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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

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

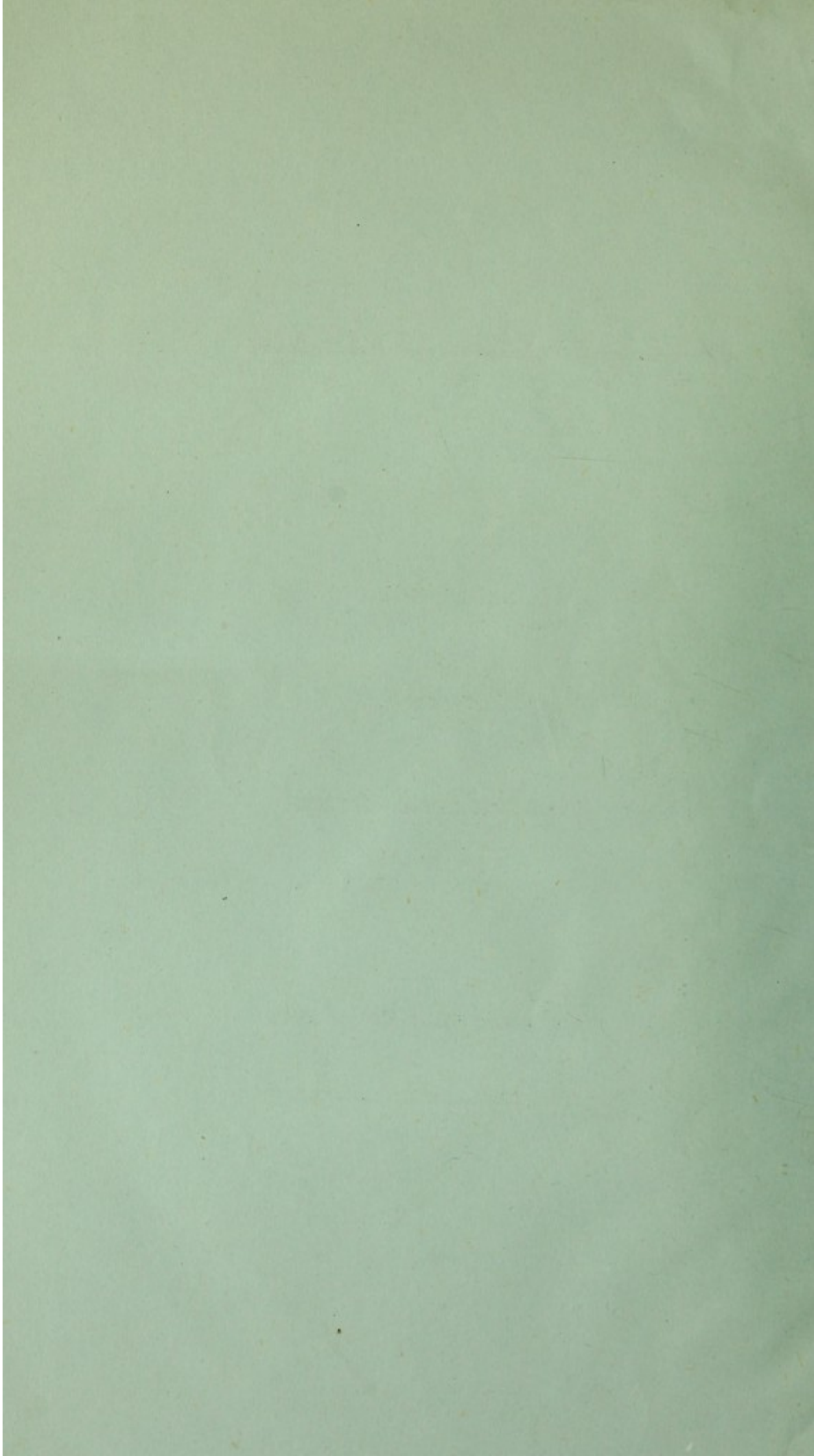
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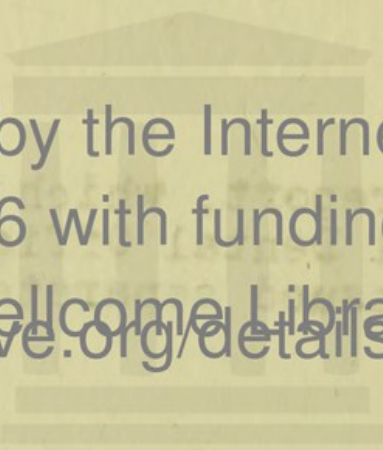
SCHOOL MEDICAL OFFICER

for

Year ended 31st July, 1949



Page 14 of this report, which will contain the comments of the School Dental Officer on the year's dental work will be issued separately in the near future.



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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, 1949

INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

STAFF

School Medical Officer (part-time):-

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

School Dental Officer:-

Alfred Young.

School Nurses (part-time):-

Lerwick - One.

Other Areas - 19 District Nurses in 19 areas
in the County.

Specialist Medical Officers:-

The various consultants of the North Eastern
Regional Hospital Board to whom cases from this
County are referred.

Clerks:-

2 (part-time)

GENERAL STATISTICS

Population of Area - 20,263

Number of Schools:-

Primary	-	57
Secondary	-	2
Side Schools	-	6

Number of children on register	-	2681
Number of children in average attendance	-	2084.1
Percentage attendance for year	-	88.5

REPORT OF THE

COMMISSIONER OF

THE

DEPARTMENT OF

EDUCATION

FOR THE

YEAR

ENDING

1900

1900

REPORT OF THE

COMMISSIONER OF

THE

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EDUCATION

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REPORT OF THE
COMMISSIONER OF
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DEPARTMENT OF
EDUCATION

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SYSTEM AND EXTENT OF MEDICAL INSPECTION

In my report for the school year ending in July, 1948, it was explained that some schools usually visited during the summer term had missed their usual medical inspection as a result of the absence of the School Medical Officer from the County. This year all schools except the school in Foula were visited. Pupils in the following age groups were inspected:-

- (I) All entrants and pupils not previously subjected to routine medical inspection.
- (II) Pupils born in 1942 (examined for visual acuity and hearing only).
- (III) Pupils born in 1940
- (IV) Pupils born in 1936
- (V) Pupils born in 1933.

In addition 128 children at schools in Yell, Fetlar, Whalsay and Skerries, who missed their systematic examination last summer were also given full systematic examination. (Figures for these pupils are not included in Table 11 which refers only to the findings of systematic examinations in the age groups mentioned above).

Table 1 at the end of this report shows that 978 children were given systematic examination and that 222 other examinations and re-inspections were made.

71 pupils in the schools visited missed routine inspection through being absent on the day of the examination, so that 93 per cent of children due for examination were actually seen. This percentage has shown very little variation for the past few years.

School Dental Inspection

Mr. Young has made a separate report which will be found on page 14.

In many parts of the country the school dental services have had to report that a proportion of their routine work has not been carried out through shortage of dental staff. We are therefore most fortunate to have been able to retain the services of a school dentist during the present period of difficulty; the exceptionally high acceptance rate for treatment shows how the service is appreciated. 88 per cent of pupils on the school register were examined by the School Dental Officer during the year. (For statistical table see page 13).

School Nurses' Work

After every school medical inspection District Nurses have been given a list of all children who have been notified to their parents as requiring treatment, so that the Nurses can visit the household to find out whether any action has been taken. The result of the Nurses' follow up visits have not been recorded as a result of the frequent changes in nursing staff which have occurred. Our experiences in previous years show that it is unusual for parents not to consult their doctor/

doctor or take other necessary action when informed of defects detected at school inspection.

Other Public Health Services and School Medical Work

In a small county where the medical officer of health is also school medical officer, and where the district nurses act as school nurses it is not difficult for the school health service to assist general public health work. A good example of this is the arrangement whereby diphtheria inoculations are given at schools.

Throughout the county practitioners have held immunising sessions at the schools and by the help of the teachers letters to parents about immunisation have been distributed to pupils, and consent forms collected at the schools by the nurses.

The School Medical Officer gave 199 diphtheria immunising injections to 156 pupils in Lerwick.

Attendance of Parents at Inspections

Parents or other relatives of children attended with 281 of the 987 children given systematic examination. The table below shows that it is more common for young entrants to be accompanied by a parent than for children in the other age groups. This is understandable, but it is not so easy to say why boys are more often accompanied by their mothers than are girls. The presence of the parent at school medical inspection is a valuable help, especially when five-year-olds are being examined and also in cases where there is any known defect about which the School Medical Officer may wish to ask questions.

Parents attended with 60% of the children examined in the Entrance Group.

Number of Parents (or other relatives) present at school medical inspection

With entrants	-	183	(with boys 99, girls 84)
" third age group	-	69	(with boys 34, girls 35)
" fourth age group	-	29	(with boys 18 girls 11)
" fifth age group	-	nil	

Assistance from Teachers

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

Medical Treatment under the Education Authority's Schemes

First aid kits are supplied to each school for the treatment of minor cuts and abrasions. School nurses are provided with facilities for treating school children and their families for scabies or impetigo. The treatment of verminous heads is also undertaken by the school nurses who make inspections of children's hair at school.

The/

doctor or the other necessary action when indicated at
defects detected at school inspection.

Other Public Health Services and School Health Work

In a small country where the medical officer of health
is also general medical officer, and where the district
board is an integral part of the health service, the
school health service is an integral part of the health
work. A good example of this is the integrated strategy
against tuberculosis and other diseases.

Throughout the country, public health officers have held
regular sessions at the schools and by the help
of the teachers, health officers have been able to
have been distributed to public and general forms
collected at the schools of the district.

The school medical officer has 100 children
maintaining inspection to the public in the district.

Attendance of Pupils at Inspections

Inspection of pupils is carried out by the district
with 50% of the 100 children given systematic exam-
ination. The last time when there was a general exam-
for 7 years, children were accompanied by a parent from
for children in the other two groups. This is under-
standable, but it is not very easy to say how the
exam is organized by the district health officer. The
presence of a parent is a school medical inspection
is a valuable help. Generally, when five-year-olds are
examined, and also in cases of children in any
group, district board with the school medical officer may
wish to see the children.

Parents attended with 60% of the children examined
in the district group.

Number of Pupils for Other (Religious) Groups at School
Medical Inspection

With religious	100	With group 20	With 20
" third religious	60	With group 10	With 10
" fourth religious	60	With group 10	With 10
" fifth religious	60	With group 10	With 10

Attendance of Teachers

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

Medical Inspection under the Education Department's Scheme

That this is the subject of each school for the
treatment of minor cases and observation. School nurses
are provided with facilities for treating school children
and their families for diseases or accidents. The
treatment of venereal disease is also undertaken by the
school nurses who make inspection of children's teeth at
school.

The specialist forms of medical treatment required by schoolchildren are now the responsibility of the Regional Hospital Board.

The position with regard to the provision of glasses and examination of children with visual defects is explained on page 5 of this report.

THE FINDINGS OF MEDICAL INSPECTION

Table 11 (page 7) shows in detail the number of defects discovered at systematic inspection under separate headings.

As in previous years there are no figures which are unusual or which call for much comment.

Clothing and footwear were satisfactory.

Cleanliness. Head nits were found on 20 children (2.6%). This is a slightly lower incidence than last year. With efficient modern remedies easily available it should be possible to obtain a further reduction. Nurses offer treatment to the whole household when treating an infested child.

Skin conditions were very uncommon, only one child with impetigo and four children with other skin conditions were seen. No cases of ringworm or scabies were detected at routine inspection, although school nurses do encounter and treat occasional cases of scabies from time to time.

Nutritional State. 20 children (2.6%) were considered to be showing signs of slightly defective nutrition, as compared with 33 children (4.7%) last year. There has been a distinct improvement in nutritional state in recent years. As has been explained in previous reports it is most difficult to show this with any accuracy by figures, as the borderline at which a child is considered to show slight nutritional defects depends on the standard set by the observer and is a difficult matter. Dr. Joseph Walker in 1941 considered that 10% showed slight signs of nutritional defects, and five years later, the first year in which the writer examined schoolchildren - (1945) - the figure was 5.6%. There has been a distinct improvement since then.

Mouth and Teeth Unhealthy. 19 children (2.6%) showed an unusually unhealthy state of the mouth. This is an improvement from the previous year. Most of the worst mouths of teeth have now had attention as the arrears in school dental work have been overcome.

Naso-Pharyngeal Conditions. Defective conditions of the ear, nose and throat continue to be uncommon, and in this respect pupils in this County show a far lower incidence than do pupils further south. Among those examined 2 children only required operation for removal of tonsils and 19 children (2.6%) were found to have tonsils/

The following is a list of the names of the persons who have been appointed to the various positions in the office of the Secretary of the Interior, Department of the Interior, Washington, D. C.

The Secretary of the Interior is Mr. Richard L. Ice, who was appointed to that position on June 1, 1901.

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tonsils requiring further observation. 12 children (1.6%) had minor enlargements of neck glands, and 9 pupils had nasal obstruction requiring observation.

Eyes. 13 children had blepharitis and 2 were found to have conjunctivitis at the time of inspection. The incidence of external eye trouble does not differ much from what one might expect, but we have a higher proportion of children referred to the ophthalmologist for refraction than is the case in most other areas.

About 6% is not an uncommon figure elsewhere for the number of children found to require examination with a view to the provision of glasses. In this County the figure was 9% eight years ago, and in the past three years has been 7.8%, 10% and 14.5%. If a few of these pupils have been referred to the ophthalmologist when glasses were not required the error has been on the safe side.

During the past school year the arrangements for refraction and for the provision of glasses were unusual.

In previous years Dr. Laing has been employed by the Education Authority to examine children, and the Education Authority have supplied glasses on his prescription by arrangement with a dispensing optician in the south. Mr. Edgar Smith saw any cases referred to him for surgical treatment. When the Health Services (Scotland) Act came into force this arrangement ceased and the Regional Hospital Board became responsible for the examination of school children with eye defects requiring any specialist treatment. Arrangements were not immediately ready for the visiting ophthalmic surgeon to undertake all school refraction work and so the Supplementary Ophthalmic Service was used. The Health Services (Scotland) Act allows any patient to be examined and provided with lenses through this service, which is a part of the Act under the control of Executive Councils. During the year 70 children were given appointments with Dr. Irvine or Mr. Williamson and treated as Supplementary Ophthalmic Service cases. In addition 7 cases were referred to the visiting eye surgeon. The Regional Hospital Board are at present arranging for a visiting ophthalmic surgeon to undertake a part of the work of examining school pupils in the future. Many school-children, some seriously handicapped by defective vision, have had to wait many months before receiving glasses. The manufacturers in the south have been swamped with orders and the long delay has not been the fault of the physician and optician who have been working the Supplementary Ophthalmic Service.

There are no other points in the findings of medical inspection calling for any comment. (See Table 11 and Table 111 on pages 7 and 11). Table 111 classifies the children into groups in accordance with the severity of the defects discovered. It is very similar to the equivalent table in the last two reports. In previous reports it has been explained and discussed how this table differs from the one given for Scotland as a whole.

TABLE 1

Total number of children examined at:-

(A)		Systematic Examinations:-	Other systematic Examinations:-
Ordinary Schools.	(Entrants	285	27
	(Second age group	220	42
	(Third age group	225	43
	(Fourth age group	111	16
	(Fifth age group	-	-
Secondary Schools.	(Fourth age group	115	-
	(Fifth age group	22	-
		<u>978</u>	<u>128</u>
(B) Other examinations:-		Special cases	- 63
		Re-inspections by Medical Officer	- 159
			<u>222</u>

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

Entrants	-	22
Second age group	-	32
Third age group	-	53
Fourth age group	-	29
Fifth age group	-	9
Other systematic examinations	-	-
		<u>145</u>

TABLE 11/

[illegible]

TABLE 1. (Contd.)

Station		Date		Time		Wind		Temp		Humid		Pres		Visib		Cloud		Remarks	
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1		2		3		4		5		6		7		8		9		10	
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1		2		3		4		5		6		7		8		9		10	
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1		2		3		4		5		6		7		8		9		10	
1		2																	

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
(b) Acquired (Infantile Paralysis)	1 0.1	-	-	-	-	1	-	-	-	1	-
(c) Acquired (probable) rickets	1 0.1	1	-	-	-	-	-	-	-	1	-
(d) Acquired (other causes)	2 0.3	1	-	-	-	-	1	-	-	1	1
15. Infectious diseases	-	-	-	-	-	-	-	-	-	-	-
16. Other diseases or defects	3 0.4	1	-	-	-	-	2	-	-	1	2
		0.6	-	-	-	-	1.8	-	-	0.3	0.6

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
<hr/>													
Total number subjected to routine vision testing:													
		5	5	103	111	106	106	116	108	10	12	340	342
<hr/>													
Visual acuity:													
Fair	123	-	-	21	26	19	22	11	18	13	3	54	69
	18.0	-	-	20.4	23.4	17.9	20.8	9.5	16.7	30.0	25.0	15.9	20.2
Bad	32	1	-	5	4	6	5	5	3	1	2	18	14
	4.7	20.0	-	4.9	3.6	5.7	4.7	4.3	2.8	10.0	16.7	5.3	4.1
<hr/>													
Number recommended for refraction													
	99	1	-	17	15	19	20	8	13	2	4	47	52
	14.5	20.0	-	16.5	13.5	17.9	18.9	6.9	12.0	20.0	33.0	13.8	15.2

Table 1. Results of the analysis of variance for the effect of the treatment on the response of the subjects to the test.

Source of variation		Sum of squares		Mean square		F-value		Probability	
Between groups		1.2	1.2	0.4	0.4	1.2	1.2	0.3	0.3
Within groups		1.8	1.8	0.3	0.3	1.8	1.8	0.3	0.3
Total		3.0	3.0	0.7	0.7	3.0	3.0	0.3	0.3

The results of the analysis of variance show that the treatment had a significant effect on the response of the subjects to the test.

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TABLE OF AVERAGE AGE, WEIGHT AND HEIGHT OF
CHILDREN EXAMINED AT SYSTEMATIC SCHOOL MEDICAL
INSPECTION DURING THE YEAR ENDED 31st JULY,
1949.

<u>Group</u>	<u>Average Age</u>		<u>Average Weight</u>	<u>Average Height</u>
	<u>Years</u>	<u>Months</u>	<u>in lbs</u>	<u>in inches</u>
<u>Entrants:-</u>				
Males	5	9	48.6	45.9
Females	5	10	46.9	45.3
<u>Third Age Group:-</u>				
Males	9	6	70.0	53.0
Females	9	6	67.6	52.9
<u>Fourth Age Group:-</u>				
Males	13	7	103.5	61.6
Females	13	7	105.4	61.4
<u>Fifth Age Group:-</u>				
Males	16	7	142.0	68.5
Females	16	8	128.9	64.6

TABLE 111

Systematic Medical Examinations

Group	Entrants No. of children this group	3rd age group		4th age group		5th age group		Total		
		No. of children exd. in this group	% of the children exd. in this group	No. of children exd. in this group	% of the children exd. in this group	No. of children exd. in this group	% of the children exd. in this group			
1	238	83.50	166	73.78	186	82.30	15	68.18	605	79.81
" 11(a)	-	-	14	6.22	14	6.19	3	13.64	31	4.09
" 11(b)	9	3.16	4	1.78	2	0.89	-	-	15	1.98
" 11(c)	-	-	-	-	-	-	-	-	-	-
Total	9	3.16	18	8.00	16	7.08	3	13.64	46	6.07
" 111	21	7.37	19	8.44	13	5.75	4	18.18	57	7.52
" 1V(a)	10	3.51	17	7.56	8	3.54	-	-	35	4.62
" IV(b)	7	2.46	5	2.22	3	1.33	-	-	15	1.98
" 1V(c)	17	5.97	22	9.78	11	4.97	-	-	50	6.60

*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. 1V(a) Where complete cure or restoration of function (in case of eye defect, full correction) is considered possible. 1V(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.

This image shows a blank, aged, cream-colored page, likely an endpaper or flyleaf of a book. The paper has a slightly textured appearance with some faint smudges and discoloration, particularly along the right edge. There is no text or other markings on the page.

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	1	-	-	1
(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	-	2	-	2
4. Defective Speech:				
(a) Defects of articulation requiring special educ- ational measures	-	-	-	-
(b) Stammering requiring special educational measures	-	-	-	-
5. Mentally defective:				
(Children between 5 and 16 yrs.)				
(a) Educable	1	-	-	2
(b) Ineducable	1	-	11	12
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	-	-	1	1
(d) Other causes of ill health	-	-	-	-
8. Multiple defects	2	2	-	4

HANDICAPPED CHILDREN

Table IV on page 12 gives particulars of handicapped pupils in the county. It can be seen from the table that there are 12 ineducable mentally deficient children in the county, and six educable mentally handicapped pupils (four of these are entered in the table under the heading multiple defects).

In last year's report mention was made of the difficulty of providing educable handicapped children with the necessary special tuition in an area which is situated far from special schools. In four instances the handicapped pupils are deriving what benefit they can by attending the ordinary school and getting special attention from the teacher, but this can usually only be accepted as a temporary measure. Four children are 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.

Two other boys are being given special classes by teachers in the evenings, and the result of these teachers' good efforts will be watched with interest.

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)			
6)	493	-	493
7	249	-	249
8	248	-	248
9	253	-	253
10	260	-	260
11)			
12)	251	-	251
13	245	-	245
14	247	-	247
15)			
Over)	126	-	126
	<u>2372</u>	<u>-</u>	<u>2372</u>

- (2) Found to require treatment..... 2193
 (a) Accepted treatment ... 2174
- (3) Actually treated by Dental Officer 1891
- (4) Number of attendances made by children for treatment
- (5) Fillings:-
 (a) Permanent teeth..... 1191
 (b) Temporary teeth..... 1296
- (6) Extractions:-
 (a) Permanent teeth..... 108
 (b) Temporary teeth..... 1561
- (7) Number of administrations of a general anaesthetic 5
- (8) Other operations:-
 (a) Permanent teeth.....
 (b) Temporary teeth..... 725 (Dontosil, Eugenol, etc.)
- (9) Number of half-days devoted to inspection - 100
 Number of half-days devoted to treatment - 314
- (10) Number being treated under private arrangement - 283

In addition to the treatments mentioned in the above table 526 children have received treatment in the School Dental Clinic. These are cases who have not been detected and recommended for treatment in the course of routine school visits.

In addition 3 handicapped children not attending schools have been examined and treated.

5 children have been supplied with artificial dentures by the School Dental Officer by arrangement with the Executive Council and 5 other children are awaiting the supply of dentures.

TABLE

OF THE

Table with multiple columns and rows of data, including numerical values and descriptive text. The text is extremely faint and largely illegible.

COMMENTS ON SCHOOL DENTAL SERVICEby Alfred Young

All schools with the exception of seven schools in Yell and Unst have been visited during the school year, and a higher percentage of children have received treatment. The schools in Yell and Unst have, however, been visited since the school year ended.

The number of children examined who have not yet completed treatment number 90.

Statistics for the year are given on Table V (Page 13).

In addition to the treatment mentioned in the Table V children have developed the habit of attending the dental clinic on Saturdays, without appointment, and 324 children have been treated (mostly extractions and fillings) in this way. Several of these children were from the country and for reasons of transport it has often been necessary to keep the dental clinic open on Saturday afternoons. This service seems to be greatly appreciated by cases needing immediate treatment.

Many of the country schools have no room suitable for dental work; often the only available place is the passage or small cloakroom within the hearing of other children. In all schools visited the teachers were most helpful in enabling one to overcome any difficulties. A talk is given to the children on the importance of keeping a healthy mouth.

If regular inspections and attendances for treatment can be maintained I am confident that a more satisfactory dental state will be reported.

School dentistry is a preventive rather than a curative service and to be effective it is necessary to give treatment before the ravages of dental decay have advanced too far.

CONSTITUTION OF THE UNITED STATES

EX. ALICE JAMES

All persons who are citizens of the United States, and who have been admitted to citizenship, shall have the right to vote in all elections, and to hold any office, civil or political, to which they may be elected or appointed. The right to vote shall not be denied to any person on account of race, color, or sex.

The number of electors in each State shall be equal to the number of Senators and Representatives to which the State is entitled.

Electors shall be chosen in each State in such manner as the Legislature thereof may direct.

In addition to the electors chosen in each State, there shall be a number of electors equal to the number of Representatives to which the State is entitled, who shall be chosen in such manner as the Legislature thereof may direct. The electors shall meet in the city of Washington, D. C., on the first Monday after the second Monday in January, to vote for President and Vice President.

Any of the electors who may be chosen in any State, and who may be qualified to vote in that State, shall be eligible to be chosen as elector. The electors shall vote for President and Vice President, and their votes shall be counted in the city of Washington, D. C., on the first Monday after the second Monday in January.

If any elector shall be disqualified, or if any elector shall die, or if any elector shall be absent from the city of Washington, D. C., on the first Monday after the second Monday in January, the electors shall be chosen in such manner as the Legislature thereof may direct.

When the electors shall have met in the city of Washington, D. C., on the first Monday after the second Monday in January, they shall vote for President and Vice President, and their votes shall be counted in the city of Washington, D. C., on the first Monday after the second Monday in January.

