main handicapping conditions found.

TABLE V11
NUMBER OF HANDICAPPED PUPILS OF SCHOOL AGE,
BY MAIN DISABILITY AND LOCATION.

	Disability	At ordinary school	At Special School/Class		In Hospital		Home Teaching	No educa- tion prov- ision made	Total
			Excluding Occupation Centre	Occupation Centre only	Other than Mental/M.D.	Mental M.D. Only			
01	Deaf	-	5	-	-	-	-	-	5
02	Partially Deaf	19	9	-	-	-	-	-	28
03	Blind	-	-	-	-	-	2	-	2
04	Part. Sighted	1	3	-	-	-	-	-	4
05	Other Sensory	-	1	-	-	-	-	-	1
11	Mental Defect Educable	25	90	2	-	1	-	3	121
12	Mental Defect Trainable	2	3	19	-	5	-	8	37
13	Mental Defect Not Trainable	-	-	1	-	7	-	6	14
14	Mental Defect Undetermined	-	-	2	-	1	-	3	6
16	Maladjustment	2	1	-	-	-	-	-	3
17	Brain Damage Cerebral Palsy	8	2	-	-	3	-	7	20
18	Other Brain Damage	2	-	-	-	-	-	-	2
19	Epilepsy	26	1	-	-	-	-	-	27
20	Spina Bifida Hydrocephalus	6	2	-	-	-	-	1	9
22	Other Neuro Psy. Defect	1	-	-	-	-	-	-	1
31	Absence of upper limb(s)	2	-	-	-	-	-	-	2
32	Absence of lower limb(s)	2	-	-	-	-	-	-	2
33	Deformity of upper limb(s)	1	-	-	-	-	-	-	1
34	Deformity of lower limb(s)	6	-	-	-	-	-	-	6
36	Paralysis	4	1	-	-	-	-	-	5

TABLE VII (cont'd).

	Disability	At ordinary school	At Special School/Class		In Hospital		Home Teaching	No educa- tion prov- ision made	Total
			Excluding Occupation Centre	Occupation Centre only	Other than Mental/M.D.	Mental M.D. Only			
37	Orthopaedic	17	-	-	-	-	-	-	17
41	Heart Disease	23	-	-	-	-	-	4	27
42	Diabetes	12	-	-	-	-	-	-	12
43	Other Metabolic Diseases	3	-	-	-	-	-	-	3
45	Asthma	15	1	-	-	-	-	1	17
46	Skin Conditions	1	-	-	-	-	-	-	1
48	Other	8	-	-	-	-	-	1	9
	Total	186	119	24	-	17	2	34	382

Table V111: This table shows the incidence of visual defect amongst the pupils tested routinely (a) shortly after school entry; (b) at approximately 7 - 8 years; (c) at approximately 9 - 10 years; (d) at school leaving age. It also shows the incidence of defect in others mainly referred by teachers on suspicion of defect.

Of the 3,472 boys tested, 345 (9.68%) had defective vision, of which 286 (8.20%) had vision 6/9 6/12 in the better eye and 59 (1.48%) had vision 6/18 or less in the better eye.

Of the 3,136 girls tested, 351 (11.19%) had defective vision of which 309 (9.53%) had vision 6/9 6/12 in the better eye and 42 (1.66%) had vision 6/18 or less in the better eye.

Colour blindness: 39 boy leavers (4.75%) and 5 girl leavers (0.67%) had defects of colour perception on Ishihara Test (Table 11).

TABLE V111
VISUAL ACUITY.

Year of Birth	Number Examined		Normal		Vision 6/9 - 6/12 in better eye		Vision 6/18 or less in better eye	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1965	126	95	118	86	6	9	2	-
1964	990	873	874	771	109	95	7	7
1963	21	37	19	35	2	2	-	-
1962	854	881	773	783	67	84	14	14
1960	572	433	510	388	46	39	16	6
1956	860	802	789	711	52	76	19	15
1955	2	2	2	2	-	-	-	-
1954	37	-	33	-	3	-	1	-
Others	10	13	9	9	1	4	-	-
Totals	3,472	3,136	3,127	2,785	286	309	59	42

Table 1X: This table shows the results of audiometry sweep tests which were carried out routinely (a) as soon as possible after school entry; (b) before transfer to secondary school at approximately 9 - 10 years; (c) at 13 - 14 years. Children found to have hearing defects on sweep test were referred to the School Medical Officer who referred through the general practitioner to the E.N.T. Specialist where appropriate.

The Audiometrician retested children previously found to have defects.

Sweep tests of entrants were conducted at 20 decibels and of other groups at 15 decibels, and only children failing at one or more of the three frequencies, 1000, 2000 and 4000 cycles per second were recorded as failing.

Of the 944 entrant boys tested, only one failed in both ears: 5 failed in one ear. Of the 864 entrant girls tested, 2 failed in both ears and one in one ear.

Of the 70 children retested having failed in previous years on entrant sweep testing, 4 failed the retest in both ears and 5 failed in one ear.

Of the 810 boys examined at 9 - 10 years of age, 11 failed in both ears and 9 in one ear. Of the 723 girls examined at 9 - 10 years of age, 9 failed in both ears and 13 in one ear.

Of the retests of 35 children who had failed the intermediate test in previous years, only 4 failed the retest, all in one ear only.

Of the 697 leaver boys tested, 4 failed in both ears and 6 in one ear only. Of the 607 leaver girls tested, 4 failed in both ears and 11 in one ear.

Where children were specially referred because of a suspicion of defective hearing, the yield was very much higher. Of 133 boys so referred, 34 (25.5%) failed in both ears and 35 (26.3%) failed in one ear giving a defect rate of 51.8%. Of 105 girls specially referred, 33 (31.4%) failed in both ears and 28 (26.6%) failed in one ear, giving a defect rate of 58%.

Of the 5,214 pupils of all ages undergoing sweep test, 104 (2%) failed in both ears and 114 (2.8%) failed in one ear.

Of 105 pupils retested following previous failure, 4 (3.8%) failed in both ears and 9 (8.6%) failed in one ear. The recovery rate from hearing defect is therefore very high.

TABLE 1X
AUDIOMETRY SWEEP TESTS

Test Group	Number Examined		Number Passing		Number failing both ears		Number failing one ear	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
FIRST	944	864	938	861	1	2	5	1
Retests from previous years	33	37	29	32	2	2	2	3
INTERMEDIATE	810	723	796	701	11	9	3	13
Retests from previous years	16	19	13	18	-	-	3	1
FINAL	697	607	687	592	4	4	6	11
OTHER GROUPS	157	174	151	162	1	5	5	7
SPECIAL								
REFERRALS	133	105	64	44	34	33	35	28
TOTAL SWEEPS	2,741	2,473	2,636	2,360	51	53	54	60
Total Retests	49	56	42	50	2	2	5	4

Table X: This indicates the sources of referral for special medical examination. Teachers are by far the main referring agents. Of the 195 pupils referred by teachers for special examination on suspicion of defect, 168 (86%) were found to have defects. Of the 25 cases referred by parents, 16 (64%) were found to have a defect and of the 16 cases referred by School Nurses 15 (94%) were found to have a defect.

This high yield of defects amongst pupils specially referred is to be expected.

In addition, 567 children in employment were examined.

TABLE X
SPECIAL EXAMINATIONS.

	Number Examined		Number with Defects	
	Boys	Girls	Boys	Girls
Selected by Medical Officer	94	101	47	37
Referred by				
Teacher	122	104	90	78
Educational Psychologist	4	3	1	1
School Nurse	5	11	5	10
Social Work Agencies	-	-	-	-
Parent	10	15	8	8
Family Doctor	-	-	-	-
Other Sources	11	12	7	9
Re-examinations	1,184	992	792	635
Totals	1,430	1,238	950	778

Table X1: This shows the number of doctors, nurses and audiometricians employed in the School Health Service. Six doctors are employed part-time on school health, the total whole-time equivalent being estimated at 3.3 doctors.

In Perth City two nurses are employed on school health, one of whom is employed part-time during school terms and the other full-time, giving a whole-time equivalent of 1.7 nurses. In the County fifty triple duties district nurses act as school health visitor/nurses, the whole-time equivalent being estimated as two nurses.

One audiometrician is employed in both City and County schools.

TABLE X1
STAFF STATISTICS.

Category of Staff	Establishment agreed by Council	Number in post at end of School year				Number of Vacancies at end of School year
		Whole- time	Part- time	Whole-time equivalent of Part-time	Total Whole- time equiv- alent	
Medical Officers	6 part-time	-	6	3.3	3.3	None
Triple Duty District Nurses acting part-time School Nurses	50	-	46	2.0	2.0	4 triple duty dis- trict nurses
Nurses (R.G.N., S.R.N. etc.)	2	1	1	0.77	1.77	None
Nurses (S.E.N.)	-	-	-	-	-	None
Physiotherapists	-	-	-	-	-	None
Orthoptists	-	-	-	-	-	None
Audiometricians	1	1	-	-	1.0	None
Others	-	-	-	-	-	-

7. DENTAL INSPECTION AND TREATMENT.

Mr. M.R. Kirkland, Chief Dental Officer, has prepared the following Report.

It has been notable that for several years, the statistical information given in the Annual Summary has shown no significant variation, and it has been pointed out that these figures represent the extent of the inspection and treatment that can be provided with the resources at present available in the department. It was also pointed out in last year's report and should be repeated here, that "these figures, which indicate that once again it has only been possible 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". When it is considered that in addition to examination and treatment, a public dental service must be increasingly involved in the provision of preventive measures, it is clear that steps should be taken now to improve the service by expanding the resources available to it.

In last year's report, three avenues of approach to this necessary improvement were suggested, but so far little progress can be reported.

It is true that in the important preventive field, where hitherto our activities have been limited to the very useful programme of oral hygiene instruction, we have now introduced routine topical application of a fluoride solution to the teeth of all patients on completion of a course of treatment. This however, can only help those who accept treatment, and it remains my firm view that the most positive contribution to a comprehensive reduction in the incidence of dental decay, would be the adjustment of the fluoride content of the water supply to the safe and optimum level of one part per million.

In the case of the other two projected expedients, firstly it is suggested that authorisation be given for discussion, on an exploratory basis, with the Local Dental Committee, to see whether there is any possibility of general dental practitioners being able and willing to undertake the responsibility for the treatment of some school children in those limited areas where there are sufficient dental resources available. If this is possible at all, it would only be in a limited sphere, - possibly the City of Perth, - and with the whole-hearted approval of the general dental practitioners themselves. If such a scheme were practicable, however, it would enable the school dental service to concentrate more of its treatment efforts on those areas where alternative dental facilities are not easily available.

The other expedient suggested was an increase in the establishment of dental officers, and it is now suggested that approval be given at this stage, for the employment of an additional dental officer, and surgery assistant. With the accommodation and equipment which, it is understood, is to be provided at the new Oakbank Comprehensive School, and which is clearly necessary in a school of this size, together with the hoped-for provision of a replacement Mobile Dental Unit which was requested last year, it would be possible to employ another dental officer without the necessity for providing more than a small amount of additional equipment.

These suggested measures may perhaps be examined in the light of the fact that for the past five or six years, virtually no major financial provision has been made for increased or improved dental services.

The services of the Regional Hospital Board Orthodontist have again been available for regular sessions, which have been most useful in providing diagnosis and treatment at Consultant level.

There has again been participation in the dental pack scheme, now organised by the Scottish Health Education Unit, and the distribution of these packs to all school entrants has been undertaken as usual by the oral hygiene instructor, who utilizes the occasion for instruction to these young children in the care of their teeth.

In addition to the talks given to all primary school children, opportunities have been taken where possible to talk to groups of adults in Parent Teacher groups, W.R.I.s etc. Also the oral hygiene instructor has participated in the classes on Mothercraft at Perth Royal Infirmary, where her discussions with expectant mothers have become an integral part of the course.

It is regrettable, but necessary, however, to report not only a continuation, but an expansion of the sorry practice that exists in many schools, of encouraging children to indulge themselves in dentally damaging, between-meal snacks of the most unsuitable materials, by selling them on the premises and thereby apparently giving the official seal of approval to them. The usual excuse is that this is an easy way of augmenting school funds, but it is also an irresponsible way of doing this. It is surely perfectly reasonable to ask, as I have been doing so unsuccessfully for many years, that tuck shops restrict their sales to items that are dentally acceptable, such as crisps, fruit, peanuts, cheese biscuits; in fact a number of schools do this. In all too many other cases, our protests and pleas are ignored, and it is therefore my responsibility to point out that the education authority is apparently encouraging the increased incidence of dental disease, by permitting the increasingly widespread sale of deleterious materials in their schools.

Having made this point, however, I must pay tribute to the very great deal of help and cooperation which we receive from so many of the head-teachers and teachers; without this cooperation we should be quite unable to carry out our duties. My thanks, therefore, are due to them, to the staffs of other departments who help us so willingly, and to the County Medical Officer for his understanding and support.

SCHOOL DENTAL SERVICE

1969 - 1970

Summary of Treatment:

Attendances for treatment (not including orthodontic)	..	..	..	..	14,082
Fillings (a) Permanent Teeth	..	..	..	..	11,013
(b) Temporary Teeth	..	..	..	..	2,689
Extractions (a) Permanent Teeth	..	..	..	..	1,060
(b) Temporary Teeth	..	..	..	..	3,070
General Anaesthetics	..	..	..	..	587
Other operations (Dressings, Scalings, Gum Treatment etc.)					
(a) Permanent Teeth	..	..	..	..	4,271
(b) Temporary Teeth	..	..	..	..	1,932
Dentures Fitted	..	..	..	..	49
X-Rays Taken (excluding orthodontic)	..	..	..	..	121
X-Rays for orthodontic purposes	..	..	..	..	61

Orthodontic Treatment:

Cases treated by School Dental Officers	..	..	..	..	301
Cases treated by Orthodontic Consultant	..	..	..	..	85
Cases continuing from previous year	..	..	..	..	247
New Cases	..	..	..	..	139
Cases completed	..	..	..	..	106
Cases discontinued	..	..	..	..	17
Cases continuing at end of year	..	..	..	..	263
Attendances for treatment	..	..	..	..	1,459
Appliances fitted	..	..	..	..	107

Orthodontic Treatment (cont'd).

Repairs to appliances	...	...	..	..	..	..	..	14
Extractions for orthodontic purposes	..	..	..	..	..	..	..	225

Allocation of Time:

Sessions devoted to Inspection	..	..	..	..	..	232
Sessions devoted to Treatment	..	..	..	..	..	3,004
Sessions devoted to administration	..	..	..	..	..	196
Sessions devoted to Dental Health Education	a) by dental officers	..	..	..	..	14
	b) by oral hygiene instructor	..	..	..	..	388
Sessions lost due to illness of dental officers	..	..	..	..	..	76

SUMMARY OF INSPECTIONS

Age	No. Inspected	No. with Dental Defects	No. referred for treatment	No. Accepting Treatment	No. made Dentally Fit
5	1,082	739	626	327	284
6	1,142	807	651	382	332
7	1,217	864	691	387	340
8	1,200	852	720	431	387
9	1,317	945	692	431	362
10	1,131	759	573	363	305
11	1,134	745	562	337	278
12	1,014	694	553	280	253
13	584	402	296	194	174
14	706	482	356	187	144
15	554	375	307	160	124
16	285	223	87	42	27
17	101	78	45	22	6
TOTAL	11,467	7,965	6,159	3,543	3,016

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

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

During the year the Educational Psychologists examined 381 children - 263 from the County and 118 from Perth City.

Sources of Referral: These were as shown in Table 1.

Table 1.

Continued	..	..	..	124	Speech Therapist	..	..	..	2
Head Teachers	..	..	..	134	Juvenile Liaison Officers	..	..	..	1
School Medical Officers	..	..	..	17	Social Workers	..	..	..	4
Moray House Picture Test	..	..	..	44	Youth Employment Officers	..	..	..	2
Hospital & G.P.'s	..	..	..	24	Other Agencies	..	..	..	4
Parents	..	..	..	18					
Director of Education	..	..	..	1					
Psychiatrists	..	..	..	6					

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	3	10	12	36	46	25	36	28	25	12	9	7	9	3	1
	Girls	1	-	4	10	33	18	11	5	10	4	10	6	6	-	1
	Totals	4	10	16	46	79	43	47	33	35	16	19	13	15	3	2

The peak age for referral is seven due mainly to the county wide screening test given just prior to this stage.

Distribution of Intelligence:

Table 3.

I.Q.		-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	21	28	47	51	38	26	6	10	1	22	12
	Girls	10	8	11	24	14	10	-	4	1	13	24
	Totals	31	36	58	75	52	36	6	14	2	35	36

Since one of the functions of the Child Guidance Staff is to advise on children who need special educational provision, this table is weighted at the bottom end.

Table 4a

Interviews

	Child Attendances	Parent Attendances		Home Visits	School Visits
		M.	F.		
Perth	614	137	41	11	89
Letham	131	8	-	15	124
Blairgowrie ..	361	19	-	2	387
Crieff	26	7	-	2	25
Milnathort ..	528	9	-	32	153
Auchterarder and Dunblane ..	235	7	-	2	247
Pitlochry.. ..	132	5	-	2	130
County Area ..	267	13	3	102	248
	2,294	205	44	168	1,403

The policy of placing sub-centres in county schools has been extended and one sub-centre (Letham) has been created within the city boundary.

Table 4b

Treatment

	INVESTIGATION			Psychological	Play	Educational Sessions
	Psychometric	Educational	Psychological	Treatment		
Perth	150	124	43	163	139	28
Letham	15	1	-	9	105	73
Blairgowrie ..	27	2	7	65	243	256
Crieff	12	-	-	9	7	8
Milnathort ..	45	30	28	182	-	299
Auchterarder and Dunblane ..	10	-	2	14	246	205
Pitlochry	12	-	-	4	100	83
County Area ..	53	40	28	74	-	57
	324	197	108	520	840	1,009

Table 5

Problems Treated									
Educational Retardation	..	..	..	114	Temper Tantrums etc.	..	..	..	23
Enuresis	..	..	..	33	Lack of Concentration	..	..	..	4
Encopresis	..	..	..	10	Truancy	..	..	..	12
Nervousness	..	..	..	22	Sex Offences	..	..	..	4
Speech Defects	..	..	..	6	Anti-Social Behaviour	..	..	..	7
School Refusal	..	..	..	12	Theft	..	..	..	22
General Instability	..	..	..	-		

Of the 114 children seen because of educational retardation, 41 had perceptual difficulties, one had not attended school, one had frequent changes of school, four were from grossly unstimulating homes and in ten cases the retardation was thought to be caused by emotional difficulties. In the total range of cases, 5 children were living in homes where there was an unusual parental situation, only one had a parent who suffered from Mental Illness and only one belonged to an unsettled drifting family.

State of Cases:

Table 6

Number of Cases			Discharged	Continued	Waiting Attention
Boys	Girls	Total			
262	119	381	229	152	49+ Moray House List

Cases Discharged:

Table 7

Satisfactory and Improved	..	..	41	Mentally Handicapped	..	..	..	24
Unsatisfactory	..	..	-	Transferred - Moved Away	..	..	..	16
Lack of Co-operation	..	..	12	Transferred - To another department	..	..	..	8
Diagnosis and Advice	..	..	128					

Child Guidance Class:

Fourteen children were enrolled this session. In addition an adolescent girl whose symptoms were School Refusal and who was under psychiatric supervision, attended daily until Easter.

Medical Help:

Dr. G. Reid, Depute County Medical Officer, attended all case conferences and is available for medical advice. Referral is made through general practitioners to consultant psychiatrists and paediatricians when required. Eight of the children seen this year have been assessed by a psychiatrist and thirteen were referred for such assessment in the course of the year. Five children were referred to the Paediatrician at Perth Royal Infirmary.

Social Work Departments:

These two new departments came into being this session and a good working relationship has been established.

Speech Therapy: (Extract from Report by Speech Therapists)

The Perth Clinic had again to be run on a part-time basis this session owing to staff shortages. The staffing situation was improved by the appointment during the session of two part-time therapists one of whom would be deployed in the Dunblane area. It was thus possible to re-open many County Clinics and reduce the pressure on the Perth Centre. In certain County areas however there are no satisfactory clinic premises available, and it is impossible to provide an effective service in these areas.

Number of Children Under Treatment:

Table 1

Current in session	..	..	..	183	Suspended from County Areas of:-					
Discharged in session	..	..	..	77	Coupar Angus, Callander, Aberfoyle,					
Carried forward to 1970/71 session	..	..	..	106	Lochearnhead, Killin, Gartmore	..	..	20		
					Waiting List for City	..	..	..	14	

Category of Defects Treated:

Table 2

Stammering	...	..	..	..	21	Dysarthria	..	..	..	..	2
Defective Articulation	..	..	..	..	95	Clutterer	..	..	..	..	4
Retarded Speech Development	..	..	..	..	42	Cleft Palate	..	..	..	..	5
Hearing Defect	..	..	..	..	5	Vocal Disorders	..	..	..	..	9

Total 183

Table 3

Reasons for Discharge:

Speech now normal	..	..	..	..	44	Left Area or School	..	..	..	..	14
Maximum Improvement achieved	..	..	..	..	14	Failed to co-operate	..	..	..	..	5

Total 77

Minor Ailment Clinics:

There was no change during the year in the arrangements made for the treatment of minor ailments at the Clinics within the County Health Department, Perth.

A nurse was on duty each afternoon Monday to Friday during school terms and two doctor sessions were held each week.

The conditions treated in the clinic were as follows:

						Cases	Attendances
Minor injuries	..	..	..	..	..	292	1,018
Scabies	..	..	..	..	..	151	411
Impetigo	..	..	..	..	..	67	208
Pediculosis Capitis	..	..	..	..	..	148	330
Ear Infections	..	..	..	..	..	31	63
Eye Conditions	..	..	..	..	..	37	209
Others	..	..	..	..	..	270	1,144
Total						<u>996</u>	<u>3,383</u>

The doctor sessions were provided for pupils suspected by the school nurses of having some defect including visual defects on routine screening by "E" test or Snellen's Types.

Milk in Schools:

Milk is available in 127 schools and 92% 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. Where possible pasteurised milk is provided.

School Meals:

School meals are served in 134 schools, leaving only one unprovided for. The 59 kitchens provided 2,376,777 meals during the session.

School Camps:

During the summer 1970, 221 children from Perth City were accommodated for a fortnight at Belmont Camp, Meikle.

Nursery Schools:

There is only one Nursery School in Perth and Kinross, namely Friarton Nursery School, Perth. In addition a nursery class is held in Florence Place Nursery, Perth administered by Northern District School. Each child is medically examined at one of the Child Welfare Clinics in Perth prior to admission to the School and annual medical inspection is carried out thereafter at school.

Children found to have defects are referred to the family doctor or through him to the appropriate consultant. Frequent medical and nursing supervisory visits are paid to the school.

Personal Hygiene:

No case of head louse infestation was recorded on routine medical inspection. This may be accounted for partly by parents who are forewarned of medical inspections presenting their children for inspection in a clean condition. Medical officers, however, do not carry out a meticulous search for lice and nits at routine medical inspections, this aspect of hygiene being delegated to the school nurses who, by their frequent unheralded visits are in a much better position to assess the true incidence of infestation.

The absence of obvious infestation by the head louse at routine medical inspection is an indication of the effectiveness of routine surveillance by the nurses.

The nurses' cleanliness inspections revealed that in 17,813 examinations of Perth City School children, 81 children were found to have verminous heads on one or more occasions, compared with 121 children in Session 1968-69 and 71 in Session 1967-68. In addition 402 children were found to have nits on one or more occasions, compared with 369 in Session 1968-69.

In 32,723 examinations of County children, 15 were found to have verminous heads on one or more occasions compared with 24 children in Session 1968-69 and 21 children in Session 1967-68. In addition 145 County children were found to have nits compared with 136 in Session 1968-69.

Head louse infestation therefore remains a major problem in this area despite the eternal vigilance of the nurses and the constantly improving housing conditions in both City and County. A few families are subject to regularly recurring infestation. 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 a source of re-infestation may remain undetected in these families. This affliction is no respecter of persons, but once detected, it is quickly eradicated in responsible families. A small number of problem families which receive considerable attention from medical, nursing and welfare personnel would appear to be responsible for the failure to bring this curable condition under control.

20 formal notices were issued to parents requiring them to cleanse a total of 27 children.

4 second notices were issued to parents requiring them to cleanse a total of 6 children.

The trend towards longer hair styles in boys increases the risk of infestation and makes treatment more difficult. The larger schools and classes with their greater opportunity for spread by contact probably accounts for the higher incidence of infestation in City as compared to rural County schools.

Only 2 cases of scabies were detected on routine medical examination, whereas 151 cases were treated at the minor ailment clinic in Perth following routine cleanliness inspections by school nurses.

These statistics on the incidence of head louse infestation and scabies compiled from the reports of 2 nurses employed full-time during term in City schools and 50 District Nurse/Health Visitors who act part-time as School nurses, all of whom visit the schools for the specific purpose of cleanliness inspections are considered to be much more meaningful than the statistics provided from the computerised medical records of examinations of entrants and leavers which on their own give an entirely false picture of the magnitude of this problem.

Health Education:

Routine group instruction in 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 school teachers and to teachers of biology, domestic science, physical education etc. who play the major, though no doubt 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. It is doubtful if a sustained Health Education programme could be undertaken in schools without the appointment of specialist teachers with the knowledge and aptitude to put the subject across to the children. The doctor or nurse may not be a good teacher and qualified teachers may regard health education as unworthy of substantial time in a crowded curriculum. While the good parent can instil good habits in children, there can be no doubt as to the need for this subject to be taught in schools and that the existing arrangements fall far short of requirements. The appointment of a supervisor of Health Education in schools either on the staff of the Director of Education or of the Health Department, requires urgent consideration.

Group instruction in oral hygiene is undertaken in primary schools by a suitable person appointed for the purpose with experience in dental chairside assistance.

Reasearch:

No research projects on the health of school children were instituted by this Department during the year, though members of the medical staff participated in research undertaken in the area of the Eastern Regional Hospital Board into the incidence of Viral Hepatitis which mainly affects the child population.

Specialist Services:

Eye, E.N.T. and Children's Orthopaedic clinics organised by the hospital service were held in Perth Royal Infirmary and in various peripheral Cottage Hospitals, Schools and District Nurse Clinics. Referrals are made to these clinics as required, but the number of attendances following referral by School Medical Officers is not known.

TUBERCULIN TESTING AND B.C.G. VACCINATION - SESSION 1969-70

	%	Boys		Girls		Boys and Girls			Retests
		No.	%	No.	%	No.	%	No.	
	Consents	Tested	Positive	Tested	Positive	Tested	Positive	Vac.	
PERTH CITY									
Perth Academy	99	68	-	96	-	164	-	164	
Perth High	96	114	2	90	1	204	1	201	
St. Columba's	97	31	3	28	-	59	1	58	
Goodlyburn	100	62	2	59	2	121	2	119	
Total	98	275	1	273	1	548	1	542	
PERTH DISTRICT									
Dunbarney	100	9	-	4	-	13	-	11	14
Errol	96	11	-	9	-	20	-	20	6
Invergowrie	95	3	33	7	-	10	10	9	15
Methven	97	18	-	13	-	31	-	28	12
Scone	95	16	6	13	-	29	13	28	33
Strathallan *	98	50	2	-	-	50	2	49	31
Trinity College *	98	42	10	-	-	42	10	38	31
Kilgraston *	95	-	-	18	17	18	17	15	20
Glebe	73	1	-	3	-	4	-	3	4
Total	94	58	3	49	-	107	2	90	84
EASTERN DISTRICT									
Blairgowrie High	94	50	2	78	5	128	4	117	118
Hill Primary	100	2	-	-	-	2	-	2	1
Coupar Angus	100	1	-	1	-	2	-	1	49
Alyth	98	21	-	17	6	38	3	33	34
Total	95	74	1	96	5	170	4	153	202
HIGHLAND DISTRICT									
Breadalbane Academy	98	34	6	30	7	64	6	58	57
Pitlochry	96	20	10	24	8	44	9	39	42
Croftinloan *	100	9	-	-	-	9	-	9	1
Total	97	54	7	54	7	108	7	97	99
CENTRAL DISTRICT									
Crieff	96	33	3	34	-	67	1	57	75
Morrison's Academy	99	43	21	40	15	83	18	62	86
Auchterarder	97	27	11	27	4	54	7	50	55
Total	98	103	13	101	7	204	10	169	216
WESTERN DISTRICT									
Dunblane	96	17	-	21	-	38	-	36	31
McLaren High	99	64	5	87	6	151	5	126	64
Aberfoyle	95	8	-	9	-	17	-	17	21
St. Ninians *	100	4	25	-	-	4	25	3	6
Queen Victoria *	97	34	18	-	-	34	18	25	36
Total	98	89	3	117	4	206	4	179	116
KINROSS									
Kinross	84	7	-	2	-	9	-	6	51
Lendrick Muir *	100	8	-	3	-	11	-	10	7
Total	84	7	-	2	-	9	-	6	51
COUNTY TOTALS									
	95	385	6	419	5	804	5	694	768
CITY AND COUNTY TOTALS									
	97	660	4	692	3	1,352	4	1,236	768

* Not included in totals