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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
CAPE TOWN

C O U N T Y O F Z E T L A N D

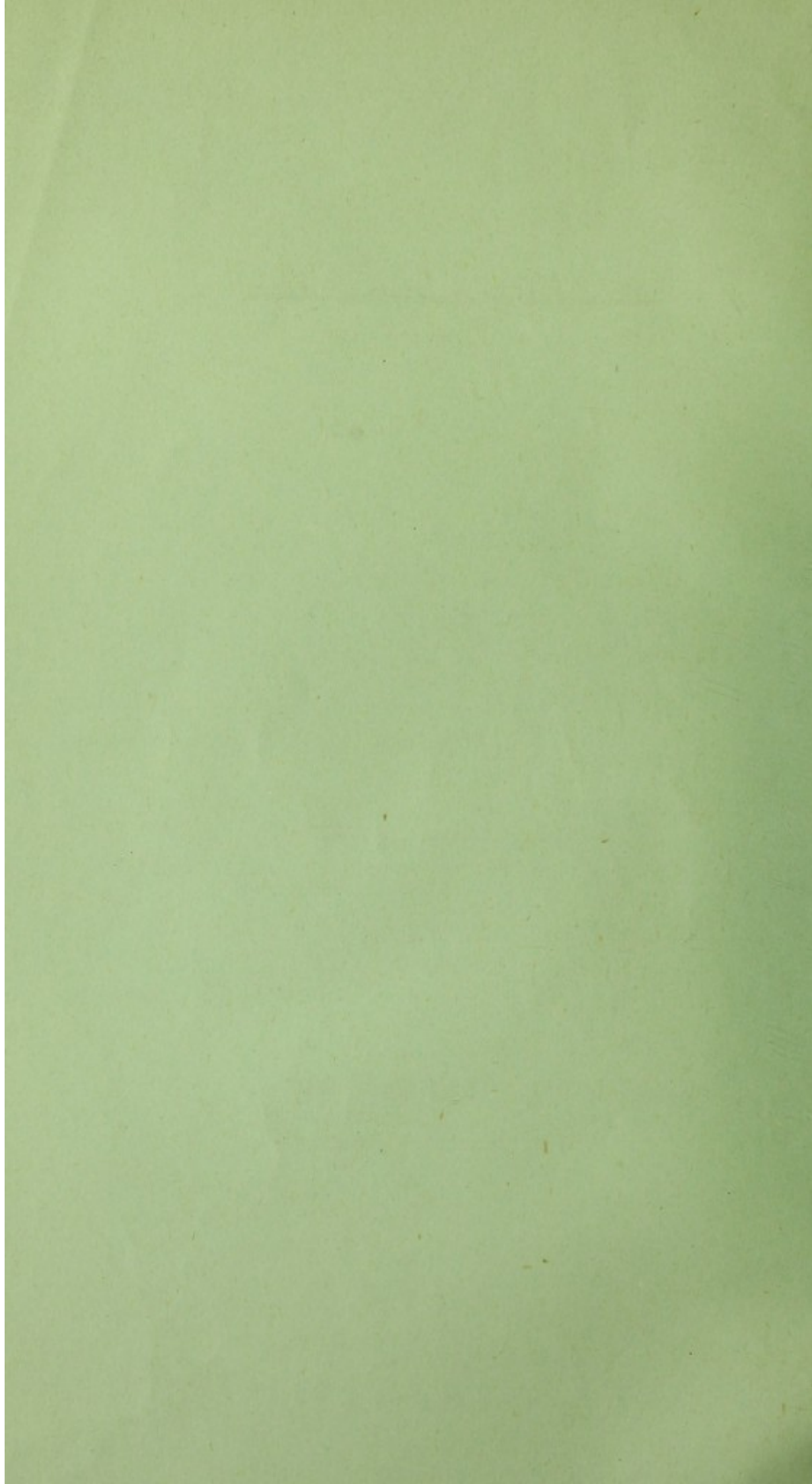
A N N U A L R E P O R T

of the

SCHOOL MEDICAL OFFICER

for

Year ended 31st July, 1948



ZETLAND COUNTY COUNCIL

R E P O R T

of the

School Medical Officer

on

School Medical Inspection and

School Health Administration

for

Year ended 31st July, 1948

INSTITUTE OF SOCIAL
MEDICINE

10 MARKS ROAD,
GLASGOW

STAFF

School Medical Officer (part-time):-

S.A.B. Black, M.D., D.P.H., D.T.M.&H.

School Dental Officer:-

C. M. Christie, L.D.S., from October, 1947 to March, 1948.
Alfred Young (part-time)

School Nurses (part-time):-

Lerwick - Miss M. L. Shearer.
Other Areas - The District Nurses of the 17 District
Nursing Associations.

Specialist Medical Officers (part-time):-

A. C. Laing, M.C., M.B., Ch.B. - Ophthalmologist.
H. Edgar Smith, M.B., Ch.B. - Consultant Eye Surgeon.

Clerks:-

Miss C. M. Tulloch)
Hamish Leask) (part-time).


GENERAL STATISTICS

Population of Area - 20,145

Number of Schools:-

Primary	-	57
Secondary	-	2
Side Schools	-	7

Number of children on register	-	2594
Number of children in average attendance	-	2337.3
Percentage attendance for year	-	90.1



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SYSTEM AND EXTENT OF MEDICAL INSPECTION

In my report for the school year ending 1947 I stated that a convenient routine for the year's work had now been evolved and that in most cases schools were being visited on approximately the same date as in the previous year. This system of carrying out school medical inspection was again followed during the year 1947-48 but owing to the unavoidable absence of the School Medical Officer from the county during two months of the summer term the pupils of the schools normally visited in May and June missed their routine school medical inspection. Schools in Yell, Whalsay, Fetlar, Skerries and Foula were not visited and thus 175 children due for systematic examination have had to have their medical inspection postponed until a later date.

For each of the three previous years we have managed to examine over 94 per cent of those due for routine examination. In the past year 891 children were given their routine examination. This figure is 80 per cent of the total number due to be examined. 53 pupils in the schools visited missed routine examination through being absent from the school on the day the inspection was held. 57 pupils were re-examined because of some defect noted at a previous examination and 51 given a special examination, generally at the request of the school teacher or parent.

The District Nurses have carried out regular visits of inspection of school children for cleanliness and have also given the School Medical Officer invaluable help in carrying out the routine medical inspections.

After every school medical inspection district nurses were given a list of all children who had been notified to their parents as requiring treatment and their returns show that in at least 58 per cent of cases the parents have either consulted their own doctor or taken other steps to provide the necessary treatment.

I am grateful to the teachers in all the schools visited for the kind way in which they have helped the work of school medical inspection to be done.

The statistics given in the following tables are arranged in accordance with the Department of Health's instructions regarding the compilation and presentation of school health records.

TABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other Systematic Examinations:-
Ordinary Schools.	(Entrants	281	-
	(Second age group	191	-
	(Third age group	205	-
	(Fourth age group	88	-
	(Fifth age group	-	-
Secondary Schools.	(Fourth age group	105	-
	(Fifth age group	21	-
		<u>891</u>	
(B) Other examinations:-		Special cases	- 51
		Re-inspections by Medical Officer	- 57
			<u>108</u>

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries):-

Entrants	-	23
Second age group	-	22
Third age group	-	29
Fourth age group	-	31
Fifth age group	-	5
Other systematic examinations	-	-
		<u>110</u>

TABLE 11/

Return of number and percentage of individual children in each age group suffering from particular defects:-

[illegible]

TABLE 11 (Cont'd).

Nature of Defect.	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Corneal opacities	-	-	-	-	-	-	-	-	-	-	-
Strabismus	8	1	5	2	-	-	-	-	-	3	5
	1.1	0.7	3.5	1.8	-	-	-	-	-	0.8	1.5
Other diseases	-	-	-	-	-	-	-	-	-	-	-
(b) Visual acuity		- See table on page 5.									
9. Ears-											
(a) Diseases:											
Otorrhoea	2	1	-	1	-	-	-	-	-	2	-
	0.3	0.7	-	0.9	-	-	-	-	-	0.5	-
Other diseases	6	-	1	1	-	1	2	-	1	2	4
	0.8	-	0.7	0.9	-	1.0	2.1	-	12.5	0.5	1.2
(b) Defective hearing-											
Grade 1	2	-	-	1	-	1	-	-	-	2	-
	0.3	-	-	0.9	-	1.0	-	-	-	0.5	-
" 11(a)	-	-	-	-	-	-	-	-	-	-	-
" 11(b)	-	-	-	-	-	-	-	-	-	-	-
" 111	-	-	-	-	-	-	-	-	-	-	-
10. Speech-											
Defective articulation	1	1	-	-	-	-	-	-	-	1	-
	0.1	0.7	-	-	-	-	-	-	-	0.3	-
Stammering	-	-	-	-	-	-	-	-	-	-	-
11. Mental and Nervous Condition-											
(a) Backward (due to irregular attendance, etc.)	1	1	-	-	-	-	-	-	-	1	-
	0.1	0.7	-	-	-	-	-	-	-	0.3	-
(b) Dull (intrinsically)	4	-	1	1	-	1	1	-	-	2	2
	0.6	-	0.7	0.9	-	1.0	1.0	-	-	0.5	0.6
(c) Mentally defective (educable)	2	1	-	-	-	-	1	-	-	1	1
	0.3	0.7	-	-	-	-	1.0	-	-	0.3	0.3
(d) Mentally defective (ineducable)	-	-	-	-	-	-	-	-	-	-	-
(e) Highly nervous or unstable	1	-	-	1	-	-	-	-	-	1	-
	0.1	-	-	0.9	-	-	-	-	-	0.3	-
(f) Difficult in behaviour	-	-	-	-	-	-	-	-	-	-	-
12. Circulatory system-											
(a) Organic heart disease:											
(1) Congenital	1	-	-	-	-	1	-	-	-	1	-
	0.1	-	-	-	-	1.0	-	-	-	0.3	-
(11) Acquired	6	-	-	1	2	3	-	-	-	4	2
	0.8	-	-	0.9	2.1	3.1	-	-	-	1.1	0.6
(b) Functional conditions	5	-	-	2	-	1	1	1	-	4	1
	0.7	-	-	1.8	-	1.0	1.0	7.7	-	1.1	0.3
13. Lungs-											
Chronic bronchitis	3	-	3	-	-	-	-	-	-	-	3
	0.4	-	2.1	-	-	-	-	-	-	-	0.9
Suspected tuberculosis	-	-	-	-	-	-	-	-	-	-	-
Other diseases	6	3	-	1	1	-	1	-	-	4	2
	0.8	2.1	-	0.9	1.0	-	1.0	-	-	1.1	0.6
14. Deformities-											
(a) Congenital	3	1	2	-	-	-	-	-	-	1	2
	0.4	0.7	1.4	-	-	-	-	-	-	0.3	0.6
(b) Acquired (Infantile Paralysis)/											

T A B L E 11 (Cont'd).

Nature of Defect.	Total defective at all ages	Entrants		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
(b) Acquired (Infantile Paralysis)	-	-	-	-	-	-	-	-	-	-	-
(c) Acquired (probable) rickets	11 1.6	4 2.9	2 1.4	4 3.7	-	1 1.0	-	-	-	9 2.5	2 0.6
(d) Acquired (other causes)	1 0.1	1 0.7	-	-	-	-	-	-	-	1 0.3	-
15. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
16. Other diseases or defects	2 0.3	1 0.7	-	-	-	1 1.0	-	-	-	2 0.5	-

8. (b) Visual Acuity:

Nature of Defect.	Total defective at all ages	Entrants		Second Age Group		Third Age Group		Fourth Age Group		Fifth Age Group		All Ages	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Total number subjected to routine vision testing:													
		4	3	91	99	109	95	98	94	13	8	315	299
Visual acuity:													
Fair	152 24.7	2 50.0	1 33.3	34 37.4	38 38.4	18 16.5	14 14.7	13 13.3	23 24.5	5 38.5	4 50.0	72 22.8	80 26.7
Bad	16 2.6	1 25.0	-	1 1.1	2 2.0	4 3.7	1 1.0	4 4.1	3 3.2	-	-	10 3.2	6 2.0
Number recommended for refraction													
	66 10.7	2 50.0	1 33.3	16 17.6	6 6.1	10 9.2	7 7.4	11 11.2	9 9.6	2 15.4	2 25.0	41 13.0	25 8.4

THE FINDINGS OF MEDICAL INSPECTION

Table 11 shows a remarkable similarity to the same table in last year's report and my comments made in last year's report apply equally well to the group of children who received their routine inspection this year. There are no figures which are unusual or which call for much comment.

It is worth recording that there was a decrease in the incidence of infestation of the hair with head lice or nits (3.28 per cent as compared with 5 per cent last year; the figure for Scotland is 7 per cent). Efficient modern remedies for this nuisance are in the hands of school nurses and nowadays it should be easy enough to keep the infestation rate low if all members of an infested family would agree to be treated at the same time.

The incidence of skin troubles is low, but the finding of a few cases of impetigo has made the figure for skin complaints a little higher than in the past few years. 4.7 per cent of children showed slightly nutritional defects. No children showed severe nutritional defects. These figures are similar to those obtained in previous years and although better than the figures for the country as a whole they could well be lower in a county which is as fortunate as this one in obtaining plentiful rations.

Unhealthy conditions of mouth and teeth are still too common and the children's first set of teeth sometimes decay with a remarkable speed. There seems to be a distinct difference between certain areas of the county in the pace at which the children's teeth decay. This whole question is worthy of fuller investigation.

Defective conditions of the ear, nose and throat continue to be uncommon and in this respect pupils in this county show a lower figure than do pupils in the south.

Visual Acuity.

66 children (10.7%) seen at routine examination, were recommended for refraction. Altogether 60 children were seen by Dr. Laing under the Education Authority's scheme and 40 pairs of spectacles were supplied under the scheme.

Mr. Edgar Smith, the Consultant Eye Surgeon, visited Lerwick in June and examined 11 school children.

During the year an investigation into the causes of monocular blindness was made throughout the country and particulars concerning ten monocularly blind pupils seen during routine examination were sent to those carrying out this investigation.

TABLE 111/

TABLE 111

Systematic Medical Examinations

Group	1	Entrants		3rd age group		4th age group		5th age group		Total	
		No. of children	% of the children	No. of children	% of the children	No. of children	% of the children	No. of children	% of the children	No. of children	% of the children
* Classification. children this group children this group children this group children systematic medical exams.											
Group	1	228	81.13	163	79.51	165	85.49	15	71.42	571	81.57
"	11(a)	2	0.71	7	3.41	10	5.18	3	14.28	22	3.14
"	11(b)	19	6.76	7	3.41	1	0.51	1	4.76	28	4.00
"	11(c)	-	-	-	-	-	-	-	-	-	-
Total		21	7.47	14	6.82	11	5.69	4	19.04	50	7.14
"	111	11	3.91	20	9.75	9	4.66	1	4.76	41	5.85
"	117(a)	20	7.11	6	2.92	4	2.07	1	4.76	31	4.42
"	117(b)	1	0.35	2	0.97	4	2.07	-	-	7	1.0
Total		21	7.47	8	3.9	8	4.14	1	4.76	38	5.42
Total No. of children examined											
		281	100.00	205	100.00	193	100.00	21	100.00	700	100.00

*Definitions of each Group:- 1. Children free from defects. 11(a) Defective vision not worse than 6/12 in the better eye with or without glasses. 11(b) Condition of the mouth and teeth requiring treatment. 11(c) Both (a) and (b). 111. Children suffering from ailments (other than those mentioned in 11) from which a complete recovery is anticipated within a few weeks. 117(a) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible. 117(b) Where improvement only is considered possible, e.g. without complete restoration of function. Children in the 2nd Age Group are examined for visual acuity only and are therefore not classified into groups.

Comment on Table 111.

As explained at the foot of Table 111, Group 1 classification means "Children free from defects." Group 111 are "Children suffering from an ailment from which complete recovery is anticipated within a few weeks, and Group 1V(a) are children with less remedial defects among whom cure or restoration of function is considered possible.

The last column of Table 111 for the school year in question, the previous school year and for Scotland are given below:-

Percentage of Children in Each Group.

Shetland 1946-47. Shetland 1947-48. Scotland 1946-47.

Group 1	80.7	81.5	60.09
" 11(a)	4.9	3.1	4.4
" 11(b)	3.6	4.0	2.5
" 11(c)	-	-	0.18
" 111	6.3	5.8	20.7
" 1V(a)	2.5	4.4	9.5
" 1V(b)	1.9	1.0	2.46

The figures for both Shetland and for Scotland show very little difference from those on which I commented at some length in last year's report. The big difference between the figures for Shetland and for the rest of the country lie in the percentages falling into Groups 1 and 111 (that is, children with "no defects," and those suffering from defects from which complete recovery can soon be anticipated).

Shetland parents are not backward in calling in the aid of their practitioners when their children are unwell and thus many temporary defects are treated before one has an opportunity to record the defect at a school inspection. This is probably the main reason why the percentages in Group 1 and 111 differ so much in this county from those recorded for the whole country. It is satisfactory to be able to record low figures in groups 1V(a) and 1V(b).

TABLE 1V/

TABLE 1V

Return of ALL Exceptional Children of School Age in the Area.

Disability.	At ordinary schools.	At special schools or classes.	At no school or institution.	Total.
1. Blind	-	1	1	2
2. Partially sighted:				
(a) Refractive errors in which the curriculum of an ordin- ary school would adversely affect the eye condition	-	-	-	-
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordin- ary school books or to see well enough to be taught in an ordinary school	-	-	-	-
3. Deaf:				
Grade 1	-	-	-	-
" 11(a), 11(b) ... ¹	-	-	-	1
" 111 ^{*1}	-	2	-	3
4. Defective Speech:				
(a) Defects of articulation requiring special education- al measures	-	-	-	-
(b) Stammering requiring special educational measures ...	-	-	-	-
5. Mentally defective:				
(Children between 5 and 16 yrs.)				
(a) Educable	-	2	1	3
(b) Ineducable	-	-	11	11
6. Epilepsy:				
(a) Mild and occasional ...	-	-	-	-
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically Defective:				
(Children between 5 and 16 yrs.)				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	-	-	-	-
(b) General orthopaedic conditions	-	-	-	-
(c) Organic heart disease ...	-	-	-	-
(d) Other causes of ill health	-	-	-	-
8. Multiple defects: ^φ 1	-	-	-	1
Handicapped children, not yet classified	1	-	4	5

* Also mentally defective. Admission to special school under consideration.

φ Pupil with congenital heart disease, general debility and some degree of mental defectiveness.

HANDICAPPED CHILDREN

Table IV gives particulars of exceptional children and handicapped pupils. It will be seen from the table that there are 11 ineducable, mentally defective children of school age in the county, and possibly 5 more, but these 5 must at present be entered on the table as "not yet classified."

There are 5 children attending special schools in the south, two at schools for the deaf, one at a school for the blind and one at a school for mentally defective but educable children.

The problems of the handicapped child has additional complications in this county. Occasional cases have occurred in recent years where one has encountered a mentally defective but educable child who could not be left to attend an ordinary school. The solution of sending such a child to a special school is not so easily achieved in the case of a child in Shetland, as the child must be sent over 200 miles overseas from its home to reach such a school. These children are often physically handicapped and require considerable attention from their parents. Section 55 of the 1946 Act will need to be interpreted by us in the manner which will result in as much as possible being done for the general welfare of such children. I think that the possibility of arranging special classes for such children is worth further investigation. This can only be done if a school teacher can be found in the area in which the child lives who is interested in such difficult work and willing to devote spare time to the task. Fortunately such cases are only very occasionally encountered. One such pupil has made considerable educational progress as a result of home tuition by an interested schoolmaster.

MEDICAL TREATMENT UNDER EDUCATION AUTHORITY'S SCHEMES

First aid kits are supplied to each school for the treatment of cuts, bruises and minor ailments.

School nurses are provided with facilities for treating school children and their families for scabies.

As already stated on page 6 of this report 60 children were examined by the School Ophthalmologist. 11 children were examined by Mr. Edgar Smith, the Consultant Eye Surgeon and 40 pairs of glasses were supplied under the Education Authority's scheme.

No children were treated under the Education Authority's schemes for ear, nose and throat conditions or orthopaedic conditions.

INFECTIOUS DISEASES

4 schools were closed for short periods during the year when the prevalence of an epidemic had made the attendance drop too low to make it worth while for the school to remain open.

SANITARY CONDITIONS OF SCHOOL PREMISES/

SANITARY CONDITIONS OF SCHOOL PREMISES

In last year's report I mentioned that the correction of structural sanitary defects in schools was being undertaken as far as present day building restrictions allow. The Master of Works has given me a list of improvements made in schools during the year, and although a few of the structural improvements are not of a sanitary or public health nature the complete list is given below. It should be explained that in addition to the work mentioned in this list labour and materials have had to be occupied with the H.O.R.S.A. scheme buildings in ten different schools.

List of Improvements to School Premises.

Aith School: Tarmacadamed playground.

Anderson Institute: Extended tarmacadam surfaces around building. Provided cycle accommodation for boys and girls. Six new temporary classrooms in course of construction.

Boddam School: Installed Elsan closets.

Bigton School: Improved temporary dining room facilities. Installed Elsan closets.

Bressay School: Tarmacadamed playground. Installed bathroom in Assistant Teacher's Flat.

Brough, Whalsay School: Renewed water pipe with asbestos pipe.

Bruce Hostel: Installed ESSE cooker in kitchen.

Central School, Lerwick: Renewed main hall floor in coloured asphalt. Tarmacadamed playgrounds. Three new classrooms completed and in use. Installed electric lights at main gateways.

Collafirth Schoolhouse: Installed Elsan closets.

Cunningburgh Schoolhouse: Hot water circulation installed in schoolhouse.

Eshaness School: Elsan closets installed.

Fair Isle School: Installed Elsan closets.

Firth School: Installed Elsan closets.

Happyhansel, Walls: Tarmacadamed playground. Installed two lavatory basins in cloakrooms.

Haroldswick School: Installed Elsan closets.

Herra School: Improved W.C. accommodation and installed Elsan closets.

Infant School: Provided two wood classrooms.

Levenwick School: Installed Elsan closets.

Lochend School:/

Lochend School: Elsan closets installed.

Mid Burra School: New bathroom and hot water circulation installed. Elsan closets provided in school.

Muckle Roe: Installed Elsan closets.

North Roe School: Elsan closets installed.

Olnafirth School: Installed Elsan closets.

Papa Stour School: Installed Elsan closets.

Sand School: Sink and cold water installed in porch. Concrete ashpit erected.

Sandness School: Renewed water pipe with asbestos pipe. Installed Elsan closets.

Sandwick School: Tarmacadamed playgrounds.

Scalloway School: Installed two drinking fountains.

Skeld School: Erected porch at schoolhouse.

South Nesting School: Improved rain water supply to schoolhouse. Installed Elsan closets.

Sullom School: Improved light in classroom by additional window. Installed Elsan closets.

Urafirth School: Improved boys' urinal.

Uyeasound School: Installed Elsan closets.

Weisdale: New canteen erected.

Westsandwick School: Improved playground surfaces.

Whiteness School: New canteen erected. Spare classroom prepared for dining room.

DENTAL INSPECTION AND TREATMENT./

DENTAL INSPECTION AND TREATMENT.

The services of the School Dentist have been available for only part of the school year and the work of this section of the school health services has once again been incomplete. Much, however, has been done since the school year ended to overtake arrears of work.

The information given below has been written by Mr. C. M. Christie who was School Dental Officer from October, 1947 to March, 1948.

"When the school dental service was started in Shetland in 1939, it was found that over 95 per cent of those examined that year showed signs of dental caries in one form or another. At the end of 1945, however, a substantial decrease in that figure was reported: in that year, 35 per cent of the school children had healthy mouths, the remaining 65 per cent requiring treatment. There can be no doubt that this marked improvement in the teeth of the children was due to regular and systematic examination and treatment over several years. Since April, 1946, however, the dental service has been interrupted on two occasions - from April, 1946 till October, 1946, and from April, 1947 till October, 1947 - when there was no school dental officer in the county.

In March, 1947, Mr. A. G. Allcorn, L.D.S., noted that over 70 per cent of those children examined had required dental treatment, and during the six months I have been here, I have found the incidence of dental disease to be even higher. This deterioration in the dental state of the school children may well be attributed to defects in post-war diet and similar factors but the fault seems to lie mainly in the lack of regular inspection and treatment during the last year or two. If this can be rectified in the future, I have no doubt that a more satisfactory dental state will be reported.

It will be noted from the enclosed report that many extractions of deciduous teeth were necessary: it was found that a high percentage of "milk" teeth were quite beyond repair and required removal in the interests of general health. This was specially evident in schools in the south of the mainland which had not been visited since 1945/46."

Mr. Christie visited twenty country schools, and at the close of the school year Mr. Young inspected a further 334 pupils. During the summer holidays and since the end of the school year many children have been treated and next year's report will show a higher 'acceptance rate' for treatment.

Table V shows figures for the work done by both dental officers:-/

TABLE VDental Inspection and Treatment

Number of children who were:-

(1) Inspected by dental officer:-

Age.	(a) Systematic Examinations.	(b) Special and Emergency cases.	Total.
5	142	-	142
6	160	-	160
7	104	-	104
8	93	-	93
9	91	-	91
10	96	-	96
11	80	-	80
12	79	-	79
13	64	-	64
14	48	-	48
15	10	-	10
Over	-	-	-
	<u>967</u>	<u>-</u>	<u>967</u>

- (2) Found to require treatment 771
- (3) Actually treated by Dental Officer 427
- (4) Number of attendances made by children for treatment 483
- (5) Fillings:-
 (a) Permanent teeth 257
 (b) Temporary teeth 407
- (6) Extractions:-
 (a) Permanent teeth 51
 (b) Temporary teeth 535
- (7) Number of administrations of a general anaesthetic.. 4
- (8) Other operations:-
 (a) Permanent teeth 59
 (b) Temporary teeth 165 and others have received treatment with Dontosil and Eugenol.
- (9) Number of half-days devoted to inspection - (Records in-
 Number of half-days devoted to treatment - (complete.
- (10) Number being treated under private arrangement - 249

Additional Statistics

Percentage of children examined healthy	- 20.3%
Percentage requiring treatment accepting	- 55 %
Percentage requiring treatment refusing	- 9 %
Percentage requiring treatment making private arrangements	- 36 %
Percentage of total number of school children who received dental inspection at school during year	- 37 %



