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CITY OF ABERDEEN.

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1963

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ABERDEEN:
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MCMLXIV.

CONTENTS.

CITY OF ABERDEEN.

SUMMARY OF STATISTICS.

The following is a summary of the principal statistics for the years 1957-63:—

	1957	1958	1959	1960	1961	1962	1963
Population (estimated) . . .	186,190	186,350	186,796	187,308	185,222	185,678	185,953
Marriage rate (a)	10.6	9.9	9.5	9.0	9.5	9.3	9.1
Birth rate (a)	18.1	17.4	17.9	17.5	17.6	17.5	17.9
Illegitimate birth rate (b) . .	5.1	4.5	5.3	5.1	5.2	5.1	5.6
Still-birth rate (c)	15	16	18	21	15	18	15
Infant Mortality rate (d) . .	24	18	23	19	22	17	19
Neo-natal mortality rate (d) . .	17	14	14	14	15	12	11
Death rate (a)	11.4	11.3	12.3	11.7	12.1	11.6	12.1
Malignant diseases death rate (a) .	2.25	2.31	2.32	2.15	2.38	2.22	2.35
All tuberculosis death rate (a) . .	0.06	0.08	0.07	0.05	0.06	0.03	0.05
Respiratory tuberculosis death rate (a)	0.05	0.07	0.06	0.05	0.05	0.02	0.04
Principal epidemic disease death rate (a)	0.11	0.01	0.07	0.02	0.05	0.02	0.03
Average age at death (in years) .	66.2	67.3	66.7	67.1	67.5	67.5	67.3

(a) = per thousand population; (b) = per hundred births;
(c) = per thousand total births; (d) = per thousand live births.

PREFACE.

"A certain lopsidedness of development that had already begun to hinder progress in 1960 *became even more apparent in* 1961. *While more and more staff were occupied in providing desirable services for the support of persons handicapped by age, disease or disability, there were—for the third successive year—not only virtually no extensions in the staff available for promotion of health, health education of the people and prevention of disease, but also, as supportive and social welfare services for the increasingly numerous groups of the young and the old consumed more time, actual and appreciable decreases in the professional staff available for health maintenance and disease prevention; and difficulties were increased by persisting shortage of accommodation for doctors, health education lecturers, health visitors, midwives and other staff. It is not suggested that Aberdeen is suddenly going to revert to the infant death rate, infectious disease incidence or home accident frequency of a dozen years ago; but, as* 1961 *wore to a close, it became obvious that . . . . . Aberdeen would have to pay in* 1962 *and* 1963*—both in poorer health statistics and in considerably increased cost of supportive services—for its qualitative and quantitative shortages of preventive staff."*—Annual Report for 1961.

1963 was a watershed. On the one hand it showed very fully the anticipated payments (in health and in money) for qualitative and quantitative staff shortages—for example by a rise in the infant death rate and a rise in the incidence of notifiable infectious diseases, and by a very sharp increase in the cost of supportive services (e.g. the net cost of the home help service rose from £61,000 in 1961 to £76,000 in 1963, an increase of almost 25 per cent in two years, and in the same period the net cost of Old People's Homes rose from one fourteenth to one tenth of the Department's total budget). On the other hand 1963 saw the Corporation getting down to serious consideration of measures to revive the preventive services, and simultaneously a singularly gallant effort by preventive workers (in particular health education staff, health visitors and medical officers, but not confined to these three groups) to keep the services functioning until extra staff and additional premises became available.

Much of this preface will be devoted to staffing matters since these loomed so large during the year, but it may be useful to mention some general points first.

SOME GENERAL POINTS.

From the summary of statistics, from the diagrams that follow the summary and from various diagrams and tables in the report, it will be clear that Aberdeen on the whole contrived to retain (for the eleventh year) its claim to be the healthiest of the Scottish cities and also that, as in 1962, Aberdeen's health in general ceased to improve, most of the vital statistics being either about the same as in the last two years or a shade poorer.

Seven points are here selected as indications of a year of strenuous improvisation and reallocation of priorities in a sustained attempt to minimise the harmful effects of continued staff inadequacies and as indications of sharply rising demands on the supportive services.

STARTLING RISE IN CLINIC ATTENDERS.

With increasing populations of the young and the old to be served by essentially the same number of health visitors, it became essential to induce as many parents as possible to conserve health visiting time by bringing pre-school children to clinics (although doctors and health visitors at clinics are in the same difficulty as general practitioners in surgeries—unless they actually visit the home they have to rely on a second-hand impression of domestic circumstances, pressures and relationships). **In 1963 the number of children attending child welfare clinics rose by 24 per cent,** an increase the more remarkable in that in the previous year the number had risen by more than 12 per cent—so that, for every ten children attending in 1961 (when attendances were already thought to be reasonably good) there were fourteen in 1963.

FURTHER RISE IN IMMUNISATIONS.

In view of the importance of maintaining a good community level of **immunity to diphtheria, whooping cough, poliomyelitis and smallpox** it is gratifying to be able to state that these levels remained high. The percentages of pre-school children protected against diphtheria at the close of various years may be worth quoting:

1952	...	51 per cent.	1958	...	66 per cent.
1953	...	56 per cent.	1959	...	69 per cent.
1954	...	59 per cent.	1960	...	70 per cent.
1955	...	62 per cent.	1961	...	72 per cent.
1956	...	64 per cent.	1962	...	73 per cent.
1957	...	64 per cent.	1963	...	73.6 per cent.

MOTHERCRAFT CLASSES AND RELAXATION EXERCISES.

Starting about seven years age courses on mothercraft and courses of relaxation exercises have gradually been instituted at successive ante-natal clinics. In 1963 there were for the first time **full programmes of mothercraft classes and relaxation exercises at all the ante-natal clinics.**

SPECTACULAR RISE IN HEALTH EDUCATION.

When Aberdeen's **large-scale efforts in group health education** started the announced aim of a thousand meetings a year seemed very ambitious, but by 1961 the "Thousand salvo blitz on disease" (as one of the newspapers called it) had become 1,249 meetings and in 1962 it became 1,466 meetings. In 1963 a special effort was made to extend these meetings. The total rose to 1,665, an increase the more spectacular in that it was achieved despite persisting staff shortages in the health education and health visiting sections, and was reached simultaneously with the organisation of health exhibitions and inter-clinic competitions.

MORE ON HANDICAPPED REGISTER AND MORE ATTENDING WORKSHOP.

The number of individuals on the **register of handicapped persons** rose above 500 for the first time—an indication not of there being more cripples in the community but of fuller use being made of the register—and the number attending the Occupational Therapy Workshop rose to 54. Unfortunately there were also 4

individuals who had to discontinue attendance because of travelling difficulties and 24 who stated they would have attended if transport facilities had been available.

GREATER SPACING OF H.V. VISITS TO ELDERLY.

Back in the specious days of 1959 Aberdeen health visitors averaged 6 visits annually to old people on their lists. As the number of elderly persons requiring visits grew, without any comparable increase in available staff, the health visitors gradually reduced their average frequency of visits e.g. 4.4 per old person in 1962. In 1963 **the frequency of visiting was further reduced**— to an average of 3.8 per old person—but (since there comes a point below which visiting is useless) **760 registered old people who were deemed to need visits had to be left unvisited.** In other words, out of every six old people adjudged to require visiting, five could receive an absolute minimum of visits and the sixth could not be visited even once. It is not wholly coincidental that the urgent waiting list for admission to old people's homes rose from 69 at the end of 1962 to 117 at the close of 1963.

STRAIN ON MEAT INSPECTORS.

In 1963 Aberdeen remained the only Scottish city without a full-time veterinary surgeon. For the third successive year **the number of sheep and cattle slaughtered rose considerably;** and the meat inspectors could cope with the increased load only by undertaking a large amount of overtime work.

STAFF SHORTAGES AND STAFF TURNOVER.

STAFFING: (1) UNADJUSTED ESTABLISH-MENTS.

(2) VACANCIES HARD TO FILL.

(3) EXCESSIVE STAFF MOBILITY.

The fundamental staffing difficulties in recent years have been threefold in nature. (a) In some sections **the establishment has not been revised to take account of additional duties or increased population.** For instance, despite multiple additional duties and despite increases in the numbers of pre-school children, school children and old people, the health visiting establishment was not altered from 1954 until after the close of 1963. (b) In several sections **vacancies have been very difficult to fill.** For example at the end of 1963 the numerically small health education section had not been fully staffed at any period in the previous 24 months (and indeed, at the time of writing this preface that tiny but important section has now never been fully staffed in the last 33 months). (c) In several sections **the staff turnover is excessive,** good members of staff tending, as soon as they have gained a little experience, to move to areas that offer better promotion prospects or better salaries or better conditions.

The following table gives a few examples of this excessive mobility.

	Number in post on 1st January, 1962	Number who left in 1962	Number who left in 1963	Percentage leaving in 1962 and 1963
Medical Officers	15	1	2	20
Dental Officers	5	2	1	60
Health Education Officers . .	4	1	1	50
Health Visitors and Male H.Vs.	74	10	15	34
Sanitary Inspectors . . .	15	3	6	60

The actual vacancies on the establishment at any point of time were serious enough: for instance, in the early months of 1963 and in the five groups mentioned above—1 medical officer, 1½ dental officers, 2 health education lecturers (1 of them in combined post of lecturer and health visitor tutor), 11 health visitors and 3 sanitary inspectors. What made the shortages devastating, however, was the constant departure of competent individuals as soon as they had gained a little experience—so that, for example, a Section deemed by the Corporation to need the full-time services of five officers tended to be permanently in the position of having about three experienced officers, one new-comer in process of finding his or her feet, and one vacancy.

One expects, of course, to lose in an average year something like 6-8 per cent of professional staff by normal processes; but when the wastage is materially greater than that in a series of consecutive years—as in all five groups mentioned above—it clearly indicates a need for urgent examination of promotion prospects, conditions of service and salaries to such extent as the latter are not regulated by generally applied national scales.

DETAILED REPORT ON STAFFING.

In October, 1963, there was submitted to the Health and Welfare Committee a detailed report dealing with establishments, senior promotion posts, intermediate promotion posts and, where appropriate, dilution grades for various segments of staff. Although no decisive action was taken until after the close of the year, it seems appropriate to mention here that (a) the Corporation subsequently approved certain increases in establishment (e.g. of health visitors), created one dilution grade (health assistants), established certain promotion grades (e.g. Group Adviser Health Visitors) and raised some salaries (e.g. of Senior Assistant Medical Officers), and (b) at the time of preparation of this preface other portions of the report are under active consideration.

SANITARY INSPECTORS.

During 1963 (as during 1962 and 1961) the Corporation continued to consider whether it should retain a fully integrated Health and Welfare Department under the administrative direction of the Medical Officer of Health or set up an independent Sanitary Department (such as had existed in Aberdeen from 1886 until 1938). The final decision **to retain a unified Department** was taken —by a majority of 27 votes to 4—shortly after the end of 1963.

Since the basic grade of Sanitary Inspectors have national scales of salaries and since Aberdeen's Sanitary Section has a generous proportion of senior posts (actually higher than in any other section of the Health and Welfare Department) it may be that the heavy wastage of inspectors—indicated in the table above—was occasioned in large part by uncertainty about their future. If so, the wastage should presumably lessen now that the Corporation has taken its decision.

MALE HEALTH VISITORS.

The first male health visiting officers in Britain had qualified in Aberdeen in 1962, their post-graduate course of training having been organised without any increase in the staff of health visitor tutors. So 1963 was the first complete year of employment of these officers. It was also the year in which the Council for Health Visitor Training approved in principle of the recognition of this new grade.

A JUNIOR DEPUTE M.O.H

While the creation of a grade of male health visiting officers (in 1962) attracted much interest and support from other areas, and while a decision just after the end of 1963 to establish a grade of health assistants (enrolled nurses with some months of subsequent training) to relieve health visitors of some functions not requiring their full professional skills—a decision which, while taken, cannot become operative until the staff of the Health Visitor Training School is enlarged to permit of the conducting of yet another course—was also favourably received in other Health and Welfare Departments, the main staffing alteration of 1963, namely the appointment of a Junior Depute M.O.H. for duties principally in the field of Mental Health, was received rather coldly both by some senior members of staff and by some officers in other areas. To remove misunderstandings it is perhaps desirable to summarise the objections and then to answer them—(a) It was argued that to give the medical officer in executive charge of Mental Health a higher status than the medical officers in executive charge of geriatric services or child health services would create anomalies and ill-feelings: but in point of fact each has responsibility for his own portion of the work, and the fact that the man in charge of the rapidly developing segment of Mental Health has a higher designation and remuneration should not impede their execution of their duties. (b) It was suggested that the appointment of a second Depute M.O.H. would interfere with the accepted recommendation of the Jameson Report that the Superintendent Health Visitor should be directly responsible to the M.O.H., and with the parallel need for the Chief Sanitary Inspector and the Principal Health Visitor Tutor and Principal Health Education Lecturer to have direct access to the M.O.H.: but the appointment of a Junior Depute M.O.H. has not in practice altered the direct responsibility and direct access of these section heads. (c) It was maintained that to tie a post of Depute to one section would permanently block promotion in other sections, since in the event of a vacancy the Junior Depute would presumably be upgraded and another officer with experience in Mental Health appointed as Junior Depute: but this argument pre-supposes firstly that the Corporation is committed to a system of internal promotion (which certainly did not apply when I was myself appointed from outside) and secondly that in the changed circumstances created by an internal promotion the Corporation would be unwilling or unable to alter the conditions applicable to a vacant post. To my mind the Department is large enough and complex enough to warrant the existance of two Deputes, each in direct charge of a section and each also empowered to act when necessary as temporary head of the entire Department; and it is certainly useful that the head of a rapidly developing section should—for discussion with persons outside the Department—have as high a status as is practicable.

THE DELAYED REPORT.

In most years the bulk of the Annual Report is prepared in the months of March and April, and the Preface—inevitably written last—is compiled in April or May. After the close of 1963, however, staff shortages delayed some parts of the report for many months and in May and June the entire staff were more than fully occupied with a very large outbreak of typhoid fever. Only in August has it

become possible to spare attention for routine functions. Hence both the lateness of the report and the brevity of this preface.

ACKNOWLEDGMENTS.

At the end of a year both of great difficulty and of great hope I acknowledge with genuine gratitude the help and support generously given by—Councillor Hughes, a tower of strength in his first year as Convener of the Health and Welfare Committee; the members of that Committee; the Lord Provost, the City Treasurer, and the members of Committees with functions related to the work of the Health and Welfare Department; officers of the Scottish Home and Health Department; colleagues in other Corporation Departments, in other branches of the National Health Service and in the University; and—certainly not least—the hard-working, loyal, keen and enthusiastic staff of the Health and Welfare Department.

IAN A. G. MACQUEEN,
Medical Officer of Health.

HEALTH AND WELFARE DEPARTMENT,
WILLOWBANK HOUSE,
WILLOWBANK ROAD,
ABERDEEN, 16*th August*, 1964.

CITY OF ABERDEEN.

REPORT BY THE MEDICAL OFFICER OF HEALTH

For the year 1963.

1.—BACKGROUND DATA: DEMOGRAPHICAL, SOCIOLOGICAL, &c.

In interpreting the vital statistics of any locality regard must be had to the background data obtaining. Certain basic information is therefore given below.

GENERAL DATA.

The most northerly large city in the Commonwealth, Aberdeen is the third city in Scotland, containing about four per cent of the population of the country. A considerable seaport with an extensive fishing fleet, Aberdeen is the commercial, educational and industrial centre for a large agricultural hinterland. In summer the City is also a very popular seaside resort. The city has the features and problems of a regional "capital", a University town, a holiday resort and a seaport, with some geographical isolation from other centres of population.

Area of city (exclusive of inland water, tidal water and foreshore)—11,034 acres.

Population (estimated)—1962, 185,678, and 1963, 186,000.

Density of population—16.85 persons per acre. This is greater than that of Edinburgh or Dundee, but less than that of Glasgow.

Number of houses—1962, 58,624; 1963, 59,243.

Average number of persons per house (estimated, mid 1963)—3.8.

Facilities available—At the 1951 census Aberdeen was more unfavourably placed than any other Scottish city in respect of families lacking exclusive use of water closets, kitchen sinks, &c. (Figures for the 1961 census should be available shortly.)

Socio-economic classification of adult males—At the 1951 census Aberdeen and Glasgow were found to have higher proportions in Social Class V (i.e. unskilled workers) than other cities or Scotland as a whole. Aberdeen had a higher proportion in Classes IV and V combined than had Glasgow.

Unemployment—The high unemployment figure of 1962 fell by 478 in 1963. At 9th December, 1963, the number of unemployed persons in the area covered by the Aberdeen Employment Exchange were:—

Men, 2,100; boys, 43; women, 786; girls, 35; total, 2,964.

The decrease was in men while the number of boys, women and girls increased.

METEOROLOGICAL DATA.

Temperature—During the last year the lowest temperature recorded was 15°F—the lowest temperature since 1958 when 11°F was recorded. The temperature of 15°F was recorded in the week ended 26th January.

The highest temperature registered was 70° (during the weeks ending 3rd August and 21st September.) (In 1962 the highest registered was 75°F and in 1961 73°F.)

The diagram facing this page gives the maximum and minimum temperatures for each week of the year.

Rainfall—The total rainfall during the year (at Craibstone just outside the city) was 34.53 inches. (Total in 1962, 34.26 inches, and in 1961, 30.70 inches.) The distribution of rainfall in different months is shown diagrammatically.

Sunshine—The average daily hours of sunshine are shown in the diagram.

Wind—The average wind velocity during each month is shown in the following tables:—

	Number of Gusts at Various Speeds (in Knots)				
Month	Over 34	22 - 33	11 - 21	1 - 10	Calm
January	0	0	37	62	25
February	0	1	27	64	10
March	0	3	37	66	18
April	0	2	37	69	12
May	0	6	37	65	16
June	0	0	23	82	15
July	0	1	13	96	14
August	0	0	29	72	23
September	0	3	41	67	9
October	1	3	37	67	16
November	0	3	19	75	23
December	0	7	31	71	15

The directions of the various gusts each month were:—

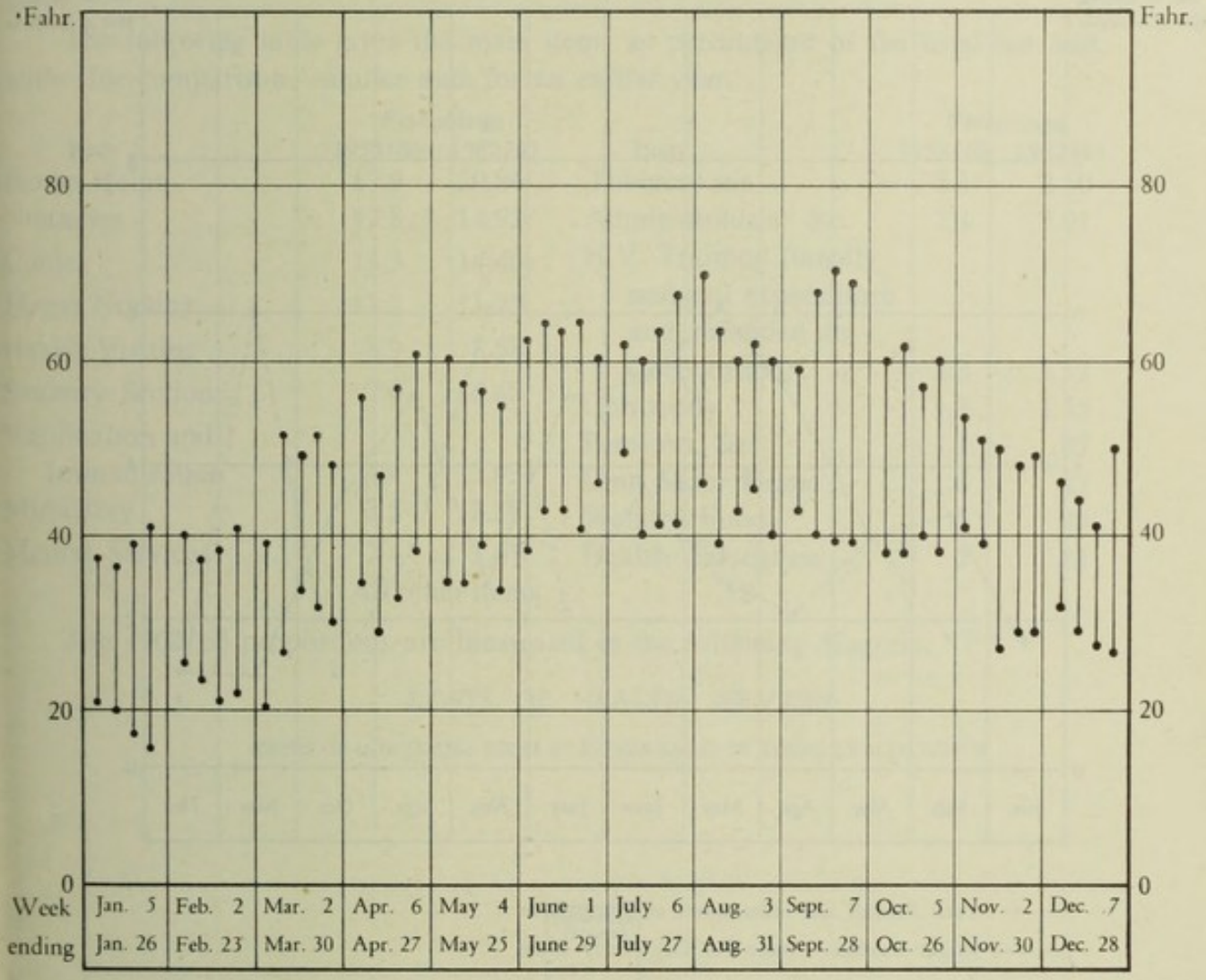
	Number of Gusts from							
Month	North	N.E.	East	S.E.	South	S.W.	West	N.W.
January	23	3	21	7	5	4	9	27
February	9	2	10	19	21	2	1	28
March	6	0	10	22	46	12	5	5
April	9	9	8	22	23	16	13	8
May	11	1	7	8	38	9	16	18
June	16	6	20	12	25	4	7	15
July	12	5	9	19	29	9	10	17
August	10	4	10	10	15	2	10	40
September	2	5	3	3	31	16	26	25
October	2	0	0	11	37	30	16	12
November	11	3	11	19	14	5	16	18
December	12	3	8	8	24	16	8	30

CITY OF ABERDEEN.

TEMPERATURE OF ATMOSPHERE—WEEKLY MAXIMA AND MINIMA

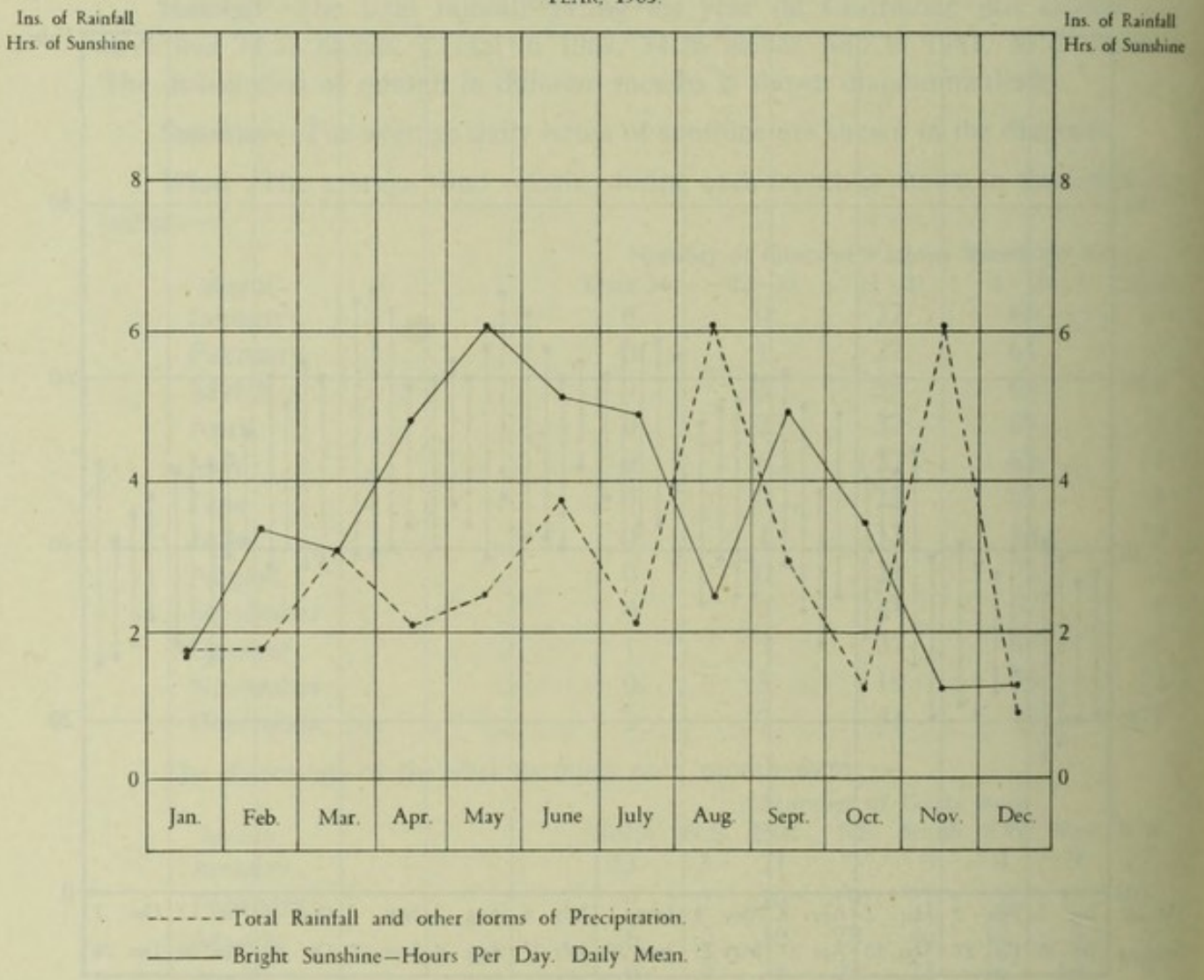
°FAHR.

YEAR, 1963.



BRIGHT SUNSHINE – HOURS PER DAY. DAILY MEAN.
TOTAL RAINFALL AND OTHER FORMS OF PRECIPITATION.

YEAR, 1963.



2.—COST OF THE SERVICES.

The net cost of the Health, Welfare, School Health and other related services in 1962-63 (i.e. the expenditure *after* deducting such items of income as payments for children in nurseries or payments made by persons receiving home help, but *before* deducting block grant from Government funds) was £519,778, equivalent to less than 2d. a day for each inhabitant of the city.

(a) Health Services alone.

The net cost of the Health Services was £363,886 (or under 10d. a week for each inhabitant). This cost is met partly from rates and partly from exchequer grant.

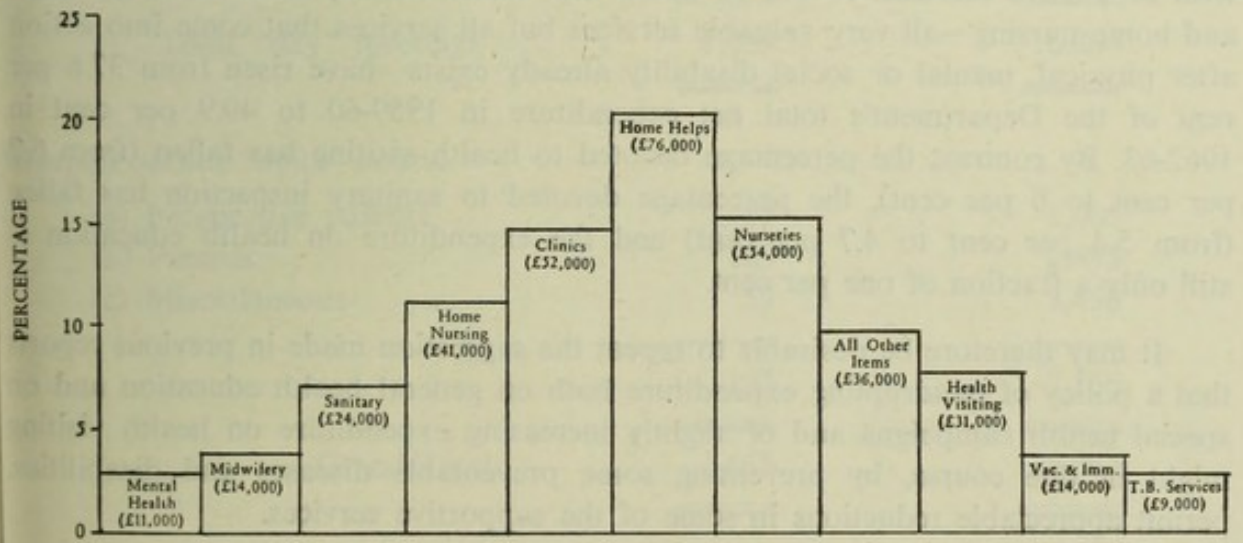
The following table gives the main items as percentages of the total net cost, with—for comparison—similar data for an earlier year.

Item	Percentage 1959/60	Percentage 1962/63	Item	Percentage 1959/60	Percentage 1962/63
Home Helps . .	17.9	20.86	Tuberculosis . .	3.3	2.50
Nurseries . . .	17.8	14.92	Administration, &c.	2.4	3.01
Clinics . . .	13.3	14.40	H.V. Training (largely national expenditure and refunded to Corporation) .	2.3	2.53
Home Nursing . .	11.2	11.27	Chiropody . .	1.3	1.55
Health Visiting . .	8.9	8.58	Pensions, &c. . .	1.2	.87
Sanitary Section .	7.6	6.65	Linn Moor Home .	.8	.21
Vaccination and Immunisation .	4.4	3.93	Welfare Foods .	.5	.44
Midwifery . .	3.5	3.88	Health Education .	.3	.81
Mental Services .	2.4	3.07			
	All other items . .	.52			

The 1962/63 proportions are illustrated in the following diagram.

COSTS OF HEALTH SERVICES

(COSTS OF INDIVIDUAL ITEMS AS PERCENTAGES OF TOTAL HEALTH COSTS)



(b) Entire Services of Health and Welfare Department.

The following table gives some items as percentages of total expenditure for the year 1962/63 and for comparison purposes the figures for 1959/60.

	1959/60		1962/63	
(1) *Health*		70.3%		70.00%
Home Helps	12.6%		14.60%	
Nurseries	12.5%		10.44%	
Clinics	9.3%		10.08%	
Home Nursing	7.9%		7.89%	
Health Visiting	6.2%		6.00%	
Sanitary Services	5.4%		4.65%	
Vaccination and Immunisation	3.1%		2.75%	
Midwifery	2.4%		2.72%	
Mental Health	1.7%		2.15%	
Tuberculosis	2.3%		1.75%	
(2) *School Health*		9.1%		9.35%
(3) *Welfare*		17.3%		18.42%
Old People's Homes	8.8%		10.00%	
General Welfare	2.3%		3.69%	
Blind	3.9%		3.04%	
Physically Handicapped	1.0%		1.11%	
Old People's Welfare Council	.7%		.58%	
(4) *Miscellaneous* (e.g. Meat Inspection, Lodging House)		3.3%		2.24%

(c) Appropriateness of the balance.

As was suggested in the reports for 1961 and 1962 the services for promotion of health and prevention of disease have in recent years fared badly by comparison with supportive services. It will be noted that social welfare services, home helps and home nursing—all very valuable services but all services that come into action after physical, mental or social disability already exists—have risen from 37.8 per cent of the Department's total net expenditure in 1959-60 to 40.9 per cent in 1962-63. By contrast the percentage devoted to health visiting has fallen (from 6.2 per cent to 6 per cent), the percentage devoted to sanitary inspection has fallen (from 5.4 per cent to 4.7 per cent) and the expenditure on health education is still only a fraction of one per cent.

It may therefore be desirable to repeat the suggestion made in previous reports that a policy of quadrupling expenditure both on general health education and on special health campaigns and of slightly increasing expenditure on health visiting might in due course, by preventing some preventable diseases and disabilities, permit appreciable reductions in some of the supportive services.

3.—HEALTH EDUCATION.

Features of the Year.

1963 can be considered as a plateau in the advancement of health education in that few new developments appear on the surface, yet the preliminary steps for further advance have been taken and refinements and improvements have been made within the existing service for group teaching of prospective parents and parents.

I. Ante-Natal Teaching.

A full programme of relaxation exercises and health teaching is now carried out at 6 peripheral clinics, with five weekly sessions at Castle Terrace. All these Courses are completed by an evening discussion session and a showing of the film "To Janet a Son", to which husbands and wives are invited. Each mother continues to have the opportunity of visiting the hospital where her delivery will take place.

All ante-natal teaching (Castle Terrace excepted) is carried out by the health visiting staff of each clinic and this has many advantages. Closer co-ordination of home and individual teaching is possible, expectant mothers know their health visitor sooner and the health visitors themselves have the stimulation of group teaching and are able to consolidate the teaching skills acquired during their training.

The figures for ante-natal and other health education activities follow:—

HEALTH EDUCATION SESSIONS AND ATTENDANCES—1963.

Meetings during "office" hours.	Meetings	Total Attendances
(a) Prospective parents	1,017	9,183
(b) Parents	209	2,526
(c) School Children	58	1,853
(d) Miscellaneous	184	5,244
Total "day" meetings	1,468	18,806
Meetings outside "office" hours.		
(a) Prospective parents	35	1,005
(b) Parents	103	2,693
(c) Miscellaneous	59	3,458
	197	7,156
Grand Totals	1,665	25,962

II. Parents Groups.

The evening Parents' Clubs already in existence at Northfield, Holburn and Mastrick have continued and weekly attendances remain high. Early in the year we were, however, faced with the gratifying but nevertheless perplexing situation of how best to expand existing Clubs to involve new generations of young mothers without destroying the relationship with mothers of older children who had attended since Health Guidance was first initiated; of how to meet the needs of one group with comparatively little experience of child management and the needs of another group which had received systematic teaching over many years. The problem was "fashionably" resolved by the granting of independence to the older Club, and Holburn, which was the first evening Club, became the first to set out on its own. This group now successfully manages its own affairs through a Committee, and general guidance and help is given over programme planning, for example, from the Clinic Superintendent and one of the Health Education Lecturers. A new group meets on another night and has more intensive support and participation from the health visiting staff. Mothers from Charlotte Street Clinic who had attended weekly afternoon sessions elected to meet fortnightly in the evenings too and the same pattern of near autonomy with staff help is followed.

The overall pattern of development for group teaching of parents it would seem will be—graduation from ante-natal teaching sessions to a specially devised programme within clinic hours with concentration on the health and management of young children, followed by attendances at evening Clubs where time is less limited for discussion and where a wider range of activities can be carried out in relation to health.

III. Equipment for Clinics for Health Teaching.

During this year a review was carried out of all teaching equipment in clinics and storage facilities available for materials was scrutinised. Though Castle Terrace will continue to be the main storage point for materials, it is important that each clinic should be adequately stocked with display boards, film strips, &c. It is hoped to have a small projector in each clinic within the next few years. This should diminish the wear and tear on projectors through transport, but more important it will encourage greater use of supporting visual material in teaching through its sheer availability.

IV. Inter-clinic Competitions.

Preliminary meetings were held in 1963 to discuss an inter-clinic competition probably in the shape of a Quiz and covering the fields of homecraft, child care, &c. Each evening Club will follow a similar programme during the spring session and compete for a trophy which will be retained in the winning clinic.

V. Exhibitions and Displays.

Stress has always been laid on the importance of individual and group teaching in the Aberdeen scheme for Health Education but displays and exhibitions

also have their place. Two major opportunities presented themselves for devising exhibition material during 1963. At the Party for Young Voters given by the Lord Provost in the Beach Ballroom in April a stand depicting the work of the Health Department aroused much interest. Topped by the legend "Their Health in Our Hands" the three panelled backing showed two silhoutted hands in a supporting position underlying cut out figures of a baby, young couple, school children and aged. Side panels outlined the services available for similar age groups in a series of mounted photographs and roundels in cartoon form depicting some of the achievements in health over the years, e.g. reduction of infant deaths, fall in infectious diseases, increased longevity.

This was a team work project involving many people's ideas and skills but particular tribute should be paid to the work of Miss Kynoch, Miss Sheridan, Clinic Superintendent, Northfield, and the late Miss Catherine Ritchie.

Towards the end of the year the health visitors staged an exhibition of various aspects of the health visitor's work as a background to a meeting with senior hospital nursing staff. (See Health Visiting chapter). The series of standing displays within plasterboard shells covered work with prospective parents, health education, guidance of pre-school children, and school health together with portrayals of health visiting work with elderly, with psychiatric and handicapped people and the training of health visitors. Every form of display material was used from silhouette and flannelgraph to cartoons and mounted photographic displays, from murals and portraits with mock case histories to transparencies on a continuous projector and taped commentary.

The primary objective of the exercise—to inform was certainly achieved, but the exhibition also demonstrated the very real teaching skill of the field work health visitor and her capacities to adapt and improvise as well as the reservoir of artistic talent that exists within the Health Department.

Staff Changes.

Miss I. Campbell, Assistant Health Education Lecturer—a most successful group teacher with ante-natal classes and in school work—resigned and Miss Agnes Coleman, S.R.N., S.C.M., H.V. Tutor's Cert., was appointed in August, 1963, in her place.

Death of Miss Catherine Ritchie.

In October, 1963, the Health Visitor Training School and the Health Education Section suffered an immeasurable loss with the tragic death of Miss Catherine Ritchie.

We remember her as a perfectionist who brought to her secretarial work more than simply techniques. Her lively and enquiring mind sent her seeking constantly for new ideas that could be incorporated in health education projects and her work with young groups kept us in touch with the feelings and interests of the younger generation. Versatile and artistic, she was able to turn her hand to

anything and the mothers who attended evening Clubs will long remember her "Keep Fit" classes and the fun and enthusiasm they shared with her.

Most of all her colleagues will remember her shining personal example—of indomitable courage in the face of advancing illness, of her utter selflessness, and of her real identification with the aspirations and purposes of the Training School and Health Education Sections. "We shall not see her like again."

4—CARE OF MOTHERS AND YOUNG CHILDREN.

Features of the Year.

(1) Despite the successful continuation of the combined care scheme in which ante-natal care is divided between clinics and general practitioners, the ante-natal clinic attendances remained high.

(2) Re-deployment of staff, the introduction of new record forms and improvements in appointment systems and waiting arrangements, were carried out to maintain the efficiency of clinic services in the face of heavy demands.

(3) Despite shortages of staff, a full programme of mothercraft classes and relaxation exercises was maintained.

(4) Increased and renewed emphasis by the staff on the importance of the post-natal examination, combined with improved arrangements for appointments resulted in a considerable improvement in attendances. The numbers attending the Gynaecological Advisory Clinic have not, however, improved.

(5) Medical and health visiting staff were trained to perform screening tests for deafness in babies.

(6) Special appointment sessions continued at child welfare clinics to enable medical officers and health visitors to concentrate and combine their respective skills on individual cases and problems.

(7) The number of children attending child welfare clinics increased by 24 per cent.

(8) Sales of National Dried Milk continued to fall, but there was evidence of improvement in the sales of vitamin supplements.

(9) Shortages of dental staff are reflected in reduced numbers of expectant and nursing mothers and young children who received dental care.

(10) The waiting list for Day Nursery places continued to rise. There was no increase in the number of places available.

(a) EXPECTANT AND NURSING MOTHERS.

Ante-Natal Care.

(1) *General.*

Approximately four-fifths of the expectant mothers in 1963 made at least one contact with the Corporation's Ante-Natal Clinics.

The one central and five peripheral clinics provided comprehensive medical and supportive services as in previous years. No new clinics were opened during

the year, but the approval by the Corporation of plans for a clinic to be built at Kincorth was a decisive move towards providing a better ante-natal clinic service for the residents of that district. The nearest clinics at Torry and Holburn are a considerable distance away and are awkward to reach.

The clinics catered for three types of patient:—

(a) Patients requiring complete ante-natal care.
(b) Participants in the combined care scheme.
(c) Obstetric consultations.

Compared with 1962 there was a slight fall in the total number of clinic attendances, this being mainly due to the Combined Care Scheme which has effected a considerable reduction in the numbers of return visits.

The principal changes in clinic arrangements were as follows:—

(i) Special Sessions—Bi-weekly morning sessions at Castle Terrace—used primarily for research purposes—were allowed to run down from April and these ceased in June. The small numbers of patients concerned were given care at other clinics.

(ii) New ante-natal record forms were introduced in July following extensive consultations with the medical and ancillary staff concerned. The redesigned form, while still retaining the previously well-tried format, now incorporates a number of progressive ideas. Much obsolescent specialised research data has been discarded and full clinical details should now be available at all stages of pregnancy, labour and the immediate post-partum period.

(iii) At the main centre where initial assessments of patients are carried out (Castle Terrace), certain improvements to the appointment and waiting arrangements were made. At Northfield, the retiming of one of the two weekly sessions from morning to afternoon and the introduction of an additional hospital doctor have enabled more patients attending for the first time to be seen. These changes have also helped to reduce waiting times at both centres.

(iv) On account of a lack of a qualified dietician, the dietetic services were interrupted from the spring until mid-October when a new dietician was appointed. She consulted thereafter for four sessions per week.

(v) The Combined Care Scheme, introduced in 1962. continued and, on the whole, it could be considered to be working well. Responsibility for the clinical care of these patients was divided between local authority clinic medical staff and individual, or groups of general practitioners.

(2) *Staffing and Sessions.*

The staffing of the clinics was essentially unchanged and the combination of Local Authority and visiting Regional Hospital Board Staff ensured the best available care for patients using the clinic services.

(a) With the changes in clinic arrangements detailed above the equivalent of 30 doctor sessions were provided weekly.

(b) An innovation was the regular attendance at clinics on approximately three occasions per month of each of the Corporation's district midwives. Midwives attending clinics worked in close association with the health visitors of their respective districts.

(c) Almoners or their clerkesses interviewed all patients at their initial appointments.

(d) Health education sessions, many of which were combined with relaxation classes, continued. At certain centres the opportunity provided by waiting periods for tests or documentation was profitably occupied by health education and guidance to individuals and small groups of patients.

Associated Services.

(i) *Local Authority.*

(1) *Anti-Poliomyelitis Immunisation.*—This continued to be provided at all clinics. Oral Sabin type vaccine is now exclusively used.

(2) *Dental Treatment.*—The figures for this are shown later in this report, but dental staff shortages were again responsible for a reduction in the numbers examined and treated.

(3) *Health Education at Clinics by Health Visitors.*—Health education of individual expectant mothers and groups continued and was expanded when the availability of health visitors permitted. Counselling on subjects connected with pregnancy, confinement and the needs of young children is of course of special interest to expectant mothers. This is, therefore, one of the primary functions of the ante-natal clinics. Although literature on these subjects was freely available, the staff have the impression that personal advice is sought more eagerly than the printed word. 344 women made 2,458 attendances at mothercraft classes in ante-natal clinics.

Relaxation classes were provided at six centres and, on most occasions, group health education was combined with tuition in these important pre-natal exercises.

54 women registered 281 attendances for relaxation classes alone, but 881 expectant mothers attended on 4,832 occasions combined mothercraft and relaxation classes.

(4) *Home Visits by Health Visitors.*—District health visitors complemented the work of the ante-natal clinics by visiting all booked patients, advising on the physical, emotional and social aspects of pregnancy and confinement and endeavouring to ensure that the family and home environment is favourable for the care of a new baby.

(5) *Dietetic Advice.*—As stated above, this became generally available later in the year.

(ii) *North Eastern Regional Hospital Board.*

Those services mentioned in the 1962 report continued to be provided. The Records Department of the Maternity Hospital, the Blood Transfusion Service, the

Regional Laboratory and the Bacteriology Department, Foresterhill, made valuable contributions to the care of every patient. In addition, certain patients received the services of the Radiological Department of the Royal Infirmary, the Mass Radiography Unit and the advice and care of numerous medical consultants embracing a wide range of specialities.

Ante-natal beds continue to be used, up to the maximum available, for those patients requiring specialised investigation or treatment which could not be provided outwith hospital.

ATTENDANCES AT ANTE-NATAL CLINICS.

Year	Number of New Clients	Total Attendances	Average Number of Attendances per Client
1963	3,529	24,303	6.9
1962	3,614	25,797	7.1
1961	3,596	25,308	7.0

Despite the advent of the Combined Care Scheme there is little, if any, difference in the numbers of women cared for at the Clinics or indeed of number of visits per patient.

Post-natal Care.

The locations of centres offering post-natal examinations and advice were unchanged.

As in previous years, certain patients, in whom obstetricians or research staff had a special interest, attended the Maternity Hospital for post-natal examination. 177 patients were examined at the hospital in 1963.

For the first time in three years attendances at the Corporation's post-natal clinics have shown an encouraging increase in contrast to the previous decline. The reversal of this trend is considered to be due to the unrelenting efforts by doctors and health visitors to convince women of the importance of the post-natal examination and of the folly of declining it. The factors concerned are believed to be as follows:—

(a) As recommended in last year's Report, doctors and health visitors at the ante-natal clinics impressed on expectant mothers the importance of this simple examination.

(b) The post-natal appointment card, instead of being handed to the patient on her discharge from hospital, was given to her by the district health visitor in the course of a subsequent routine home visit. This afforded a further opportunity to stress the importance of attendance.

(c) Caesarian section cases, who were all seen formerly at the Maternity Hospital, received their post-natal examination at a Corporation Clinic.

The post-natal clinics were capable of providing for greater numbers than had been attending in the previous few years, and so maximal clinical care was extended to all despite the increase in attenders of 29 per cent. There is, however, still room for improvement.

Routine cytological examination of all women aged 28 years and over was carried out at the post-natal clinics.

ATTENDANCES AT POST-NATAL CLINICS.

Year	No. of Clients	No. of Attendances
1963	2,103	2,803
1962	1,634	2,194
1961	1,938	2,556
1960	2,138	2,554

Arrangements for the Care of Unmarried Mothers.

Aberdeen Mother and Baby Home.

Unmarried mothers continued to receive care and accommodation at Aberdeen Mother and Baby Home by virtue of an arrangement between the Home and the Corporation. A weekly maintenance charge of two pounds, nineteen shillings and ninepence per patient was contributed by the Corporation during the year on behalf of seven women. The Corporation also contributed to the maintenance of two women in homes outwith the City.

Residence in the home is normally for a period of six weeks prior to confinement and up to four months afterwards. Delivery takes place in hospital and health education needs are met by a visiting lecturer. Ante-natal and post-natal care is given at the central clinic in the normal way.

The total number of illegitimate births was 188. In 1962 and 1961 the totals were 167 and 157 respectively.

Gynaecological Advisory Clinic

The clinic continued to function at 6, Castle Terrace on the same basis as before with a specialist health visitor in attendance from 9 a.m.-5.30 p.m., Monday to Friday. Three sessions for medical consultation by appointment were held weekly. After the departure of a member of the medical staff at the end of May, these were reduced to two. Arrangements were in hand at the end of the year to train another medical officer in the techniques in use at the clinic.

The attendances at the clinic are shown below:—

PATIENTS ATTENDING.

Year	New	Old	Total	No. of Attendances
1963	340	1,008	1,348	2,496
1962	345	1,017	1,362	2,482
1961	425	1,012	1,437	2,640
1960	479	1,048	1,527	2,847
1959	556	1,121	1,677	3,220

Although the total number of attendances at the clinic was virtually the same as the previous year, fewer patients came. This may be of little importance from the quality of contraceptive advice given, but it is disturbing that women, who may have physical, mental or social grounds for requiring the services of the clinic, are not being referred. It may be, however, that earlier marriage, a rising birth rate and the advent of other and more readily available methods of family planning are also factors in the decline.

(b) CARE OF YOUNG CHILDREN.

It is axiomatic that healthy, secure adult life is dependent on healthy childhood. For more than sixty years public health practice has been soundly based on the policy of preserving child life and health. This principle has remained neither static nor inflexible, for it has moved from almost complete pre-occupation with the consequences of poor environment—nutritional deficiences, uncleanliness, infectious diseases and the like. Although they are still important, our time is now less occupied with such matters than with the promotion of health, the instillation of the principles of healthy living and the prevention of emotional and social break-down. In short, public health workers, both medical officers and health visitors, practice "social paediatrics" by advising parents and prospective parents on a multitude of topics, ensuring that children acquire a healthy physique and that they develop sound attitudes to family and community life.

In the Child Welfare Clinic itself there is evidence of this changing pattern. Routine physical surveillance and immunisation continues, but examination techniques for special purposes are being increasingly used and medical officers and health visitors are co-operating more closely, bringing their own particular skills to bear on problems which may have social, as well as physical and emotional facets.

The practice of hospital paediatrics, which is still largely concerned with the diagnosis and treatment of acute child illness, is becoming increasingly influenced by family, home and school factors which are tending to strengthen the bonds of contact and co-operation between workers in the local authority and hospital spheres. The early detection of child handicap is being fostered by schemes

involving selective, intensive supervision of children who possess certain factors in their histories which are known to be associated with handicap. Preliminary steps have already been taken here towards the setting up of such a scheme which will require a very high level of co-operation between workers in all branches of the health service.

Several important features of 1963 must first be mentioned.

(1) The consolidation of the policy of holding special appointment sessions at clinics which were started in 1962. These sessions allow clinic doctors to consult with the appropriate health visitor on individual cases and problems. Examinations are unhurried and the correct conditions exist for performing special screening techniques.

(2) All the clinical medical officers and senior health visitors were trained to perform screening tests for the early diagnosis of deafness in babies. Selected members of staff also attended courses held in London and Glasgow on child development study and on mental deficiency.

(3) To further staff training an increase liaison between the Departmental child health service and the Children's Hospital, five medical officers attended hospital clinics, including the psychiatric unit. A hospital registrar conducted the Craigiebuckler weekly clinic.

(4) Health visitor contacts with children increased still further during 1963 and more children attended the clinics than in 1962. These facts indicate that. despite staff shortages, there has been no diminution of the individual advisory contacts on which the success of the child welfare service depends.

(I) Child Health Centres.

Eight full-time centres were maintained at Castlegate, Charlotte Street, Hilton, Torry, View Terrace, Holburn, Northfield and Mastrick respectively. In July, the Castlegate centre was transferred to a new temporary clinic at the Beach Boulevard. The new premises are more spacious and provide improved conditions for both clients and staff.

In general these clinics are open daily, Monday to Friday, from 9 a.m. to 12.30 p.m. and from 2 p.m. to 5.30 p.m. Facilities for medical officers' special appointment sessions are available at Charlotte Street, Hilton, Torry, Holburn, Northfield and Mastrick.

At the weekly centres clinics are held as follows. At Summerfield Maternity Hospital on Monday and Thursday afternoons (this clinic was increased in September from once to twice weekly); at Smithfield School and Craigiebuckler Church Hall on Tuesday afternoons; at Kaimhill Community Centre on Wednesday mornings; at Seaton Community Centre on Wednesday afternoons; at Kincorth Church Hall on Thursday mornings and at Powis Community Centre on Thursday afternoons. At Hayton a clinic is held three times weekly.

Most of these premises cannot provide facilities comparable with a purpose-built clinic, but they provide a useful service, particularly in the new housing areas where demand is greatest.

At all sessions health visitors are available to discuss and advise on any matters connected with child care. When a departmental medical officer is in attendance, vaccination and immunisation procedures are carried out, children are medically examined and the doctor's advice is available to the parent on any facet of the child's development, both physical and emotional.

(II) Attendance at Child Health Centres.

The number of children who attended the centres during 1963 and the number of attendances made were as follows:—

Year of Birth	Number of first attendances	Estimated population	Percentage	Number of subsequent attendances	Total attendances
1963 . . .	2,438	3,273	74.5	14,490	16,928
1962 . . .	2,551	3,189	80.0	11,314	13,865
1958-61 . .	5,028	12,829	39.2	4,566	9,594
Total . .	10,017	19,291	51.9	30,370	40,387

As year of birth and not age is now used in recording numbers of clinic attenders, comparisons by age with previous years would be invalid.

In 1962 a total of 7,631 children (39.5% of potential) made 41,363 attendances at the clinics.

Although the total attendances show a fall of 976 over 1962, being due mainly to a reduction in the gross number of immunisation procedures performed, the total number of children who attended for the first time increased by 24 per cent compared with 1962.

(III) Facilities for Consultant Advice.

Children who are considered by clinic medical officers to require medical or surgical treatment or consultant advice are normally referred in the first instance to their general practitioners. Departmental Medical Officers have the facility of direct referral to the Ear, Nose and Throat, Skin and Orthopaedic Out-Patient Departments of the Sick Children's Hospital, but it is customary to contact the child's family doctor before seeking advice at these or at other hospital out-patient

departments. Prior consultation on this basis tends to foster good personal relationships between general practitioners and Departmental Staff and it ensures that a full history is available to the consultant concerned.

Referrals during 1963 were as follows:—

Number of Children referred to	Born 1963	Born 1962	Born 1958-61	Total
General Practitioners	341	155	213	709
*Specialist Treatment or Advice . .	13	34	206	253
Total . .	354	189	419	962

* Includes Speech Therapy, Nursery School, Ultra Violet Radiation, &c., in addition to hospital services.

(IV) Special Clinics.

(a) *Ultra Violet Radiation Clinics.*—Ultra violet radiation treatment is provided twice weekly during the winter months at Charlotte Street, Hilton and Torry Child Health Centres. Treatment is offered to debilitated children on recommendation from departmental medical officers, general practitioners and paediatricians. During 1963, 95 children made 745 attendances for radiation. (In 1962 the numbers were 66 and 689 respectively).

(b) *Deafness Diagnosis Clinic.*—Pre-School children are referred to this clinic for assessment of suspected deafness. A specialist otologist, a departmental medical officer, a health visitor who is trained in problems of hearing and an audiometrician are in attendance. During 1963, 44 pre-school children were referred, of whom six were fitted with "Medresco" hearing aids. (In 1962, 31 children attended, of whom two were supplied with aids.)

(c) *Ophthalmic Clinic.*—Pre-school children may be referred to a Regional Hospital Board ophthalmologist at a special clinic for school children. 35 pre-school children were referred during 1963. (In 1962, 41 children were referred.)

(V) Remedial Exercises.

Children suffering from postural defects continued to be referred by Departmental Medical Staff to a Remedial Exercises Clinic which is held by arrangement with the Dunfermline College of Physical Education at Woolmanhill.

(c) OTHER PROVISIONS FOR EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN.

(I) Supplies of Welfare Foods.

The main distribution centre for welfare foods was removed from the Castlegate Clinic to the new temporary premises at the Beach Boulevard when the former closed in July. These foods were also distributed at the other child health centres and, on a voluntary basis, by a number of shopkeepers in the City.

Certain other proprietary foods and vitamin supplements were issued at clinics on a limited scale and at reduced prices at the discretion of the clinic medical officers.

The further slight decrease in the sales of National Dried Milk, full cream and half cream, was probably due to the ready availability of proprietary brands at prices which are not greatly in excess of the cost of the "welfare" milk. Improvement in family purchasing powers may be another factor.

There was evidence of recovery in the sales of the vitamin supplements—orange juice, cod liver oil and Vitamin A and D tablets. The quantities of these issued have declined for some years past, but the increased number of voluntary distributors and the introduction of payment by cash, instead of the former cumbersome method of postage stamps, are probably responsible for the improvement.

Quantities of Welfare foods issued from 1959-1963 are shown below.

Year	National Dried Milk		Cod Liver Oil	Vitamins A and D (Expectant Mothers)	Orange Juice
	Full Cream	Half Cream			
1963	44,537	3,598	4,923	3,295	50,022
1962	44,935	4,108	4,334	2,241	35,617
1961	45,063	4,507	9,211	5,273	62,625
1960	56,105	5,363	12,440	7,056	94,116
1959	59,964	5,468	12,650	6,849	94,012

(II) Dental Care.

The amount of dental work performed by the equivalent of three and three-tenths dental officers is shown in the table on the next page. Comparisons with the previous two years are given. There was again no dental hygienist. Patients were mainly referred for treatment by dental officers carrying out inspections at ante-natal

clinics, nursery schools and day nurseries, but some were referred by medical officers at ante-natal and post-natal clinics.

The reduction in the number of mothers and young children treated reflects the difficulty in filling the establishment of six dental officers.

	Expectant Mothers			Nursing Mothers			Pre-school Children		
	1963	1962	1961	1963	1962	1961	1963	1962	1961
Number examined .	680	1,269	1,847	10	17	35	331	217	592
Requiring treatment	413	761	1,005	10	17	35	202	150	359
Accepted treatment .	54	64	167	9	17	35	64	52	358
Number treated .	45	45	135	8	17	35	49	42	221

(III) Nurseries.

(a) *Residential Nursery.*—The Corporation's residential nursery at Pitfodels House provides care and accommodation for children under the age of five years who are in the temporary or permanent care of the Children's Committee. Such children may be illegitimate and awaiting foster-home placement or adoption. In the latter case medical and developmental assessments are carried out in the nursery. A common reason for temporary care is the mother's confinement or illness when no relative is available to look after the children.

In addition, children who are debilitated and, in the opinion of a Corporation Medical Officer, would benefit from a stay in the nursery, are admitted for limited periods.

During 1963, the number of available places at Pitfodels remained at 76 with an average daily occupancy of 64 places. Of these, 45 were aged 0-2 years, and 19, 2-5 years.

(b) *Day Nurseries.*—Four day nurseries are provided to which children whose ages range from 6 weeks to 5 years are admitted. The mothers of these children are usually in full-time employment, but health and social factors may also constitute reasons for admission.

The day nurseries are open, Monday to Friday, from 7 a.m.-6 p.m.

There was a sharp rise in the waiting list for nursery vacancies during 1963 and at the end of the year the list stood at 116 compared with 84 at the end of 1962. Detailed statistics in respect of the day nurseries are shown below.

Day Nursery	Number of approved places		Number of children on register at end of year		Average Daily Attendance	
	0 - 2 yrs.	2 - 5 yrs.	0 - 2 yrs.	2 - 5 yrs.	0 - 2 yrs.	2 - 5 yrs.
Charlotte Street . .	30	30	25	31	18	22
Deeside . . .	20	25	17	24	14	21
Linksfield . . .	—	30	—	25	—	23
View Terrace . .	20	24	17	26	15	22

An increasing number of applications on behalf of handicapped children was noted. Considerable developmental and social improvement can often occur in the handicapped when they enjoy the company and the stimulus of normal healthy children. However, it is not possible to accept more than a very limited number of selected handicapped cases for admission to day nurseries.

(c) *Training of Nursery Nurses.*—The Corporation's day nurseries and the residential nursery are approved for the preparation of students for the examinations of the Scottish Nursery Nurses Examination Board.

The course is of two years duration following a probationary year. Practical experience is obtained in the nurseries and nursery schools of the Corporation. A course of systematic study is provided at the Pre-Nursing College and members of the professional staffs of the Health and Welfare Department contribute to the teaching.

In 1963, 25 girls obtained the certificate of the Board.

(IV) Care of Premature Infants.

Premature infants born at home are, if necessary, admitted to the special unit at the Royal Aberdeen Hospital for Sick Children. Close surveillance by the district health visitor follows after discharge from hospital. Equipment for use at home may be loaned to the mother.

(V) Prevention of Break-Up of Families.

This is discussed in a separate chapter.

5.—DOMICILIARY MIDWIFERY.

Features of the Year.

(1) There were 293 domiciliary confinements—a decrease of 44 on last year's figures.

(2) Medical aid was required in 101 cases, and 74 women for whom arrangements were made for home confinement were transferred to hospital for delivery.

(3) Domiciliary maternity nursing again increased and 107 women who were delivered in hospital were discharged home to the care of the Domiciliary Midwife between the 1st and 4th day after delivery.

(4) Trilene anæsthesia was again used on the majority of cases.

(5) Eight babies born at home weighed 5 lbs. 8 ozs. or less. Three were nursed entirely at home and lived, 5 were transferred to hospital of whom 3 survived.

(6) 10 of the Corporation's Midwives were recognised as teachers of pupil midwives.

(7) Each Domiciliary Midwife now works along with the Health Visitors at the Ante-Natal Clinic in her area for approximately three sessions per month.

Staff.

(a) Corporation—1 Supervisor, 10 Midwives (and 2 vacancies).

(b) Allocated from Regional Hospital Board—2 Midwives.

(c) Other practicing Midwives—1 private, 67 in hospital and 2 at Castle Terrace.

Midwifery Districts.

The districts remained at 11. Part II pupil midwives continued to attend confinements and carried out ante-natal and post-natal visits with all the Domiciliary Midwives.

Ante-Natal and Post-Natal Supervision by Midwives.

Midwives continue to provide ante-natal care in association with general practitioners for patients for whom arrangements have been made for a home confinement.

In addition each midwife attends the ante-natal clinic in her area and works there, in association with the district health visitor, for approximately three sessions per month.

74 patients were transferred from the care of general practitioners and midwives for hospital delivery.

Administration of Analgesics.

Trilene.

During the year 254 patients (86%) received trilene.

Gas & Air.

This form of analgesia was not requested for any patient.

Pethidine.

This was given in 103 cases compared with 114 cases in 1962 and 105 cases in 1961.

Drugs.

Vandid, an oral stimulant of respiration in the new-born, is now carried by each Domiciliary Midwife. This drug is particularly safe, effective and easy to administer.

"Sparklet" bulbs of oxygen are now carried by all Domiciliary Midwives for the resuscitation of babies at birth.

Births.

Particulars of the births which occurred in the City during 1963 are as follows:—

(i) Total number of births occurring in the area during the year i.e., before correction for mothers' residence—live births 4,579; still-births 92. Total 4,671

(ii) Total number of births occuring in institutions (including private maternity homes)—live births 4,286; still-births 92. Total 4,378

(iii) Total number of above births occurring at home—live births 293; still-births nil. Total 293

The 293 home confinements which occurred during 1963 are further subdivided below showing the professional attendance at the births.

	No Doctor Engaged	Doctor Engaged	Total
Municipal Midwives . . .	237	—	237
Hospital Midwives on district .	41	—	41
Private practising midwives . .	—	—	—
No midwife engaged . . .	—	15	15
Total for 1963	278	15	293
Total for 1962	326	11	337
Total for 1961	343	9	352
Total for 1960	312	8	320

Transport.

4 Domiciliary Midwives received an allowance for the use of their private cars.

1 Domiciliary Midwife received an allowance for the use of her 'bubble' car.

Taxis were used by the remaining midwives in cases of emergency and at night.

Refresher Course for Midwives.

2 Domiciliary Midwives attended a residential refresher course in Edinburgh, 23rd-30th March, 1963.

Training of Pupil Midwives.

All the midwives are approved teachers of Part II pupil midwives for district work. Pupils accompanied the midwives to all cases.

The Supervisor of Midwives and an Assistant Medical Officer are recognised as lecturers by the Central Midwives Board. They gave lectures to both Part I and Part II pupils at the Maternity Hospital.

6.—HEALTH VISITING.

Features of the Year.

(1) *Recurring pattern of winter and spring staff shortages.* What was written in the 1962 report could almost be repeated here. In July, 1963, there joined the staff 9 newly qualified health visitors and 2 newly qualified male health visiting officers, and 2 other health visitors (one of them from the U.S.A.) were recruited in the autumn; but 12 full-time health visitors and one part-time health visitor left during the year. Hence, as in the three previous years, the establishment approximated to full strength in July but had about a dozen vacancies by January.

(2) *Increased liaison with general practitioners.* During the year, in addition to two health visitors continuing to work full-time with general practitioners, three others attended ante-natal clinics organised by group practices.

(3) *Increased liaison with hospitals.* Liaison arrangements with the mental hospitals and the Children's Hospital continued; a health visitor was allocated part-time to the Diabetic Clinic (for follow up of patients in their homes) just before the beginning of the year; and for the geriatric hospital the existing liaison health visitor was, from July, supplemented by a male health visiting officer.

(4) *More people to be helped by fewer staff.* As the numbers of pre-school children and old people rose, extra duties (including those indicated above) left fewer health visitors available for district work (including school work). As indicated later, the total number of health visitors employed at the end of 1963 was the same as at the close of 1961, 73 in each case, but the number on district work (including school work) was only 50 in 1963, against 57 in 1961. Increase of establishment is therefore essential, and a report was under consideration at the end of the year. The report recommended (a) creating the long-awaited promotion grade of Group Adviser (required for various duties and also needed to reduce the tendency for some of the best health visitors to be among those who leave each year), (b) increasing the establishment of health visitors, and (c) creating a new grade of health assistant (State Enrolled Nurses with a special public health training).

(5) *More home visits.* There was an increase in the total number of home visits paid by health visitors—from 136,751 in 1961 and 133,987 in 1962 to 141,585 in 1963. This included an increase in evening visits from 477 in 1962 to 1,029 in 1963.

(6) *More staff sickness.* As against 206 working days lost through illness in 1962, 541 working days were so lost in 1963.

Health Visitors' Home Visits.

For anticipatory guidance to promote mental health and reduce the causes of maladjustment and delinquency in children, to maintain the physical and emotional health of old people, to make the expectant mother aware in advance of the social and developmental needs of children, and to offer counsel on budgeting and home economics, the health visitors' home visits are of crucial importance. A word about the increase in these visits may, therefore, be useful.

The three main explanations of increased visiting despite absence of increase of staff are:—

(a) More health visitors had cars and received mileage allowances. In this connection it may be mentioned that a comparative study—published in the staff bulletin, *Health and Welfare*, in January, 1964—showed that—

> "In terms of actual work a health visitor with a car is the equivalent of one and one seventh without cars."

Also, of course, the quality of work may improve when the health visitor is less physically tired.

(b) Resignations this year largely coincided with the appointment of newly qualified health visitors, so that no district was left without a health visitor for any length of time.

(c) Reorganisation—a constantly recurring feature—enabled slightly more sessions (18,078 against 17,641) to be available for home visiting, and in addition the health visitors' personal enthusiasm increased the total of evening visits by nearly 600.

The Changing Orientation of Health Visiting.

Five points may be briefly noted.

Firstly, as was mentioned last year, with increased stress being laid on psycho-social factors, health visitors are tending to undertake visits of longer duration. Hence the increase of 7,598 visits mentioned above really represents a much bigger re-allocation of time than the number suggests.

Secondly, they are trying to conserve time by doing more health teaching and social counselling at clinics. Apart from routine health education sessions at Castle Terrace and Beach Boulevard Clinic, health visitors devoted 969 sessions to group education—a remarkably high total in a year that included no special campaign.

Thirdly, the division of time is steadily altering. For instance, in 1963 more than 12% of all visits were to elderly persons.

Fourthly, the number of sessions classified under "office work" continues to increase. Under this heading come completion of records, case conferences, telephonic discussions with general practitioners and other workers, staff meetings, and interviews and practical work consultations with tutors about student health visitors. Clearly the time is approaching when a different classification will have to be adopted, since "office work" gives a misleading impression.

Fifthly, although the total number of health visitors employed during the past five years has remained almost stationary, the actual number of health visitors performing full-time district and school work continues to decrease.

	Employed	Full-time District Work
1963	... 73	50
1962	... 72½	51
1961	... 73	57
1960	... 72	58
1959	... 71	54

In 1963 there were 50 health visitors carrying out generalised health visiting and as the total staff was 73, the other 23 health visitors were all involved in specialist duties (including the 5 tuberculosis health visitors).

One would expect that this small but steady decrease in the number of health visitors carrying out field work should even out in the next few years as our liaison services are now fairly well established and except in the mental health field there should not be the same need for specialisation, but in a progressive Health Service, after-care services are becoming more widely known and the demand from hospital for liaison health visitors in such fields as cardiac disease, peptic ulcers, &c., may increase. For example, in January, 1964, the tuberculosis health visitors are to commence the 'follow up' of patients suffering from chronic bronchitis and other chest conditions apart from tuberculosis. There is also the intermediate promotion grade of "Group Advisers" which although recommended in the Jameson Report, has not yet been established in Aberdeen. An immediate increase in staff will be necessary if the Department is to fulfil the extra duties required.

Ante-Natal Visits.

The number of expectant mothers referred to the Health Visiting staff for home visits increased from 2,532 in 1962 to 3,568 in 1963 (but part of the apparent increase is spurious: the relevant form of the Home and Health Department now counts the first visit in any year as a first visit).

The total number of visits in 1963 was 10,959 as compared with 10,907 in 1962—a small increase of 52 home visits.

Visits to the Elderly.

In 1963 there has been an increase in the number of elderly referred to the health visitors: 3,995 in 1963 as compared with 2,818 in 1962. The total number of home visits was 17,105 in 1963 as compared with 14,697 in 1962—an increase of 2,408 home visits.

323 of the above total were visited at the request of a General Practitioner or Hospital Doctor.

VISITATION BY HEALTH VISITORS.

	No. of 1st Home Visits in 1963	Total Visits 1963		1962	1961	1960
Expectant mothers . .	3,568		10,959	10,907	11,238	12,281
Children born in 1963 . .	3,088	24,842				
Children born in 1962 . .	4,194	25,825	89,446	86,755	91,042	97,347
Children born in 1958/61 .	11,198	38,779				
Cases of Tuberculosis . .	1,153		6,440	5,451	6,350	7,853
Elderly	3,995		17,105	14,697	15,720	15,272
Domestic Help visits . .	—		1,013	1,168	1,115	1,289
Mental Health (Care and After-care) . . .	795		3,538	3,234	—	—
Other Hospital (Care and After-care) . . .	802		3,304	—	—	—

Total Visits . . . 131,805

It will be noted that the total visits enumerated in the table come to 131,805 whereas the grand total of visits is stated elsewhere to be 141,585.

The difference is explained as follows:—

A. Visits to the homes of school children—7,505 in 1963, are not included since they are mentioned in the report of the School Health Service.

B. 2,275 visits were paid in connection with Infectious Disease, Housing, Nursery Investigations, &c., and are not included in the table.

Liaison Services.

Ante-natal Clinics at G.P's. Surgeries.

As from 1st May, 1962, a number of General Practitioners undertook to carry out part of the ante-natal care of expectant mothers booked for hospital. This resulted in many enquiries about the availability of health visitors to attend ante-natal clinics at general practitioner surgeries for the purpose of giving social advice and health education. Apart from two health visitors who are already working full-time with general practitioners, three other health visitors each spend one session per week at ante-natal clinics attached to three group practices. They provide social guidance and health teaching for the pregnant women and act as a very useful link between the general practitioner and the district health visitor. Such liaison is to be encouraged as personal contact is enlightening to both sides.

Royal Hospital for Sick Children.

One health visitor continues to spend one afternoon each week at the Sick Children's Hospital. Before visiting she collects queries from the district health visitors regarding the children on their districts who have been admitted to hospital. Similarly, she returns to the district health visitors hospital information about children who are to be discharged. Such information is vital to the district health visitors if they are to encourage the mothers to continue in the home the measures started in hospital. There is no doubt that this service will be further extended and more time-consuming when the plans for an Assessment Clinic and the 'Follow-up Register' come into being.

The Aged in Hospital.

Similar liaison is carried out in respect of the care of the elderly at Glenburn Wing. Because of the increased work and difficult problem of rehabilitation of the elderly following discharge from hospital an additional geriatric health visitor was appointed in July, 1963. A male health visiting officer was chosen as it was thought he would complement the health visitor in the care of the aged, especially the male elderly.

Diabetic After-Care.

In August, 1962, at the request of the hospital, a health visitor was allocated part-time to the Diabetic Clinic for the follow-up of diabetic patients in their own homes. Miss Downie has been given selected cases of patients living at home who had difficulty in maintaining the necessary diet. She instructs these patients on diet, cooking and budgeting, and if necessary may pay daily visits to stabilise their condition. This work is very time-consuming as the causes of a patient's diabetic 'upset' may be multiple and may include many social and economic factors; and it was decided in February, 1963, to allow Miss Downie to specialise full-time on Diabetic After-care. In 1963 Miss Downie paid 995 home visits and of these 325 were at the request of the general practitioner or hospital.

Mental After-Care.

During the year three After-care Officers—two at Kingseat Hospital and one at the Ross Clinic—cared for many patients discharged from these units. Requests for the After-Care Service were received from the Royal Mental Hospital and Miss Slater (Ross Clinic) has, despite pressure of work, tried to carry out some of the home visits of patients discharged from the Royal Mental Hospital. As soon as extra staff is available, a Mental After-care Officer will be attached to the Royal Mental Hospital on a part-time or full-time basis.

The fourth Mental After-care Officer, a health visitor and a male health visiting officer carry out duties in connection with the follow-up of mental defectives over the age of 14 years. The Mental After-care Officer dealing with mental defectives also acts as a liaison between Woodlands Home and the Local Authority.

In-service training for health visitors in mental after-care continues at Kingseat Hospital. For a period of six months, two health visitors spend four sessions weekly at Kingseat, gaining experience in the after-care of mental patients.

HOME VISITS CARRIED OUT DURING THE YEAR 1963 FOR MENTAL HEALTH CARE AND AFTER-CARE.

	No. of Persons Visited in Year	Re-visits	Total Visits
Mental Illness.			
Miss Cheyne	90	243	333
Miss Kaufmann	93	472	565
Miss Slater	103	618	721
Mental Handicap.			
Mr. Milne	169	356	525
Miss Sangster	134	209	343
Miss Strachan	139	621	760
	728	2,519	3,247
No. of Visits carried out by Field H.Vs.	67	224	291
Total Home Visits for Mental Health, Care and After-care . . .	795	2,743	3,538

Special Clinic, Woolmanhill.

As in previous years, follow-up visits from this clinic were to patients who failed to keep their appointments. A number of these patients appear to change their place of residence frequently and several visits to different addresses require to be made before the patient is interviewed.

School Health Service.

During the year three clinic nurses have been spending a limited number of sessions assisting the health visitors in their school work and relieving them of a number of unskilled tasks. This has enabled the health visitors to devote more time to teaching the pupils the importance of health in their everyday lives. In co-operation with the headmaster or headmistress of the particular school some health visitors are dividing their school session into two parts—the first part to routine health inspections and consultations with teachers and the second part to formal group health education with different ages of school children. In August an experimental scheme was started in two Junior Secondary Schools whereby a male health visiting officer and a female health visitor were attached part-time to both the schools for the purpose of giving more intensive consultations and health education to the boys and girls aged 12-15 years. No definite assessment of this scheme can be made after only one term, but many of the initial difficulties are now being overcome and it will be interesting to hear the opinions of headmaster, school teacher and health visitor at the end of the June, 1964 term, as to whether they think the school pupils have benefited. If available, a clinic nurse attached

to this team for the purpose of maintaining the number of routine hygiene inspections would be an added advantage and would allow for extension of the scheme to other Junior Secondary Schools.

Refresher Courses and In-Service Training.

Eight health visitors attended approved refresher courses arranged by the Royal College of Nursing, the Health Visitors' Association and the Mental Health Association.

Lectures, films and talks of interest were given to all health visitors at staff meetings held throughout the year.

In order to promote further understanding between hospital and public health nursing staff an exhibition of the 'Work of a Health Visitor' was arranged in October and held in Northfield Clinic. During the two months previous to the exhibition, the staff, working as a team, mostly in their off duty, devised and constructed the display material. A sherry party was arranged in conjunction with the exhibition and the entire evening was voted a great success. The exhibition was kept open for an additional evening to give members of the Health and Welfare Committee and others an opportunity to see it.

Visits of Overseas and Post-Graduate Students.

Fourteen post-graduate students spent days or weeks observing the work of the Department and paid a number of visits to homes and clinics with appropriate health visitors. These students also met the heads of the Health Education and Health Visiting Sections for general discussion. A number of these students were from overseas and the entire staff benefited from the exchange of ideas.

Practical Work Instruction—Medical, Nursing and Teaching Students.

During the year arrangements were made for various types of students to accompany health visitors on the district and to visit ante-natal and child welfare clinics. The health visitor spends one or more sessions with the student, giving instruction on the techniques of home visiting as applied to the different age groups in the community. The student also visits one or two homes with the health visitor to enable him or her to observe families in their own environment and the problems associated with this environment.

The number of students benefiting from this experience during the year was:—

Medical Students	68
Royal Infirmary Student Nurses	120
Sick Children's Hospital Student Nurses	22
Student District Nurses	18
Domestic Science Students	18

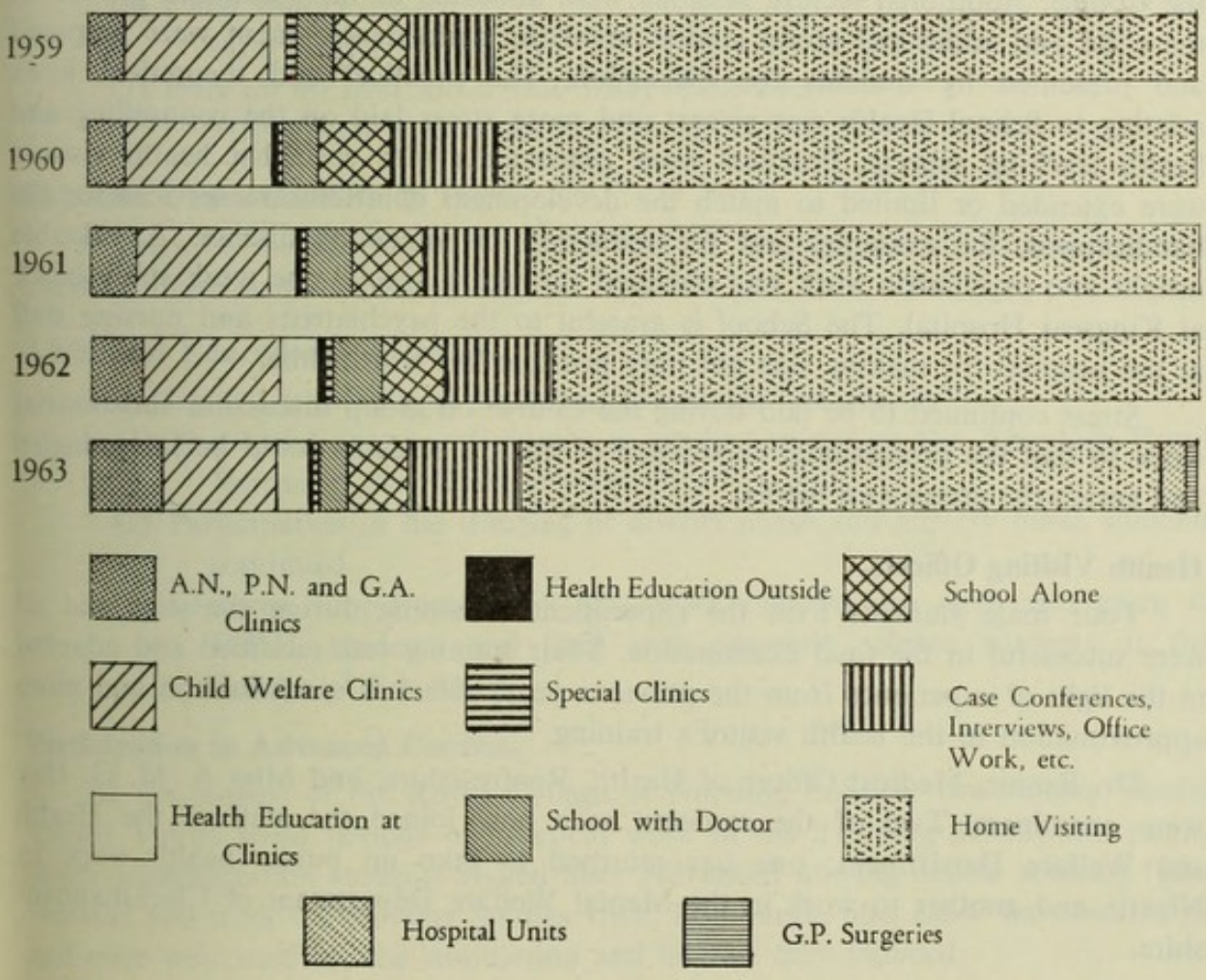
The value of this work is immeasurable and will increase considerably in future years, because of the General Nursing Council's ruling that all nurses training for the State Register should have three weeks teaching and observation in the field of Public Health: an increase in health visiting staff and teaching staff will clearly be necessary if this experience is to be planned and carried out successfully.

Health Visiting Sessions.

The following table gives the number of health visitor sessions devoted to different tasks, and the diagram gives the same information in pictorial form. (The information relates to sessions spent by health visitors, not to total sessions held, e.g. if two health visitors attended a session together that session would here be reckoned as two.)

Year	A/N P/N G.A. Clinics	Child Welfare Clinics	Health Education at Clinics	Health Education outside and at Schools	Special Clinics	School Work with Doctor	School Work alone	Office Work	Home Visiting	Hospital Units	G.P. Surgeries
1959	946	3,449	406	12	288	809	1,815	2,048	16,925	—	—
1960	1,065	3,426	532	102	189	941	1,942	2,876	18,710	—	—
1961	1,245	3,589	621	87	123	1,208	1,844	2,805	18,285	—	—
1962	1,400	3,645	966	140	186	1,286	1,692	2,889	17,641	—	—
1963	2,125	3,230	889	80	54	950	1,708	3,235	18,078	889	243

THE DISTRIBUTION OF HEALTH VISITORS' SESSIONS.*



*Before 1963 the proportion of time devoted to attendances at Hospital Units and attendances at General Practitioners' Surgeries was so small that it has not been shown in the diagram.

7.—PROFESSIONAL EDUCATION OF HEALTH VISITORS.

Features of the Year.

1963 will be remembered in a negative sense as a year of acute staff shortage and of continued inadequacy of accommodation at the Training School, but more important if assessed more positively as a vintage year for student health visitors.

Over half the class of twenty four achieved a distinction mark in Health Teaching and three quarters of the class presented social case studies of similar standard. In the national examination unusually high numbers of students from the Aberdeen School ranked in the upper quartile and the 1st place was also taken by an Aberdeen student.

During this year too history was quietly made and a possible milestone reached in health visiting with the award of a Teaching Prize to a male student. Since school health work is envisaged as a suitable field for health visiting officers this award may be considered in some way prophetic as well as an achievement in itself.

Changes in the Course.

To prepare students more fully for the changing needs of the community in which they will practise various adjustments and shifts of emphasis were made in the Course. Additional lecture sessions were allocated to the emotional growth of the child and additional group studies involving child development were prepared and presented by students for discussion. The practical and theoretical work relating to School Health was re-cast and more stress laid on the counselling and health teaching aspects. Practical work placements with specialist health visitors were extended or limited to match the development of after care services for the handicapped, for example, and the reduction of infectious disease. A valuable insight into psychiatric work was obtained through a special one week study block at Kingseat Hospital. The School is grateful to the psychiatrists and nursing staff at the hospital for making this not only possible but worthwhile.

Stress continued to be laid during the Course on group discussion and tutorial work so that the professional experience of mature students could be intermingled and enrich the group as a whole.

Health Visiting Officers.

Four male students took the experimental training during the year and all were successful in the final examination. Their training was modified and adapted in the light of experience from the previous year, with less specialisation and more approximation to the health visitor's training.

Dr. Bennie, Medical Officer of Health, Renfrewshire, and Miss A. M. G. Hay were examiners. Two of the students have now joined the staff of the Health and Welfare Department; one has returned to take up public health work in Nigeria and another to work in the Mental Welfare Department of Clackmannanshire.

Considerable professional interest has been aroused by this scheme and enquiries about training vacancies are very numerous. The scheme and course curriculum will be submitted to the Health Visiting Training Council in 1964.

Prize-Winners.

Because of her known interest in health visitor training and service as a medical officer in an English County Burgh and now as a medical officer in the Scottish Home and Health Department, Dr. Elspeth Warwick was invited to present the awards at the completion of the Course. The prize-winners were:—

(1) *Corporation of Aberdeen Prize for the Best All Round Student of the Year—*
Mrs. Sheila Graham, S.R.N., S.C.M.

(2) *Proxime Accessit—*
Miss Aileen Malley, R.G.N., S.C.M., Q.N.

(3) *Tutors' Prize for Health Teaching—*
Mr. Edward Macmillan, R.G.N., B.T.A., Cert. in Orthopædic Nursing.

(4) *Medical Officer of Health's Prize for Family Casework—*
Mrs. Stella Badve, S.R.N., S.C.M., Q.N.

(5) *Violet Robertson Memorial Prize for Health Teaching—*
Mrs. Sheila Graham.

(6) *Child Study Prize—*
Miss Aileen Malley.

(7) *Prize for the Best Social Case Study of the Year—*
Miss Shiela Macfarlane, R.G.N., S.C.M., Q.N.

Refresher Courses and Study Days.

Because of the shortage of tutorial staff in the year, no additional teaching could be undertaken.

Additional Educational Activities.

The Health Visitor Tutors continued to provide lectures on—

(1) The social aspects of disease to student nurses at the Aberdeen Royal Infirmary, Sick Children's and City Hospitals.

(2) Participation in the teaching of district nurse and nursery nurse students continued.

(3) Lectures, supplemented by field work observations were also given to D.P.H. students and final year domestic science students at the College of Education.

Participation in Advanced Courses.

At the request of the Royal College of Nursing, London, two student Health Visitor Tutors spent periods of practical work in the Training School and public health administration students visited also. Advanced nursing course students from overseas and from the Nursing Studies Unit, Edinburgh, also came for discussions and were welcomed for the stimulation and interest they induced.

Remedying the Staff Shortage.

Miss Agnes Maxwell, R.F.N., R.G.N., S.C.M., H.V. Tutor's Cert., was appointed as Health Visitor Tutor in July, 1963. Miss Agnes Coleman, S.R.N., S.C.M., D.N., H.V. Tutor's Cert., was appointed to the post of Junior Health Education Lecturer and will undertake certain additional tutorial duties.

8.—HOME NURSING.

Features of the Year.

(1) In contrast to the successive reductions in eight previous years, the number of patients under the age of 65 years visited by the Day Nursing Service increased considerably, to a total of 1,800 in 1963 (as compared with 1,221 in 1962 and 1,645 in 1961).

(2) The number of elderly patients visited by the Day Nursing Service decreased to 2,323 in 1963 as compared with 2,619 in 1962.

(3) The total number of visits increased from 104,012 in 1962 to 113,107 in 1963, i.e. an increase of 9,095 visits over last year's figures.

Apart from the effects of shortages of preventive staff, possible explanatory factors are:—

(a) Some patients are now sent home a few days or even hours after operation and require home nursing care until recovery is complete.

(b) There is a rise in visits to patients suffering from Tuberculosis, because more of these patients are now receiving treatment at home.

(c) The number of day visits to patients suffering from cancer increased in 1963 by 3,659. Many of these patients are in the terminal stages of their illness and make heavy demands on the time of the nursing staff.

The Staff of District Nursing Association.

At the end of the year 1963 the staff on Day Duty was as follows:—

1 Superintendent.
2 Assistant Superintendents.
38 Full-time R.G.N. or S.R.N.
4 Part-time R.G.N. or S.R.N.
1 Full-time S.E.N.

The Staff on Night Duty was:—

1 Full-time S.R.N. or R.G.N.
7 Part-time S.R.N. or R.G.N.
2 Part-time S.E.N.

Training.

At the end of the year, eight students were receiving training.

Number of Patients and Visits.

NUMBER OF PATIENTS AND VISITS.

	1959	1960	1961	1962	1963
DAY NURSING SERVICE					
Patients under 65 yrs.	1,973	1,703	1,645	1,221	1,800
Patients over 65 yrs.	2,394	2,144	2,294	2,619	2,323
Total Patients . .	4,367	3,847	3,939	3,840	4,123
Total Visits . .	116,540	110,628	107,605	104,012	113,107
NIGHT NURSING SERVICE					
Patients under 65 yrs	56	70	71	76	62
Patients over 65 yrs.	259	225	250	225	262
Total Patients . .	315	295	321	301	324
Total Visits . .	2,549	2,912	3,551	3,046	3,034

DAY NURSING SERVICE.

Diseases	No. of Patients			No. of Visits			Age		Termination of Cases			
	M.	F.	Total	M.	F.	Total	-65	65+	Conv.	Transfer to Hosp.	Died	Continuing at 31st Dec.
dominal .	246	296	542	3,583	4,450	8,035	335	207	439	48	5	50
cidents . .	33	86	119	655	1,473	2,121	54	65	76	14	7	22
nputations .	12	9	21	347	549	896	5	16	8	3	1	9
æmia . .	55	440	495	1,038	8,672	9,710	191	304	228	43	14	210
ncer . .	99	176	275	3,073	7,544	10,617	127	148	39	54	126	56
rdiac . .	178	314	492	3,953	10,162	16,115	122	370	129	110	84	169
rebral Hæm. .	104	174	278	3,863	8,113	11,976	50	228	48	74	58	98
abetes . .	14	71	85	1,440	7,740	9,180	25	60	23	26	5	31
næcological & Obstetrical .	—	58	58	—	845	845	42	16	41	4	2	11
scellaneous .	257	519	776	5,157	7,965	13,122	316	460	552	127	11	86
rvous . .	33	90	123	1,195	2,911	4,106	72	51	56	24	1	42
spiratory .	174	237	411	2,268	3,110	5,378	205	206	305	54	20	32
eumatism .	21	112	133	583	5,445	6,028	42	91	39	25	5	64
ility . .	54	140	194	2,601	5,671	8,272	1	193	25	66	49	54
ricose Ulcers	17	76	93	865	4,582	5,447	24	69	44	14	1	34
berculosis .	17	11	28	553	699	1,252	22	6	16	3	1	8
Total .	1,314	2,809	4,123	33,176	79,931	113,107	1,647	2,476	2,068	689	390	976

NIGHT NURSING SERVICE.

Diseases	No. of Patients			No. of Visits			Age		Termination of Cases				
	M.	F.	Total	M.	F.	Total	-65	65+	Conv.	Transfer to Hosp.	Private Nurse	Died	Contin ing a 31st D
Abdominal . .	2	1	3	6	3	9	—	3	2	1	—	—	-
Anæmia . .	—	2	2	—	2	2	—	2	—	1	—	1	-
Cancer . .	37	55	92	335	668	1,003	38	54	10	14	—	68	-
Cardiac . .	24	37	61	188	320	508	5	56	19	17	—	20	
Cerebral Hæm. .	23	27	50	367	178	545	6	44	10	14	—	20	
Miscellaneous .	10	45	55	111	321	432	11	44	30	11	—	9	
Nervous . .	—	—	—	—	—	—	—	—	—	—	—	—	-
Respiratory .	11	11	22	75	59	134	2	20	6	7	—	8	
Rheumatism .	—	—	—	—	—	—	—	—	—	—	—	—	-
Senility . .	5	31	36	133	246	379	—	36	9	11	—	12	
Accidents . .	—	3	3	—	22	22	—	3	—	1	—	1	
Total . .	112	212	324	1,215	1,819	3,034	62	262	86	77	—	139	2

The Marie Curie Memorial Foundation (Nursing Service).

In the latter part of 1963, the Marie Curie Memorial Foundation approached the Medical Officer of Health suggsting a scheme whereby they would pay for nursing services for cancer patients in their own homes. This Scheme came into operation on 1st November, 1963, when six Marie Curie Nurses were appointed part-time on Night Duty (2 or 3 nights per week).

The Nursing Service, with the Medical Officer of Health acting as agent for the Foundation, is run in close association with the existing Night Nursing Service (for patients with any disease) that is administered by the Aberdeen District Nursing Association as agent for the Corporation.

During the two months November and December, 1963, fourteen patients had been recommended for nursing care.

Recommended by—	
General Practitioners	8
Recommended by—	
District Day Nurses	2
Recommended by—	
Hospitals	2
Recommended by—	
Public Health Department	2
	14

Of these—

Patients transferred to hospital 1

Of these—

Patients died 8

Of these—

Patients still requiring nursing care 5

The Service is free of charge to patients but there is no objection to anybody who desires to do so making a donation to the funds of the Marie Curie Memorial Foundation.

9.—HOME AND ROAD SAFETY.

Since there were 8,144 home accident deaths in Britain in 1961, 8,924 in 1962 and in all probability even more in 1963, and since road accident fatalities, although a little less numerous, are also tending to rise nationally, home and road safety is an important component of public health work. This point is specifically mentioned to make it clear that the omission of reference in this report to individual, group and mass health education on home and road safety does not imply that these things were neglected.

The work has, however, been fully described in earlier reports (and in other publications). In 1963 there were no important developments in this facet of the Department's work. The measures instituted—and found effective—in earlier years were continued, to such extent as staffing shortages permitted.

10.—PREVENTION OF BREAK-UP OF FAMILIES.

While many aspects of public health work, both preventive and supportive, may help to prevent the break-up of families, there are certain specific matters relating to multi-problem families which fall to be dealt with under this heading.

The Co-ordinating Committee on Neglected Children and the Case Conference of field workers continued as before, but during the year arrangements were made to hold more frequent meetings of the latter body. The new procedure, which was instituted at the end of the year, means that only one or two cases will be dealt with at one time, instead of about six as formerly. It is hoped that this will result in more compact discussion at case conference level.

In 1963 Case Conferences were held on 11 occasions, and there were 68 separate discussions with regard to the problems of 32 different families (comprising 25 cases under review from the previous year, plus 7 new cases). In the course of the year 17 of these cases were closed (including 3 completely successful, 6 definitely improved, 4 with slight or possible amelioration, 2 cases where the children involved had been taken into care, one recalcitrant case left with the field workers, and one case left town). The remaining 15 families were still under review at the end of the year.

The arrangement was continued whereby all Corporation tenants in arrears of rent are notified to the Health and Welfare Department, in order that the district health visitor may advise on household management, including budgeting. Early in the year the Superintendent Health Visitor and the Statistician jointly published in "The Medical Officer" a study of 283 such families.

11.—DOMESTIC HELP SERVICE.

Features of the Year.

(1) During 1963 the number of elderly persons assisted by Corporation home helps continued to rise and, with other cases showing only a negligible decrease, the net result was a further substantial increase in the grand total of all households helped.

(2) Domestic assistance was supplied to a record total of more than 2,000 households.

(3) To cope with this situation, the establishment of home helps was raised to the equivalent of 210 full-time helps.

(4) Nevertheless, by the end of the year the ever-increasing pressure of demand by the aged and infirm section of the population was again creating obvious strain on the whole service. The 1961 census revealed that in Aberdeen the number of persons over 65 years of age had increased by 2,254 since the previous census, and the increase in this elderly age-group constituted no less than 84.7% of the total increase in population of the City. Thus, in general terms, more old people had relatively fewer younger relations to look after them. This has been the root cause of the continuing pressure and strain on the staff of the Corporation Home Help Service in recent years.

(5) The number of visits paid to households in connection with arranging and supervising the service was 2,894 by the two Home Help Organisers and 2,957 by the two Home Help Supervisors.

(6) An informal list of persons available for private full-time or part-time domestic work is also maintained, and renders useful service. If, for example, a family doctor has a patient who wishes to obtain domestic help and is willing to pay the full charge, then on contacting the Home Help Organisers he will be given the name and address of a suitable person, should there be one available. The Department accepts no responsibility towards these private and informal appointments beyond merely putting a would-be employer in touch with a would-be employee. During 1963 the names of 67 private helps were furnished to applicants under this scheme.

Numbers of Home Helps and Number of Cases Helped.

All home helps were employed whole-time or part-time, none being engaged on a retaining fee basis. The following table shows the numbers at the end of various years;—

Year .	1963	1962	1961	1960	1959	1958	1957
Whole-time	52	61	62	63	79	64	57
Part-time	300	259	251	233	206	197	175

The table below indicates the distribution of cases in recent years:—

Year .	1963	1962	1961	1960	1959	1958	1957
(1) Maternity Cases	114	119	127	130	170	209	234
(2) Long-term illness (under 65) .	149	133	106	125	132	165	136
(3) Short-term illness (under 65) .	264	280	347	357	288	272	285
Total of (1), (2) and (3) . . .	527	532	580	612	590	646	655
(4) Infirm and Elderly . . .	1,534	1,440	1,346	1,234	1,195	986	906
Grand Total	2,061	1,972	1,926	1,846	1,785	1,632	1,561

No sitter-in service has been established by the Corporation,

12.—CONTROL OF INFECTIOUS DISEASES.

Features of the Year.

(1) The grand total of all infectious diseases notified rose to 469 as compared with 324 in 1962, 348 in 1961, 499 in 1960 and over 2,000 eleven years ago.

The increase in 1963 is largely accounted for by outbreaks of measles and dysentery.

(2) There was a complete absence of diphtheria (for the eight successive year).

(3) Notifications of scarlet fever fell to 4, a new low record.

(4) There was a decrease in the number of cases of acute primary pneumonia—52 cases—and an increase of precisely the same magnitude in the number of cases of acute influenzal pneumonia—11 cases.

(5) Only 5 cases of food poisoning were notified, the lowest number recorded since food poisoning became notifiable.

(6) There were increases in the number of notifications of whooping cough—43 cases—and infective jaundice—31 cases.

(7) There were no cases of poliomyelitis.

(8) As stated above, there were increases in the prevalence of measles—147 cases—and dysentery—164 cases.

The following table indicates the prevalence of infections diseases during the year.

	No. of Cases			
	1963	1962	Increase	Decrease
Cerebro-spinal fever	2	6	—	4
Chickenpox	2	6	—	4
Diphtheria	—	—	—	—
Dysentery	164	116	48	—
Erysipelas	1	7	—	6

	No. of Cases			
	1963	1962	Increase	Decrease
Infective Jaundice	31	18	13	—
Malaria	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—
Acute influenzal pneumonia	11	1	10	—
Acute primary pneumonia	52	62	—	10
Poliomyelitis	—	3	—	3
Puerperal fever	1	—	1	—
Puerperal pyrexia	4	—	4	—
Scarlet fever	4	10	—	6
Paratyphoid fever	2	1	1	—
Whooping Cough	43	36	7	—
Food poisoning	5	6	—	1

Cerebro-spinal Fever.

Two cases were notified in 1963, as compared with six cases in 1962, three in 1961, three in 1960, five in 1959 and nine in 1958. There were no deaths in 1963.

Chickenpox.

In 1963, two cases were notified. As this disease is not compulsorily notifiable, the number of cases intimated offers no real indication of the prevalence of chickenpox in the City.

Continued Fever (Undulant).

No cases were notified during the year. No cases have been reported since 1957.

Diphtheria.

For the eighth successive year, no cases were reported. A tabular statement of cases and deaths in recent years may be of interest.

	Cases	Deaths
1963	0	0
1962	0	0
1961	0	0
1956-1960	0	0
1951-1955	5	0
1946-1950	86	1
1941-1945	1,148	53
1936-1940	2,548	97

The tremendous year by year reduction from 586 cases and 21 deaths in 1940 (and even higher figures earlier, e.g. 719 cases and 25 deaths in 1934) to the figures of to-day bears eloquent witness to the efficacy of diphtheria immunisation (which began on a nation-wide scale in 1941, although employed to a limited extent in Aberdeen before that year). Details about immunisation are recorded elsewhere in this report.

Dysentery.

In 1963 there were 164 notified cases of this disease, as compared with 116 in 1962, 26 in 1961, 186 in 1960, 57 in 1959 and 41 in 1958. There were no deaths in 1963.

Encephalitis Lethargica.

No cases notified in 1963 as compared with no cases in 1962, one case in 1961, two cases in 1960 and none in 1959 or 1958.

Erysipilas.

There was one case of erysipilas in 1963, as compared with 7 cases in 1962, 15 in 1961, 11 in 1960, 14 in 1959 and 12 in 1958. It is interesting to note that as recently as twenty-five years ago, the annual number of cases normally exceeded 100.

Infective Jaundice.

In 1963, 31 cases were notified as compared with 18 in 1962, 24 in 1961, 16 in 1960, 8 in 1959 and none in 1958.

Before the Aberdeen study of infective jaundice in 1934, cases were often not reported. Since the time when that study focused attention on the disease and thereby ensured more adequate reporting, scarcely a year has passed without cases. 1958, 1957 and 1956 are the only years in which the City has been completely free from the disease and the two previous years, 1955 and 1954 are the only years in which the number of cases has been less than four.

Professor Macdonald, of Aberdeen University's Bacteriology Department, is currently engaged in a study of Infective Hepatitis and the Health and Welfare Department has co-operated by forwarding to him copies of all relevant notifications received since 1st November, 1963.

Leprosy.

This disease has been compulsorily notifiable since 1st September, 1951. No case has been reported in this area.

Malaria.

In 1963, no case was notified as compared with none in 1962 or 1961, one in 1960, two in 1959 and three in 1958.

Measles.

In 1963, 147 cases were notified, but the disease is not compulsorily notifiable.

Ophthalmia Neonatorum.

No case was notified in 1963. There was one case in 1959 and one in 1958: these were the only cases reported in the last ten years.

The eradication of this formerly serious cause of blindness is one of the major triumphs of preventive medicine. Before the second world war, the annual number of cases notified commonly exceeded a hundred.

Pneumonia Acute Influenzal.

11 cases were notified in 1963 as compared with 1 case in 1962, 16 cases in 1961, 4 cases in 1960, 152 in 1959 and 2 in 1958. There was of course, an influenza epidemic in 1959. There were 6 deaths from influenzal pneumonia in 1963, none in 1962, 7 in 1961, none in 1960, 11 in 1959 and one in 1958.

Pneumonia, Acute Primary.

There were 52 cases and 12 deaths in 1963, as compared with 62 cases and 7 deaths in 1962, 114 cases and 11 deaths in 1961, 181 cases and 16 deaths in 1960, 236 cases and 54 deaths in 1959, and 241 cases and 15 deaths in 1958.

During the ten years 1953-62 the annual average number of cases was 206 and the annual average number of deaths was 17. Of the 52 cases in 1963, 33 or 63 per cent. received institutional treatment.

Poliomyelitis.

No case was notified in 1963 as compared with 3 in 1962, none in 1961 and 1960, one in 1959, and ten in 1958. There has been one death—in 1958—from this disease in the last nine years. Vaccination against poliomyelitis is mentioned elsewhere in this report.

Puerperal Fever and Puerperal Pyrexia.

In 1963, one case of puerperal fever was notified, as compared with none in 1962, 1961 and 1960, three in 1959 and seven in 1958. There was one death in 1959.

4 cases of puerperal pyrexia were notified in 1963 as compared with none in 1962, three in 1961 and none in 1960, 1959 and 1958.

Scarlet Fever.

In 1963, 4 cases of scarlet fever were notified as compared with 10 in 1962, 13 in 1961, 38 in 1960, and an annual average of 111 in the decennium 1953-62. There were no deaths for the fifteenth consecutive year.

Smallpox.

Aberdeen has remained free from smallpox since 1930.

Analysis of the vaccinations carried out in 1963 is given in another section of this report.

Typhoid and Paratyphoid Fevers.

Two cases of paratyhoid B. were notified in 1963 as compared with one case in 1962 and no cases of typhoid or paratyphoid fevers in 1961, 1960 and 1959. In 1958 there was an outbreak of paratyphoid B. and 25 cases were notified.

Whooping Cough.

43 cases were notified in 1963 as compared with 36 cases in 1962, 42 in 1961, 10 in 1960, 31 in 1959 and 234 in 1958. No deaths occurred in the last 8 years. In 1955 there were 4 deaths including 3 under one year of age.

As indicated elsewhere in this report, whooping cough immunisation among infants and pre-school children is carried out at the various child welfare clinics and at home by general practitioners.

Food Poisoning.

Under Section 22 of the Food and Drugs (Scotland) Act, 1956, food poisoning became notifiable on 1st August, 1956. In 1963 5 cases were reported, as compared with 6 cases in 1962, 29 cases in 1961, 9 in 1960, 6 in 1959 and 15 in 1958.

Infections Generally.

The following tables deal with the various infectious diseases. Table I shows the seasonal variations in the prevalence of each infectious disease, whether compulsorily notifiable or not.

In Table II are given the morbidity and mortality from infectious diseases, classified according to age and to the allocation of patients to institutions for treatment. In Table III, the cases and deaths are detailed for each of the years from 1953 to 1963.

Arrangements for Laboratory Services.

Until 1948, the Corporation provided an up-to-date laboratory at the City Hospital, and, by arrangement with the Regional Hospital Board, the laboratory is still available to the authority. The Public Analyst, who is an employee of the Corporation, works in the laboratory at the City Hospital and undertakes some biochemical work for the Hospital Board. The arrangement works satisfactorily.

TABLE I.—PROGRESS OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING TWELVE MONTHS.—YEAR, 1963.

Disease.		1963. Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Whole Year.
Cerebro-spinal Fever.	Cases	—	—	—	2	—	—	—	—	—	—	—	—	2
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Chickenpox	Cases	—	—	—	—	—	1	—	—	1	—	—	—	2
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	Cases	73	58	10	17	1	1	4	—	—	—	—	—	164
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases	—	—	—	—	—	—	—	—	—	1	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute Infective	Cases	4	2	2	3	2	—	1	1	1	4	7	4	31
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Leprosy	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
*Measles	Cases	1	5	13	21	27	53	11	2	—	4	5	5	147
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia Acute Influenzal	Cases	1	—	8	2	—	—	—	—	—	—	—	—	11
	Deaths	—	—	*5*	*1*	—	—	—	—	—	—	—	—	*6*
Pneumonia, Acute Primary	Cases	6	6	9	8	3	5	5	2	4	1	2	1	52
	Deaths	—	*2*	*4*	—	*2*	—	*1*	—	*1*	—	*2*	—	*12*
Poliomyelitis, Acute	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases	—	—	—	—	—	1	—	—	—	—	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	Cases	—	1	—	—	1	—	—	1	1	—	—	—	4
Scarlet Fever	Cases	1	—	—	—	—	—	—	—	—	—	—	3	4
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A.	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B.	Cases	1	—	—	—	—	1	—	—	—	—	—	—	2
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	Cases	10	4	1	4	3	3	—	7	2	1	5	3	43
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	Cases	—	—	—	—	1	—	3	—	—	—	—	1	5
Total	Cases	97	76	43	57	38	65	24	13	7	11	19	17	469
	Deaths	—	*2*	*9*	*1*	*2*	—	*1*	—	*1*	—	*2*	—	*18*
Influenza, excl. Influenzal Pneumonia	*Deaths*	—	—	—	—	—	—	—	—	—	—	—	—	—

*Not Compulsorily Notifiable.

TABLE II.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING 1963.

DISEASE		No. of Cases and Deaths at various Age-Periods									Cases removed to Hospital	Cases not removed to Hospital
		At all Ages	Years: Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and upwards		
Cerebro-spinal Fever	Cases	2	—	2	—	—	—	—	—	—	2	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	Cases	2	1	1	—	—	—	—	—	—	—	2
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Cholera	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Dysentery	Cases	164	6	87	34	16	5	7	5	4	16	148
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases	1	—	—	—	—	1	—	—	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Infective Jaundice	Cases	31	—	—	19	5	3	2	1	1	11	20
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Leprosy	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Malaria	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Measles	Cases	147	7	79	51	10	—	—	—	—	32	115
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	Cases	—	—	—	—	—	—	—	—	—	—	—
Plague	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	Cases	11	—	—	—	2	1	1	3	4	1	10
	Deaths	*6*	—	—	—	—	*1*	*1*	*1*	*3*	—	*6*
Pneumonia, Acute Primary	Cases	52	4	4	2	2	1	4	10	25	33	19
	Deaths	*12*	—	—	—	—	—	—	*2*	*10*	*10*	*2*
Poliomyelitis, Acute	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases	1	—	—	—	—	1	—	—	—	1	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	Cases	4	—	—	—	2	2	—	—	—	3	1
Scarlet Fever	Cases	4	—	1	2	1	—	—	—	—	—	4
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Smallpox	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid A	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid B	Cases	2	—	1	—	—	—	—	—	1	1	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	Cases	43	3	16	23	1	—	—	—	—	2	41
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	Cases	5	—	2	—	2	—	—	1	—	—	5
Total	Cases	469	21	193	131	41	14	14	20	35	102	367
	Deaths	*12*	—	—	—	—	*1*	*1*	*3*	*13*	*10*	*8*

TABLE III.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES, INCLUDING TUBERCULOSIS, DURING EACH YEAR FROM 1953 TO 1963.

Disease.		1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	ANNUAL AVERAGE 1953 to 1962.
Cerebro-Spinal Fever	Cases	2	6	3	3	5	9	5	4	6	8	10	5·9
	Deaths	*0*	*2*	*0*	*2*	*1*	*0*	*0*	*0*	*0*	*1*	*0*	*0·6*
Chickenpox	Cases	2	6	5	0	0	8	7	8	4	11	12	6·1
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Continued Fever (Undulant)	Cases	0	0	0	0	0	0	1	0	0	2	0	0·3
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Diphtheria	Cases	0	0	0	0	0	0	0	0	2	0	0	0·2
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Dysentery	Cases	164	116	26	186	57	41	328	100	262	129	110	135·5
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0·1*
Encephalitis Lethargica	Cases	0	0	1	2	0	0	0	0	0	0	0	0·3
	Deaths	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·1*
Erysipelas	Cases	1	7	15	11	14	12	18	22	18	33	27	17·7
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*1*	*0·2*
Infective Jaundice	Cases	31	18	24	16	8	0	0	0	1	2	13	8·2
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Leprosy	Cases	0	0	0	0	0	0	0	0	0	0	0	0·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Malaria	Cases	0	0	0	1	2	3	0	1	3	1	6	1·7
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0·1*
Measles	Cases	147	52	57	38	39	0	64	53	351	72	247	97·3
	Deaths	*0*	*0*	*0*	*1*	*0*	*0*	*1*	*0*	*1*	*0*	*0*	*0 3*
Ophth. Neonatorum	Cases	0	0	0	0	1	1	0	0	0	0	1	0·3
Plague	Cases	0	0	0	0	0	0	0	0	0	0	0	0·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Pneumonia, Acute Influenzal	Cases	11	1	16	4	152	2	169	17	7	23	5	39·6
	Deaths	*6*	*0*	*7*	*0*	*11*	*1*	*12*	*4*	*1*	*2*	*1*	*3·9*
Pneumonia, Acute Primary	Cases	52	62	114	181	236	241	221	217	235	294	263	206·4
	Deaths	*12*	*7*	*11*	*16*	*54*	*15*	*20*	*12*	*11*	*19*	*9*	*17·4*
Poliomyelitis, Acute	Cases	0	3	0	0	1	10	5	5	10	34	12	8·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*1*	*1*	*0·3*
Puerperal Fever	Cases	1	0	0	0	3	7	9	8	5	2	26	6·0
	Deaths	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*1*	*0·2*
Puerperal Pyrexia	Cases	4	0	3	0	0	0	2	2	3	10	13	3·3
Scarlet Fever	Cases	4	10	13	38	84	88	42	44	69	178	239	80·5
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Smallpox	Cases	0	0	0	0	0	0	0	0	0	0	0	0·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	0	*0*	*0*	*0·0*
Tuberculosis, Respiratory	Cases	48	68	86	89	118	99	318	205	204	228	243	165·8
	Deaths	*7*	*4*	*9*	*9*	*12*	*13*	*10*	*18*	*15*	*19*	*26*	*13·5*
Tuberculosis, Non-Respiratory	Cases	14	14	10	12	15	22	20	15	24	26	31	18·9
	Deaths	*2*	*1*	*2*	*0*	*2*	*1*	*2*	0	*2*	*4*	*4*	*1·8*
Typhoid and Para-typhoid Fevers	Cases	2	1	0	0	0	25	0	4	1	16	3	5·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Typhus Fever	Cases	0	0	0	0	0	0	0	0	0	0	0	0·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Whooping Cough	Cases	43	36	42	10	31	234	28	9	398	284	175	124·7
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*4*	*0*	*0*	*0·4*
Influenza, excl. Influenzal Pneumonia	*Deaths*	*0*	*2*	*2*	*0*	*2*	*0*	*6*	*0*	*0*	*1*	*2*	*1·5*

13.—VACCINATION AND IMMUNISATION.

Many years of persistent, painstaking efforts by health workers have produced very satisfactory levels of protection against the principal infectious diseases. During 1963 there were no cases of smallpox—a disease which has not been seen here for over thirty years; diphtheria was not encountered for the eighth successive year; and there were no cases of poliomyelitis. A low incidence of whooping cough was maintained. The fact that these diseases have become comparative rarities, receiving little public attention unless an outbreak occurs, can render more difficult the task of persuading parents and others to seek protection. The greatest share of this burden falls to the health visitors who, by personal contact with individuals and groups rather than by the printed word, ably meet this constant and continuing challenge to their teaching and persuasive skills.

Features of the Year.

(1) The absence of the smallpox "scares" which were a feature of 1962 has produced considerable falls in the numbers of primary vaccinations and of revaccinations against this disease.

(2) The proportions of pre-school children successfully vaccinated against smallpox fell slightly. Of all children aged 1-5 years, 67.4 per cent had been vaccinated compared with 71.2 per cent in 1962.

PROPORTIONS OF CHILDREN VACCINATED BY YEAR OF BIRTH.

Year of Birth	Percentage Vaccinated by		
	End of 1963	End of 1962	End of 1961
1962	45.3	5.7*	—
1961	62.9	48.2	7.1
1960	72.2	70.0	55.2
1959	76.8	75.8	71.4
1958	79.5	79.1	76.3

* Change of policy—Vaccination at age of 1 year.

(3) "Half-volume" diphtheria, whooping cough, tetanus, triple vaccine was introduced during the year following a successful clinical trial.

(4) A slight increase was achieved in the proportions of pre-school children immunised against diphtheria. 73.6 per cent were immunised compared with 73 per cent in 1962 and 72 per cent in 1961.

(5) Maintenance injections of triple vaccine were increased by 11.2 per cent over the previous year.

(6) There was an increase over 1962 of 20.5 per cent in the number of primary inoculations against tetanus. Reinforcing injections were increased by 49.4 per cent. The introduction of tetanus immunisation in schools was mainly responsible for these changes.

(7) As a co-operative venture between local health authorities and the hospitals, a tetanus register was created at the Sick Children's Hospital. This will help to ensure that the most effective forms of protection against tetanus will be given speedily to child casualties.

(8) The use of Salk-type inactivated polymelitis vaccine was discontinued and this was replaced entirely by Sabin live oral vaccine when supplies of the former were exhausted.

(9) By the end of 1963, 76.5 per cent of all persons under thirty years had received two injections or three oral doses of poliomyelitis vaccine and 54.6 per cent had received a maintenance dose.

(10) During the year a fourth maintenance dose of oral poliomyelitis vaccine was introduced for pre-school children and persons in the priority groups.

(11) Local authority staff continued to perform the greater proportion of immunisation in the City.

(12) Notifications by general practitioners of completed basic courses of immunisation and of reinforcing doses continued to qualify for the statutory fees.

(1) VACCINATION AGAINST SMALLPOX.

There was no repetition of the abnormal demands for vaccination which were experienced in 1962. The absence of any smallpox outbreaks was doubtless responsible for the reduced numbers of vaccinations performed in 1963. Despite public complacency, vaccination is still the main defence against smallpox and the skill and energy of health visitors is of vital importance in persuading those at maximum risk to be protected.

Vaccination is carried out by general practitioners or by local health authority doctors at clinics. In accordance with recommendations by the Scottish Home and Health Department, the practice of performing primary vaccination during the child's second year was continued.

Primary vaccinations performed during 1963 are tabulated below. Comparisons with preceding years illustrate the adoption of the later age for primary vaccination.

Year of Birth	Typical Reaction	No Local Reaction	Not Examined	Total
1963	132	8	1	141
1962	1,192	52	11	1,255
1961	431	27	10	468
1960	64	2	4	70
1959	28	7	...	35
1958	9	3	2	14
1957	4	1	...	5
1956 or earlier . . .	103	2	1	106
Totals for 1963 . . .	**1,963**	**102**	**29**	**2,094**
Totals for 1962 . . .	**2,651**	**92**	**28**	**2,771**
Totals for 1961 . . .	**1,474**	**62**	...	**1,536**
Totals for 1960 . . .	**2,010**	**59**	..	**2,069**
Totals for 1959 . . .	**2,202**	**70**	..	**2,272**

Revaccinations against smallpox during 1963 are shown below.

REVACCINATION.

Year of Birth	Typical Reaction	No Local Reaction	Not Examined	Total
1963	...	...	...	...
1962	3	...	...	3
1961	3	1	..	4
1960	7	3	8	18
1959	15	1	3	19
1958	14	1	3	18
1957	14	3	1	18
1956	12	1	3	16
1955	15	1	1	17
1954	11	...	...	11
1953 or earlier	1,036	81	117	1,234
TOTALS FOR 1963	1,130	92	136	1,358
TOTALS FOR 1962	3,619	281	280	4,180

The following table shows the numbers and proportions of primary vaccinations performed by general practitioners and by local authority medical staff over the last four years. Revaccinations performed during 1962 and 1963 are also shown.

VACCINATION AGAINST SMALLPOX.

Number Vaccinated—	Primary Vaccination				Revaccination	
	1963	1962	1961	1960	1963	1962
(a) By General Practitioners	932 (45%)	1,425 (51%)	747 (49%)	906 (44%)	1,320 (97%)	4,121 (99%)
(b) By Local Authority Medical Staff	1,162 (55%)	1,346 (49%)	789 (51%)	1,163 (56%)	38 (3%)	59 (1%)
Total . .	2,094	2,771	1,536	2,069	1,358	4,180

(2) IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these diseases is now almost invariably performed with combined vaccines; the most commonly employed agent is triple diphtheria/whooping cough/tetanus vaccine. A small stock of quadruple vaccine which offers protection against poliomyelitis in addition to the above diseases, is available from the Department to general practitioners. Quadruple vaccine is not, however, used by clinic medical officers as it is felt that oral poliomyelitis vaccine possesses certain advantages.

During the year "half-volume" triple vaccine was introduced to the clinics. Although containing the same protective elements as the previous type of vaccine the volume of each injection is reduced by half which results in considerably less discomfort to the recipient. This advantage was demonstrated during a short clinical trial conducted prior to the introduction of the new vaccine.

Tetanus immunisation was introduced to the schools during the year and, in a further effort to strengthen protection against this disease, a Tetanus Register was started at the Royal Aberdeen Hospital for Sick Children. In common with other local health authorities in the North-East region, lists of children who have received tetanus immunisation are sent weekly from the Department to the hospital. Ready access to this information enables the hospital staff to decide the most appropriate means of dealing with the tetanus risk when injured children report for treatment. The hospital records staff complete the exchange of information by notifying the Department of any immunisation performed.

Primary immunisation using triple vaccine is normally commenced at the age of three months. Maintenance doses are given at approximately 18 months and again prior to school entry. Primary immunisation against diphtheria and tetanus is offered in schools to unimmunised children at 5-6 years. Reinforcing doses are given at 5-6 years and at 8-9 years.

The importance of the 18 month reinforcing dose has been re-emphasised recently and, for their efforts in increasing the numbers of children who receive this and for the generally high level of protection which exists in the pre-school population, due recognition must be given to the health visitors.

Primary and reinforcing injections are tabulated below.

PRIMARY IMMUNISATION.

Year of Birth	Number who have completed a full course of primary immunisation				
	Diphtheria, Pertussis & Tetanus	Diphtheria & Pertussis	Diphtheria & Tetanus	Tetanus	Quadruple Vaccine*
1963	1,089	—	7	—	103
1962	1,415	1	9	—	55
1961	113	—	4	—	3
1960	32	—	3	—	3
1959	19	—	2	—	—
1958	10	—	2	2	1
1957	9	—	163	390	1
1956 or earlier	2	—	1	42	—
Total	2,689	1	191	434	166

* Contains Diphtheria, Whooping-cough, Tetanus and Poliomyelitis antigens. Also shown in poliomyelitis figures.

REINFORCING DOSES.

Year of Birth	Number receiving maintenance injections					
	Diphtheria, Pertussis & Tetanus	Diphtheria & Pertussis	Diphtheria & Tetanus	Tetanus	Diphtheria	Quadruple Vaccine*
1963	—	—	—	—	—	—
1962	226	—	7	—	—	—
1961	573	—	7	—	—	5
1960	245	2	5	—	1	1
1959	68	—	13	1	—	1
1958	341	2	187	—	1	21
1957	54	2	1,410	4	388	1
1956	9	1	5	1	2	—
1955	3	—	5	2	2	—
1954	2	—	2	1	1	—
1953 or earlier	9	—	—	9	1	—
Total	1,530	7	1,641	18	396	29

* Contains Diphtheria, Whooping-cough, Tetanus & Poliomyelitis antigens. Also shown in poliomyelitis figures.

Details of diphtheria immunisation by age are shown in the table opposite.

Diphtheria Immunisation.

Number of Children immunised each year since 1956.

Age in years on 31st December of the corresponding year.	1956	1957	1958	1959	1960	1961	1962	1963	Total Immunised at 31st December, 1963.
Under 1 Year . . .	700	640	797	1,101	1,122	1,056	1,017	1,199	
1 Year	1,594	1,572	1,688	1,530	1,430	1,473	1,471	1,480	Aged under
2 Years	239	260	179	196	247	145	120	120	5 Years
3 ,, ...	69	74	73	83	87	60	53	38	11,846 (73.6%)
4 ,, ...	43	40	36	50	49	52	35	21	
5 ,, ...	152	125	106	47	93	91	19	13	Aged 5 Years
6 ,, ...	305	292	265	133	219	197	161	173	and over
7 ,, ...	163	115	134	70	106	93	91	3	13,559
Immunisations	3,265	3,118	3,278	3,210	3,353	3,167	2,967	3,047	**Grand Total 1956—1963 25,405**
Reinforcing Injections . .	5,053	4,701	4,809	5,046	4,866	5,323	5,298	3,603	**38,699**

The following tables show the numbers of primary and reinforcing injections against diphtheria, whooping cough and tetanus carried out by general practitioners and local authority medical staff during the past four years. The proportions undertaken by each group of doctors during the period are also shown.

DIPHTHERIA IMMUNISATION.

	Primary Inoculations				Reinforcing Injections			
	1963	1962	1961	1960	1963	1962	1961	1960
Number Inoculated—								
(a) By General Practitioners	1,132 (37%)	982 (33%)	978 (31%)	862 (26%)	583 (16%)	357 (7%)	384 (7%)	298 (6%)
(b) At Child Welfare Clinics	1,763 (58%)	1,745 (59%)	1,856 (59%)	2,107 (63%)	1,230 (34%)	1,282 (24%)	957 (18%)	416 (9%)
(c) By School Health Service	152 (5%)	240 (8%)	333 (10%)	384 (11%)	1,790 (50%)	3,659 (69%)	3,982 (75%)	4,152 (85%)
Total . .	3,047	2,967	3,167	3,353	3,603	5,298	5,323	4,866

WHOOPING COUGH IMMUNISATION.

	Primary Inoculations				Reinforcing Injections			
	1963	1962	1961	1960	1963	1962	1961	1960
Number Inoculated—								
(a) By General Practitioners	1,127 (39%)	978 (36%)	972 (35%)	858 (29%)	519 (33%)	306 (22%)	355 (29%)	274 (43%)
(b) By Local Authority Staff	1,729 (61%)	1,720 (64%)	1,838 (65%)	2,073 (71%)	1,047 (67%)	1,107 (78%)	854 (71%)	363 (57%)
Total . .	2,856	2,698	2,810	2,931	1,566	1,413	1,209	637

TETANUS IMMUNISATION.

	Primary Inoculations		Reinforcing Injections	
	1963	1962	1963	1962
Number Inoculated—				
(a) By General Practitioners .	1,171 (34%)	1,023 (37%)	593 (18%)	357 (22%)
(b) By Local Authority Staff .	2,309 (66%)	1,742 (63%)	2,625 (82%)	1,281 (78%)
Total . .	3,480	2,765	3,218	1,638

(3) VACCINATION AGAINST POLIOMYELITIS.

During the year two types of poliomyelitis vaccine were in use. The Salk vaccine was administered by injection and was used for reinforcing basic courses of two injections and for third and fourth reinforcing doses. The Sabin type, given orally on sugar or in syrup, was used for all new basic courses. Besides being simpler to administer and more pleasant to receive, oral vaccine is believed to provide better and longer lasting protection. By the end of the year when supplies of Salk vaccine had been exhausted, Sabin oral vaccine was in almost exclusive use in the City. As already stated, a small quantity of quadruple vaccine was available for general practitioners who wished to use it.

In June the Scottish Home and Health Department advised that pre-school children who had received a basic course of three doses or oral vaccine should receive a reinforcing dose prior to school entry. Persons in priority groups, i.e., Health Workers and their families, also became entitled to a fourth dose.

No cases of poliomyelitis were notified during the year—a further tribute to the efficiency of the vaccines and to the zeal and energy of the staff. The numbers of primary and reinforcing doses were as detailed in the following two tables.

Primary Inoculation.

Year of Birth	Salk Vaccine (Two doses)	Oral Vaccine (Three Doses)	Total
1963	111	433	544
1962	90	1,652	1,742
1961	31	331	362
1943 - 60	33	521	554
1933 - 42	20	540	560
Prior to 1933 and persons of unknown age	27	582	609
Total . .	312	4,059	4,371

Reinforcing Doses.

Year of Birth	Salk Vaccine		Oral Vaccine			
	Third Injection	Fourth Injection	Third dose Oral after two Salk	Fourth dose Oral after three Salk	Fourth dose Oral after three Oral	Total
1963 . .	6	—	3	—	10	19
1962 . .	16	—	4	15	21	56
1961 . .	96	—	47	34	8	185
1943 - 60 .	103	2,219	41	1,132	322	3,817
1933 - 42 .	51	28	18	34	3	134
Prior to 1933 and persons of unknown age	120	36	21	40	2	219
Total .	392	2,283	134	1,255	366	4,430

The relative numbers and proportions of primary inoculations (two injections or three oral doses) and reinforcing doses of poliomyelitis vaccines given by General Practitioners and by Local Authority staff are shown below.

	Primary Inoculation			Reinforcing Doses		
	1963	1962	1961	1963	1962	1961
Number Inoculated—						
(a) By General Practitioners	2,026 (46%)	3,684 (54%)	2,783 (33%)	1,426 (32%)	4,129 (41%)	4,045 (21%)
(b) By Local Authority Staff	2,345 (54%)	3,128 (46%)	5,735 (67%)	3,004 (68%)	5,971 (59%)	15,102 (79%)
Total . .	4,371	6,812	8,518	4,430	10,100	19,147

The above-mentioned recommendations of the Scottish Home and Health Department, issued in June, 1963. indicated, for the first time, that basic courses of immunisation were constituted by **three** injections of Salk vaccine or **three** doses of oral vaccine. Pre-school children, school children and persons in priority groups were eligible for a reinforcing dose according to age and the type of vaccine previously administered. On this basis the poliomyelitis immunisation state is shown below.

POLIOMYELITIS IMMUNISATION STATE BY YEAR OF BIRTH.

Year of Birth	Estimated Eligible Population	Completed Primary Vaccination (Salk or Sabin)*	Percentage	One Reinforcing Dose as Appropriate	Percentage
1963	1,631	442	27.09	10	0.61
1962	3,175	2,052	64.62	37	1.16
1961	3,191	2,424	75.96	57	1.78
1943 - 60 . . .	57,421	42,616	74.21	20,361	35.45
1933 - 42 . . .	30,066	11,390	37.88	217	0.72
Total . .	95,424	58,924	61.74	20,682	21.67
Prior to 1933 . . .	Not Estimated	11,891	—	202	—
Grand Total .	—	70,815	—	20,884	—

* Three injections of Salk vaccine or three doses of oral Sabin vaccine.

(4) IMMUNISATION AGAINST TUBERCULOSIS.

Protection against tuberculosis by B.C.G. vaccination is carried out in the case of all contacts of the disease, under the direction of the Chest Physician at the City Hospital. This procedure may be performed in the maternity ward, in the home or at the Chest Clinic.

In schools B.C.G. vaccination is offered to all pupils of 13 years of age after tuberculin skin testing. Particulars of the work done are recorded in the "School Health Service" section of this report.

A summary of immunisation against tuberculosis is given in the section of this report dealing with Prevention of Illness, Care and After-care.

(5) OTHER IMMUNISATIONS.

Persons going abroad to certain countries may require immunisation against such diseases as typhoid, yellow fever, &c. In Aberdeen, yellow fever immunisation is given at the City Hospital. Immunisation against other diseases is normally given by General Practitioners.

14.—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

It is convenient to divide this chapter into two portions, dealing respectively with tuberculosis and other diseases.

(A) TUBERCULOSIS.

(a) Features of the Year.

The annual totals of notifications of tuberculosis continue to decline steadily, and 1963 witnessed a new record low total of only 62 cases notified, including transfers-in.

In 1963 there were nine deaths from all forms of tuberculosis, as compared with five in 1962 and eleven in 1961.

(b) General Outline.

The functions of the local health authority have been fully described in previous annual reports, and only a brief summary of main headings is here given:—

(i) *Contact tracing and follow-up*—done mainly by health visitors.

(ii) *Co-operation with consultants and general practitioners* in determining the need of patients for admission to hospital.

(iii) *Assisting households with a tuberculous member* to obtain adequate accommodation.

(iv) *Advice by health visitors* to persons suffering from tuberculosis and living at home.

(v) *Treatment and after-care*—to ensure that the patient on domiciliary chemotherapy follows the course of treatment conscientiously.

(vi) *Arranging, where necessary, for boarding-out of child contacts.*

(vii) *Providing beds, bedding and nursing requisites* on loan where required.

(viii) *Co-operation with Ministry of Labour* in resettlement of tuberculous persons.

(ix) *Co-operation with the voluntary after-care committee* for tuberculosis and other chest diseases.

(x) *Administration and execution of a B.C.G. vaccination scheme* in respect of school children.

(c) Co-ordination with Diagnostic and Curative Service.

By arrangement with the Regional Hospital Board, the Senior Chest Physician and his staff are available for the medical supervision, under the administrative control of the Medical Officer of Health, of the operation of the Corporation's arrangements. When discharging functions under these arrangements, the physician is regarded as having the status and responsibilities of a Deputy Medical Officer of Health (Tuberculosis); and five health visitors are employed full-time on work with tuberculosis and other chest diseases.

Such an arrangement greatly facilitates the work of co-ordination. In practice it functions smoothly and effectively, thanks largely to the painstaking efforts of the health visitors in this vitally important aspect of tuberculosis prevention and control.

(d) Mass Miniature Radiography.

The national community X-ray campaign which took place in Aberdeen in October/November, 1957, was undoubtedly a milestone on the road to the elimination of pulmonary tuberculosis in Aberdeen.

During 1963 a detailed survey was completed by Dr. J. M. Wallace of the changes in the pattern of this disease in the first five years following the campaign. All new cases of respiratory tuberculosis notified in the quinquennium 1958-62 were investigated as to their eligibility for campaign X-ray in 1957. Amongst "eligible" patients participants were then compared with non-participants. It was found that those who had been X-rayed were subsequently less liable to develop tuberculosis, or if they did contract the disease it was in a milder form and they were less liable to infect other people. After the campaign the notifications of tuberculosis were reduced not only amongst participants but also ultimately amongst non-participants.

(e) Examination of Contacts.

The patient's household is regarded as a unit and an endeavour is made to have all members of the family and other close contacts tuberculin tested where indicated and radiologically examined at the City Hospital. Considerable persistence and persuasive skill on the part of the Health Visitor are sometimes necessary to gain the full co-operation of the family or other contacts.

During the year under review 513 new contacts were examined out of a total of 524 due to attend (98% acceptance rate) and 450 out of 534 other contacts kept under observation from previous years were also seen (84% acceptance rate). One of these contacts was found to have active pulmonary tuberculosis.

(f) Positive Reactors amongst School Leavers.

The programme for case-finding includes the tuberculin-testing of school children in the year before leaving school, and, in accordance with the recommendations of the Joint Tuberculosis Council, strongly positive reactors are now periodically reviewed at the Chest Clinic for a period of at least five years.

During 1963, 351 children in this category were examined, and of these three were found to have manifest tuberculosis.

(g) B.C.G. Vaccination.

The following is a copy of the return submitted to the Department of Health, giving particulars of the B.C.G. vaccinations performed in 1963.

RETURN FOR PERIOD 1ST JANUARY, 1963 TO 31ST DECEMBER, 1963.

GROUP	Tuberculin Tested		Negative Re-actors		Vaccinated during 1963	
	M.	F.	M.	F.	M.	F.
(1) Nurses	17	252	3	43	3	43
(2) Medical Students .	63	42	30	16	28	15
(3) Contacts . . .	77	99	73	89	173	202
(4) Special Groups not included in (1) to (3) above :—						
(a) School leavers* .	1,388	1,331	1,065	1,018	1,053	1,012
(b) New born babies* .	—	—	—	—	—	—
(c) Students . .	18	16	8	2	—	—
(5) Others	—	3	—	2	—	2

*School children and new born babies dealt with as contacts are included in item (3).

(h) Supply of Extra Nourishment.

Extra nourishment (such as cod liver oil and milk) is given to necessitous cases on the recommendation of the Chest Physician. During the year 153 patients received milk free of charge at a cost to the Corporation of £1,547 0s. 7d.

(i) Aberdeen Tuberculosis and Chest Diseases Care Committee.

This Committee, a voluntary body set up in 1955, continued throughout the year to ease the load which tuberculosis throws on the sufferers and their families. Its work is also extended to include patients suffering from other chronic chest disease, such as chronic bronchitis and emphysema.

(j) Notification.

Table A below gives the number of tuberculosis cases notified during 1963 and, for comparative purposes, the figures for previous years. These are divided into respiratory and non-respiratory and arranged according to age-period and sex.

TABLE A—NUMBER OF CASES OF TUBERCULOSIS NOTIFIED IN 1963.

	AGE-GROUPS.								
	Under 1	1-5.	5-15.	15-25.	25-35.	35-45.	45-65.	65 upwards.	TOTAL.
RESPIRATORY.									
1963 Males	—	—	4	6	2	6	7	9	**34**
1962 Males	—	*1*	*5*	*5*	*3*	*5*	*16*	*4*	*39*
1961 Males	—	*1*	*6*	*6*	*4*	*12*	*15*	*4*	*48*
1960 Males	—	*2*	*4*	*6*	*5*	*8*	*15*	*9*	*49*
1963 Females	—	—	4	1	1	3	3	2	**14**
1962 Females	—	*1*	*1*	*5*	*6*	*6*	*4*	*1*	*24*
1961 Females	—	-	*5*	*10*	*3*	*8*	*7*	*1*	*34*
1960 Females	—	*4*	*7*	*11*	*8*	*2*	*5*	*4*	*41*
NON-RESPIRATORY.									
1963 Males	—	2	—	—	—	1	4	—	**7**
1962 Males	—	—	—	*2*	—	*3*	*1*	—	*6*
1961 Males	—	—	*1*	—	*2*	*1*	—	*2*	*6*
1960 Males	—	—	—	—	*1*	—	—	—	*1*
1963 Females	—	—	—	1	3	—	1	2	**7**
1962 Females	—	—	—	*3*	1	—	*2*	—	*6*
1961 Females	—	—	—	*1*	*1*	*1*	—	*2*	*6*
1960 Females	—	—	*1*	*1*	*2*	*3*	*2*	*1*	*10*
RESPIRATORY AND NON RESPIRATORY.									
1963 Male and Female	—	2	8	8	6	10	15	13	**62**
1962 Male and Female	—	*2*	*6*	*15*	*10*	*14*	*23*	*5*	*75*
1961 Male and Female	—	*1*	*13*	*17*	*10*	*22*	*22*	*9*	*94*
1960 Male and Female	—	*6*	*12*	*18*	*16*	*13*	*22*	*14*	*101*

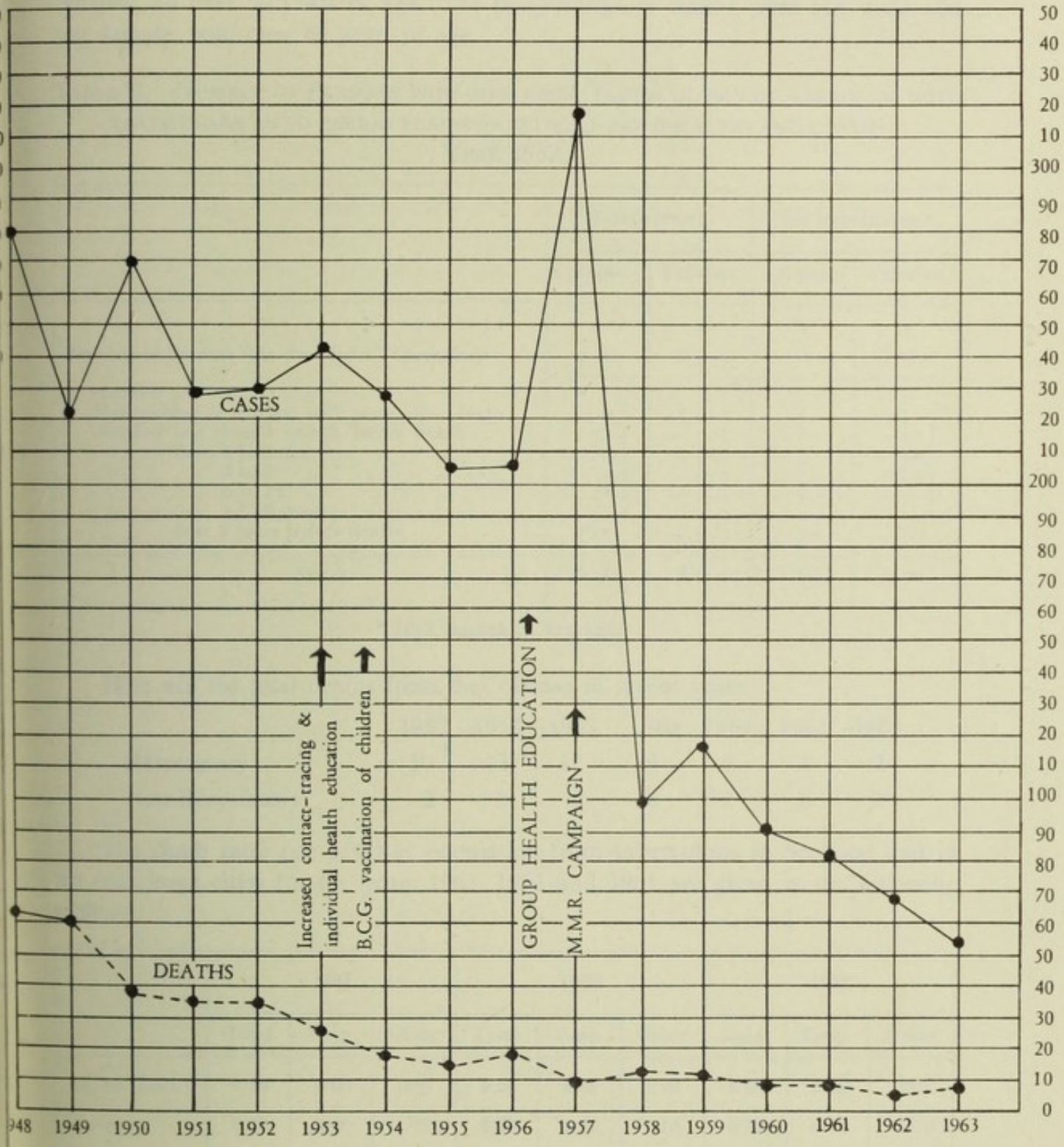
There were 48 cases of respiratory tuberculosis notified (including 4 transfers) of which two were not confirmed. The 14 cases of non-respiratory tuberculosis (including no transfers) were all confirmed, and, as regards the site of disease 4 suffered from tuberculosis of bones or joints, 4 had genito-urinary tuberculosis, 3 had tuberculosis of superficial glands, and there was one case each of abdominal, meningeal and other tuberculosis.

The total number of persons residing in Aberdeen who, at 31st December, 1963, were known to be suffering from tuberculosis was 1,748, comprising 1,657 respiratory and 91 non-respiratory cases.

The appended graph shows the notifications and deaths from respiratory tuberculosis during the past few years.

City of Aberdeen.

Cases and Deaths from Respiratory Tuberculosis, 1948-1963.



(k) Mortality.

Table B gives particulars of those who died during 1963. There were nine deaths altogether. The seven respiratory deaths comprised five males and two females, all over 50 years of age. The non-respiratory deaths were one male and one female, both over 60 years of age.

TABLE B.—NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN ABERDEEN, WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH— YEAR 1963.

	Respiratory.		Non-respiratory.	
	Males.	Females.	Males.	Females.
	*	*	*	*
Number of Persons who died from Tuberculosis .	5 (4)	2 (—)	1 (—)	1 (1)
of whom—				
Not notified or notified only at or after death .	1 (—)	1 (—)	1 (—)	1 (—)
Notified less than 1 month before death . .	1 (—)	— (—)	— (—)	— (—)
,, from 1 to 3 months ,, ,, . .	— (—)	— (—)	— (—)	— (—)
,, ,, 3 to 6 ,, ,, ,, . .	— (—)	— (—)	— (—)	— (—)
,, ,, 6 to 12 ,, ,, ,, . .	— (—)	— (—)	— (—)	— (—)
,, ,, 1 to 2 years ,, ,, . .	— (—)	— (—)	— (—)	— (—)
,, over 2 years before death . . .	3 (4)	1 (—)	— (—)	— (1)
TOTAL	5 (4)	2 (—)	1 (—)	1 (1)

* 1962 figures in brackets.

Here are the total deaths from that disease in recent years.

	1957	1958	1959	1960	1961	1962	1963
Respiratory . .	10	13	12	9	9	4	7
Non-Respiratory .	2	1	2	0	2	1	2

The death rates per 1,000 of population from tuberculosis in Scotland and in the four large cities for the years 1963, 1962 and 1961 are given in the following table:—

	1963			1962			1961		
	Total	Resp.	Other	Total	Resp.	Other	Total	Resp.	Other
All Scotland .	**0·10**	0·09	0·01	**0·08**	0·08	0·01	**0·09**	0·08	0·01
Glasgow . .	**0·20**	0·20	0·004	**0·18**	0·18	0 01	**0·19**	0·18	0·01
Edinburgh .	**0·03**	0·03	0.002	**0·03**	0·03	0·00	**0·04**	0·03	0·01
Dundee .	**0·07**	0·07	0·00	**0·04**	0·03	0·01	**0·08**	0·06	0·02
Aberdeen .	**0·05**	0·04	0·01	**0·03**	0·02	0·01	**0·06**	0·05	0·01

(B) OTHER DISEASES.

Prevention.

Prevention of disease shares with promotion of health the place of supreme importance in the work of any modern Health Department, consequently it is not really possible to discuss preventive work in a single chapter, except to say that all preventive services still suffer from staffing shortages. Health education of the community, prevention of diseases by individual health counselling, prevention by specific immunisation, health maintenance of the elderly, and port health services to reduce the risk of importation of disease from overseas are considered in the chapters dealing respectively with Health Education, Health Visiting, Vaccination and Immunisation, the National Assistance Act (under which all services for old people have been grouped together as a matter of convenience) and Port Health Services.

Care and After-care.

As mentioned in recent Annual Reports, shortage of professional staff (particularly health visitors) has, as yet, prevented the full implementation of the duties imposed on the local health authority under the National Health Service (Scotland) Act, 1947. This state of affairs continued during 1963. Moreover, the advent of the Mental Health (Scotland) Act, 1960, aggravated the shortage of professional staff, since the Department now has much increased responsibility for the care and after-care of patients discharged from mental hospitals. Hospital after-care of mental patients is undertaken by Mental After-Care Officers of the Corporation, their hospital colleagues Psychiatric Social Workers, and district health visitors. Care and after-care are, of course, closely linked to the prevention of mental ill health, the promotion of mental health and individual and group health education. All these are discussed elsewhere in this report.

Features of the Year.

(1) After-care services for the elderly continue fairly satisfactorily despite staff shortage. Health visitors paid 17,105 visits to 3,995 old persons during the year and this figure includes 323 visits made at the request of the old persons' general practitioners. Hospital staff and district nurses also refer to the Department elderly persons who, in their opinion, would benefit from home visits by health visitors, and supportive services are brought in as required. The Deputy Superintendent Health Visitor and 2 Specialist Health Visitors co-ordinate the work of the district health visitors and act as a link with the geriatric hospital. One of the Specialist Health Visitors is a male health visiting officer and the use of such an officer has proved of great value in this type of work. Increase in the proportion of old people and staff shortages together make it impossible for the existing staff of health visitors to undertake as much after-care work as is desirable.

(2) A Specialist Health Visitor continues to attend the Royal Aberdeen Hospital for Sick Children and provides a valuable link between the district health visitor and the hospital.

(3) The after-care service for patients discharged from mental hospitals has continued, and was achieved by the part-time secondment to Kingseat Hospital of two health visitors (a different two every six months) in addition to the 2 full-time mental after-care officers already based there. This scheme of part-time secondment of health visitors to Kingseat Hospital has been in operation for several years and 14 health visitors have now each completed 6 months attendance at the hospital.

(4) A Specialist Health Visitor is seconded to the Ross Clinic and part-time to the Royal Mental Hospital where she co-operates with psychiatrist and psychiatric social worker in the after-care of mental out-patients attending that clinic.

(5) Three specialist Health Visitors (one male health visiting officer and 2 health visitors) deal with the after-care and follow-up of mentally handicapped adolescents leaving Beechwood Special School and Rubislaw Occupational Centre. A Specialist Health Visitor also attends Woodlands Home and the Hospital Clinic held there for handicapped children and she provides a valuable link between the Regional Hospital Board and the Department.

(6) In 1959 a health visitor was attached to a three-doctor general practice to facilitate co-operation and to improve after-care work. This experiment was for one year in the first place but the trial proved to be so successful that the health visitor has continued to work with this practice. Since 1961 two other doctors in partnership who had asked for a similar linkage have had a second health visitor attached to their practice. Additionally, 3 health visitors attended 3 general practitioner ante-natal clinics.

(7) A health visitor is attached to the Diabetic Clinic of the North-Eastern Regional Hospital Board for the after-care of treated diabetic patients, and this linkage has proved to be of great value.

Owing to shortages of health visitors there is as yet no after-care service for many conditions in which it would be of value (e.g. cardiac diseases and peptic ulcer).

15.—MENTAL HEALTH SERVICES.

Features of the Year.

(1) The problems involved in setting up Mental Health Services (fully outlined in the 1962 report) are still to a great extent unresolved.

(2) During 1963 the Health and Welfare Committee discussed plans prepared by the City Architect for the long-awaited senior occupation centre for mentally handicapped persons, a site for the erection of this centre having been selected.

(3) In April 1963 the Corporation appointed a Junior Depute Medical Officer of Health with duties largely in the Mental Health field.

(4) On the retirement of Dr. D. Younie (Senior Assistant Medical Officer, Schools) the Junior Depute Medical Officer of Health, in addition to his duties in the Mental Health field, took over temporarily the administration of the School

Health Service on behalf of the Medical Officer of Health. [As mentioned elsewhere in this report great difficulty has been experienced during the year in attracting suitable candidates to fill senior medical and health education posts.] The linkage of the Mental Health Services and the School Medical Service, albeit temporary, has been proved to be very advantageous.

THE MENTAL HEALTH SERVICES.

(1) Duties.

The Corporation's duties include—promotion of mental health; prevention of mental and emotional disease; early detection of mental disease, and prevention of recurrence of mental illness; ascertainment, care and after-care of mentally handicapped and mentally ill persons in their own homes; and provision of suitable training and occupation for the mentally handicapped over the age of 16 years and for the ineducable mentally handicapped under that age.

(2) Staff Employed.

(a) *Medical Officers.*—Numerous duties in prevention, ascertainment, supervision, and after-care devolve on the Corporation's four Responsible Medical Officers and on other medical officers of the Health and Welfare Department, most of whom hold the post-graduate certificate in mental assessment.

(b) *Psychiatric Social Workers.*—The Corporation has not so far sought to appoint any psychiatric social workers, and—apart from these being in short supply—experience of recent years has shown that, for Local Authority Mental Health Services, the specialist health visitor who has undergone an advanced seven months course at Glasgow University is probably the most suitable worker in the Local Authority field for this type of work.

(c) *Mental After-Care Officers.*—There are at present four Mental After-Care Officers (i.e. health visitors with further qualifications) employed, and two health visitors specialise in this field—a health visitor and a male health visiting officer. Two are based full-time at Kingseat Hospital; a third After-Care Officer, a Male Health Visiting Officer and a Health Visitor deal largely with the after-care of mentally handicapped adolescents, though the former also attends Woodlands Home and the Regional Hospital Board Clinic held there. Two health visitors now work part-time from Kingseat Hospital, and the fourth Mental After-Care Officer works full-time from the Ross Clinic on the care and after-care of mental out-patients, devoting a small part of her time to Aberdeen cases discharged from the Royal Mental Hospital.

(d) *Health Visitors.*—Very extensive duties in respect of prevention of emotional and mental diseases, and care and after-care, devolve on the district health visitors. Their role as the general-purpose qualified professional workers for both preventive and social duties is increasingly appreciated.

(e) *Other Mental Health Workers.*—As mentioned above one male health visiting officer who had previous Mental Nursing Training prior to taking his Male Health Visiting Officer Certificate is employed full-time on mental health

duties. The value of male health visiting officers in the care of the elderly and in the Mental Health Services has fully justified Aberdeen's pioneer venture into the training of male health visiting officers in the Aberdeen Health Visitor Training School.

(f) *Mental Health Officers.*—Four Mental Health Officers carry out certain statutory duties. They correspond to the authorised officers under previous legislation and continue their long-established function of setting in motion the procedure for compulsory admission to hospital, or reception into guardianship when the patient's relatives are unable or unwilling to take appropriate action. In addition, they assist relatives when recommended patients (and occasionally informal patients) are admitted to hospital. These officers hold dual appointments as Assistant Welfare Officers under the National Assistance Act provisions and as Mental Health Officers.

(g) *Occupation Centre Supervisors &c.*—As yet none is employed, for the Senior Occupation Centre is still at the planning stage.

(3) Co-ordination.

Close liaison is maintained with the North-Eastern Regional Hospital Board and with the Board of Management for the Mental Hospitals, and reference has been made in last year's report to the work of the Mental Health Study Group, which may, in the future, bring together, for the purposes of discussion of common problems, various officials from different bodies concerned with mental health and mental after-care. Periodic joint conferences are held to discuss methods of improving services and liaison between hospital and Local Authority Services.

In respect of a hostel for ex-patients, administered by the Hospital Board, the Corporation makes a financial contribution and provides the services of a health visitor for social work.

(4) Duties delegated to Voluntary Associations.

No duties in relation to mental cases have been delegated to any voluntary associations.

(5) Training of Staff.

Arrangements made have included (a) the provision of post-qualification courses in mental health for health visitors (temporarily in abeyance), (b) sending of staff to advanced courses, and (c) the occasional sending of senior medical and health visiting officers to short refresher courses on mental health. In the main, however, arrangements for training are still for future consideration.

(6) In the development of Mental Health Services Aberdeen Corporation has concentrated more on providing personal services rather than "brick and lime" provisions. This may be the better way to tackle the problem for it enables accurate assessment of needs to justify provision of such items as senior occupation centres, clubs, hostels and day care centres. The time is already upon

us, however, when both more staff and a Senior Occupation Centre for mentally handicapped persons are vital for efficient development of Aberdeen's Mental Health Services.

AMOUNT OF WORK UNDERTAKEN.

(1) Under Section 27 of the National Health Service (Scotland) Act, 1947.

(a) *Measures for prevention of Mental Illness.*

(i) *Health Education by Health Visitors, Health Education Lecturers and Departmental Medical Officers.*

This has for some years constituted a considerable part of the Department's health education work—both in group and in individual health education. As more and more physical diseases are conquered, proportionally more attention can be focussed on mental health, and especially on anticipatory guidance—preventing the causes of disturbances before they actually arise.

The particular importance of the preventive and social role of the family health visitor—an expert in normality, skilled in the art of persuasion, and recognised by the family as a health counsellor and social adviser—in the prevention of the "break-up" of the family, with its consequent bad effects on the physical and even more on the mental health of children, and in the prevention of mental ill-health in general, was emphasised in D.H.S. Circular 77/1954, and various subsequent documents; and her positive role in inculcating sound attitudes and in helping to reduce tensions to bearable limits is even more important. Second only to this in value is group teaching or, more accurately, group discussion.

(ii) *Attempts to assist families placed in situations of abnormal physical, mental or financial strain.*

For households under physical strain, help is available (as indicated elsewhere). Physical strain on parents is frequently relieved by the admission of young children to day or residential nurseries. Financial strain is often relieved by the same means, the mother being enabled to work for a time to obtain sufficient money to pay off debts. Health visitors give much useful advice and guidance on family budgeting and on general domestic problems; and there is good liaison with the National Assistance Board and with various voluntary societies.

Another factor of assistance to families in situations of abnormal strain is the existence of a Joint Committee to consider children neglected in their own homes. This Committee, by co-ordinating the efforts of health visitors and school health visitors, school welfare officers, the National Society for the Prevention of Cruelty to Children, the National Assistance Board, and so on, as well as bodies like the Aberdeen Association of Social Service, can sometimes find a practical means of relieving an intolerable strain on households. In addition, this co-ordinating mechanism makes for economy in that the number of persons concerned with each of these difficult families is kept down to a minimum. Quite equally important is the Case Conference of field workers—mentioned in the section on prevention of broken homes. Finally, for multi-problem families the Corporation employs a senior social worker.

(b) *Care and After-Care of the Mentally Ill and the Mentally Handicapped.*

Patients who leave hospitals for the mentally ill are visited by mental after-care officers. A guide to the extent of after-care work during 1963 is that 3,538 visits were made during the year to 795 mentally ill and mentally handicapped persons by staff engaged on mental health duties. Of the 3,538 home visits made (3,076 visits in 1962) 1,349 visits were made at the request of the hospital services or the patients' general practitioners. The visits were often very time-consuming.

Persons under guardianship—mentally ill or mentally handicapped patients—are supervised by the responsible medical officers and the mental health officers of the department.

Although the Regional Hospital Board is increasing its accommodation there are still not nearly enough institutional places for mentally handicapped persons requiring institutional care and supervision; and there is also a grave and very urgent need for the Senior Occupation Centre, for the mentally handicapped living at home. A day care centre for ineducable mentally handicapped children is being opened in Aberdeen by the local voluntary Mental Health Association.

During the year periodic statutory reviews were carried out on eleven of the mentally handicapped patients subject to guardianship. In one case guardianship was discontinued (the patient having been admitted informally to hospital) and one patient died.

All patients under guardianship were visited in accordance with the terms of the Mental Health (Guardianship) (Scotland) Regulations, 1962, and no particular problems were noted.

It was decided to institute a Register of Mentally Handicapped Persons on similar lines to the well-tried register of Old Persons and for the same general purposes—to assist co-ordination of services and to facilitate follow-up and research. By the end of the year this new register—still in an early stage—contained the names of 263 mentally handicapped persons.

(2) Under the Mental Health (Scotland) Act, 1960.

(i) The work undertaken by After-Care Officers, Health Visitors, &c. is discussed elsewhere.

(ii) Work undertaken by Mental Health Officers includes simple guidance on domestic problems; reference to a psychiatric clinic to secure early treatment; close liaison with general medical practitioners, psychiatric specialists, health visitors and other workers to ensure help of any nature required for mentally disordered persons; completing and negotiating claims for statutory benefits; ensuring adequate protection for property prior to admission to hospital and throughout any period of hospitalisation; and ensuring the proper care and supervision of all hospital patients boarded out under guardianship or leave of absence from hospital.

The number of Mental Cases dealt with during the 1st January to 31st December, 1963 is as follows:—

	Males	Females	Total
Recommended Cases where a Mental Health Officer had to act in the absence of, or on behalf of relatives	10	12	22
Recommended Cases where a Mental Health Officer had to assist relatives with the application to the Sheriff	15	27	42
	25	39	64

In addition to the above figures, assistance has been given freely by the Mental Health Officers, within the spirit of the new Mental Health Act, to the Physician Superintendents and Consultant Psychiatrists of the Regional Hospital Board in many ways (e.g. helping to trace relatives).

The number of patients on leave of absence from hospital, under care and supervision by the Department between 1st January to 31st December, 1963 is as follows:—

	Males	Females	Total
	1	—	1

Mental Health (Scotland) Act, 1960.

	Males	Females	Total
Number of cases reported by the Education Department under the Education (Scotland) Act during the period 1st January to 31st December, 1963 . .	11	10	21
Number of patients under guardianship as at 31st December, 1963:—			
In the City	11	4	15
In the County	8	4	12

16.—PORT HEALTH ADMINISTRATION.

Features of the Year.

During 1963 ships from infected areas arrived in Aberdeen at an average of just over one per week. As in many previous years, work at the Port proceeded smoothly and there were no importations of disease. Nevertheless, since the absence of dramatic occurrences not only indicates that the services are efficient but also tends to mask the very real work done, it may be worth while to give a very brief indication of the work undertaken. In 1963 there arrived at the Port 458 vessels from overseas (including 58 from areas infected by plague, cholera, smallpox, &c.), and 1,734 commercial vessels from Britain. (These figures are fairly normal, e.g. in the previous year there were 436 vessels from overseas, including 26 from infected areas.) 944 vessels were inspected (a slight increase on last year's figure of 939), with medical examination of crews and passengers where appropriate.

There were 157 vessels based on Aberdeen and 10,891 landings from British and foreign fishing vessels, and the total quantity of fish condemned as unfit for human consumption was 139,597 pounds, this figure showing a decrease on last year's figure which again showed a decrease on the total for the previous year.

General.

Control of port health and port sanitary work is one of the functions of the Medical Officer of Health in his capacity as Port Medical Officer. Inspection of fish, markets, premises, fishing vessels and shops is carried out by appropriate members of the Sanitary Section of the Health and Welfare Department, and these duties occupy the full time of two District Sanitary Inspectors.

The Public Health (Ships) (Scotland) Regulations, 1952, describe the action to be taken by the master of a ship if infectious disease on board is known or suspected, or if the ship has come from an infected port; and they also deal with the action to be taken by the Port Medical Officer under these circumstances. A list of countries regarded as infected by plague, cholera, yellow fever, smallpox, typhus and relapsing fever is compiled weekly by the Medical Officer of Health from information furnished by the World Health Organisation, and copies of the list are supplied to the Medical Officers of the Health and Welfare Department, Customs Authorities and Sanitary Inspectors.

Commercial Shipping.

	No. of Vessels entering Port	Tonnage
Foreign Arrivals	458	337,156
Coast-wise Arrivals	1,734	772,994
Total	2,192	1,110,150

During the year vessels arrived from ports listed in the weekly infected area list, as follows, and medical examinations were carried out as appropriate:—

Nauru Island	4	Nemours	8	Sousse	2
Aden	2	Kenitra	2	Arzew	1
Suez	2	Constanza	1	Singapore	1
Sfax	3	Ceuta	1	Port Said	1

Swedish and Norwegian Ports 30

Fishing Vessels.

No. of landings from British fishing vessels	10,592
No. of landings from foreign fishing vessels	299

The following changes have taken place in the fishing fleet during the year:—

No. of vessels scrapped	3
No. of vessels lost	1
No. of vessels laid up pending scrapping	4
No. of vessels changed to seine net fishing	3
No. of vessels changed to line fishing	1
No. of new vessels	1
No. of vessels acquired from other ports	1

The number of vessels based on Aberdeen at end of year:—

No. of trawlers	132
No. of liners—	
Line fishing over 9 months/year	10
Line fishing 6-9 months/year	6
Line fishing under 6 months/year	9

Particulars re Inspection of Vessels.

Inspections in respect of foreign arrivals	444
Inspections in respect of coast-wise arrivals	254
Inspections in respect of British fishing vessels	234
Inspections in respect of foreign fishing vessels	12
	944

Particulars of De-ratting Certificates.

No. of De-ratting Certificates issued	Nil
No. of De-ratting Exemption Certificates issued	57
No. of Rodent Control Certificates issued	19

Fish Inspection.

Amount of fish found to be unfit for human consumption during the year is:—

	1961	1962	1963
General	4,559¼ cwts.	1,647 cwts.	1,223½ cwts.
Halibut	83 cwts. 6 sts.	43 cwts. 2¾ sts.	22 cwts. 7¼ sts.

17.—FOOD HYGIENE.

Features of the Year.

(1) **Animal Disease.**—In 1963 there was one minor outbreak of swine fever, which, though serious for the owner, can not be regarded as serious when seen in the context of the annual turnover.

(2) **Staff.**—A disquieting feature of the year was the application, by what was regarded as settled members of staff, for posts south of the border. With Local Authorities in England stepping up and, in some instances, embarking on meat inspection the increased financial inducements offered were the cause of members of staff seeking to move.

(3) **Promotion of food hygiene.**—Efforts at personal level by members of staff continued. Unfortunately, pressure of other duties on members of staff precluded the diversion of staff time to mounting a large scale campaign.

(4) **Course for prospective meat inspectors.**—As in previous years a course for prospective meat inspectors was organised by the Education Department and conducted by a medical officer and the Chief Meat Inspector.

(5) **Food Hygiene Course for food handlers.**—A course of instruction for food handlers was again offered as a Further Education project. Unfortunately the number of candidates coming forward did not warrant the conducting of the usual course.

General.

It is not proposed to discuss here detailed points relating to inspectoral and advisory functions, but simply to indicate that the administration of the Acts, Orders, and Bye-laws relating to milk, the details of milk samples examined during the year, and the administration of the Ice Cream (Scotland) Regulations, 1948, will be described in the Annual Report of the Chief Sanitary Inspector. His report will also contain certain information about food premises inspected, defects found and remedied, and assessments of hygienic standards attained.

Meat Inspection.

The four slaughterhouses, privately owned, licensed within the Burgh, were in operation either continuously or intermittently. In 1963 there was a continuation of the 1962 trends, i.e. a considerable increase in the number of cattle and sheep slaughtered but a decrease in the number of pigs. The overall number of animals slaughtered was more than in 1962.

Class of Animal	Total Slaughtered	Carcases Totally Condemned	Carcases Partially Condemned	Weight (in lbs.) of Meat and Offal
Cattle . .	113,090	113	222	76,083
Sheep . .	112,267	550	197	34,141
Pigs . .	4,780	43	92	18,128
Calves . .	300	32	3	2,049
	230,437	738	514	130,401

In addition, there were 762 lots of offal with a total weight of 118,875 lbs. The total weight of condemned meat and offal is thus 249,276 lbs.

During the year, there were no prosecutions under the Slaughter of Animals (Scotland) Act, 1928. Some 85 licences were issued for the use of the mechanically-operated instrument for the slaughter of animals.

The routine work necessary under the various Acts and Orders relating to diseases of animals was duly carried out. There was one case of swine fever confirmed and four suspected cases.

Under the Public Health Meat Regulations, 1961, ante-mortem inspection of all animals has to be carried out. During 1963 the number of animals segregated under instruction for emergency slaughter was 52. This additional inspection of live animals adds considerably to the work of the Meat Inspectors.

Export Licences.

During the year, 71,680 pounds of roast beef and 1,300 lamb carcases were exported to countries overseas. The Export Licences are granted by a veterinary surgeon of the Department of Agriculture acting for the Local Authority.

18.—ENVIRONMENTAL HYGIENE AND ANALYTICAL WORK.

The laboratory examined nine hundred and ninety-one samples submitted under the Food and Drugs Acts and related legislation. Thirty-one of these samples were the subject of adverse reports. Four samples of milk failed the tests for effective pasteurisation.

Samples submitted under the Fertilisers and Feeding Stuffs Act are examined to check that they conform with their statutory statement of contents.

To ensure that materials used in upholstery have been adequately cleaned, samples of this nature are submitted under the Rag Flocks and Other Filling Material Act.

Public and school swimming baths which are controlled by the City are visited once per week to take samples of the pond water for bacteriological examination and also ensure by chemical analysis that the water is being suitably treated to provide satisfactory chlorination conditions.

Water samples are analysed when requested by the Water Department.

Urine specimens for the determination of alcohol are submitted by Police authorities in cases of offences under the Road Traffic Acts. The Road Traffic Act, 1962, established that the provision of such specimens is now obligatory on the part of an accused person.

The number of toxicological specimens submitted on behalf of Procurator Fiscal or Police again showed an increase compared with any previous year.

Samples analysed.

The total number of samples analysed was as follows:—

Food and Drugs Act	991
Milk tested for effective pasteurisation	223
Fertilisers and Feeding Stuffs	21
Rag Flocks	7
Swimming Bath Waters	390
Urines for Alcohol content	142
Toxicological specimens	131
Waters and Effluents	10
Miscellaneous	21
	1,936
Atmospheric Pollution—	
Sulphur Dioxide by volumetric method	624
Smoke Deposit	624
Lead Peroxide Cylinders	96
Deposit Gauge Rain Waters	24
	1,368

CLEAN AIR ACT, 1956.

Developments, or lack of them, in the electricity and solid smokeless fuel industries did nothing to encourage the Corporation to press on with schemes for smokeless zones in the city. Nevertheless the City Architect was authorised to engage staff for the carrying out of a survey of a representative area of the city.

The Health and Welfare Department continued to co-operate with the Department of Scientific and Industrial Research in sampling and investigating the air conditions in the city. Equivocal results of two samples had interesting sequelae. In one, a firm was made aware of the escape of valuable ammonia gas and was grateful for the information which lead to a saving. In the other, a query was received from south of the border as to whether a farmer had been liming the neighbouring fields. As this sample came from Queen's Road, the residents may be pleased to note that in at least one quarter they are regarded as living in rural conditions.

19.—FACTORIES ACT, 1961.

In accordance with this Act, visits of inspection are made to factories and workshops to enforce (a) provisions relating to cleanliness, overcrowding, temperature, ventilation and drainage of floors in factories where mechanical power is not used, and (b) provisions relating to sanitary conveniences in all factories.

In 1963 there were 1,407 factories registered in the City, and 1,711 visits of inspection were paid by the Sanitary Inspectors. The premises were, generally speaking, satisfactorily maintained. The majority of the 1,058 defects found were not serious, and 968 of these were remedied in the course of the year. In 276 cases formal written notices had to be served, but in no case was it necessary to institute prosecution. Further particulars, in the prescribed form, are supplied in the Appendix to this section of the Annual Report.

Under Section 133 of the Act, lists are kept of outworkers in certain trades. In August, 1963, the total number of outworkers was 101, comprising 52 employed in the net industry, and 49 in the making, &c., of wearing apparel. These figures tend to fluctuate. In no instance was the work carried out in unwholesome premises.

Appendix.

1. Inspections for provisions as to health (including inspections made by Sanitary Inspectors):—

Premises (1)	Number on Register (2)	Number of Inspections (3)	Number of Written Notices (4)	Number of Occupiers Prosecuted (5)
(i) Factories in which sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities . . .	186	164	20	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority . . .	1,164	1,439	247	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	57	108	9	—
Total . .	1,407	1,711	276	—

2. Cases in which defects were found:—

Particulars (1)	Number of cases in which defects were found: Found (2)	Remedied (3)	Referred: To H.M. Inspector (4)	Referred: By H.M. Inspector (5)	Number of cases in which prosecutions were instituted (6)
Want of cleanliness (S.1)	667	621	—	8	—
Overcrowding (S.2) .	—	—	—	—	—
Unreasonable temperature (S.3) .	5	4	—	1	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6) . . .	3	3	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient .	50	48	—	—	—
(b) Unsuitable or defective .	237	211	—	7	—
(c) Not separate for sexes . .	4	3	—	4	—
Other offences against the Act (not including offences relating to outwork) . . .	91	77	—	1	—
Total . .	1,058	968	—	21	—

3. No. of defects found in previous year and remedied in current year=27.

4. Outworkers.

Nature of Work	Number in List	Cases of default	Unwholesome premises
Making, &c., of wearing apparel	49	—	—
Nets, other than wire . .	52	—	—
Others	—	—	—
Total . .	101	—	—

20.—NOISE ABATEMENT ACT, 1960.

Members of staff continued their endeavours to obtain a reduction of noise for citizens. It was not found necessary to take legal action under the Act as persuasion gained the required results. It may be useful to repeat the warning of complications if an aggrieved person, becoming annoyed at apparent delay, takes impetuous action.

21.—THE AGRICULTURE (SAFETY, HEALTH AND WELFARE PROVISIONS) ACT, 1956.

This Act has only a very limited application within the City of Aberdeen. Further reference will be made to it in the Annual Report of the Chief Sanitary Inspector.

22.—SERVICES UNDER NATIONAL ASSISTANCE ACT, 1948, &c.

Strictly this chapter should include only services for the Physically Handicapped and Welfare Services for the Elderly, but it is not easy to divide into portions the various services provided to maintain the physical and mental health and the social well-being of veterans. For this reason, all services for the elderly are included here as a matter of convenience, although more often than not they are services under the various Health Acts.

Features of the Year.

(1) The demand for all services continued to increase during the year, but in general there were no additional health visitors, no additional chiropodists, few additional home helps and no additional hostel places. In other words, demand quite outstripped supply.

(2) The number of old people visited by health visitors rose in 1963 and—since there were no more health visitors the average number of visits dropped from 4.4 to 3.8 per person visited. There are now 760 unvisited veterans on the register. An increase in the number of health visitors was, however, under consideration at the end of the year.

(3) There were some increases in the numbers assisted by the Home Help Service, Meals on Wheels Service and the Chiropody Service, though in each of these the demand was greater than could easily be met. The Home Help Service was increased during the year, and at the end of the year proposals for a further extension of the service and for the opening of peripheral chiropody clinics were under consideration.

(4) The numbers on the Old People's Register continued to increase.

(5) The Aberdeen Scheme for Physically Handicapped Persons continued to thrive. The Occupational Therapy Workshop has proved to be of great benefit to the handicapped.

(6) There were no major alterations in Services for the Blind and the Deaf during 1963.

(7) Regular meetings were held between the Geriatric Consultants, Almoner, Medical Officer and Specialist Health Visitor responsible for the Local Authority Services for the Aged. These meetings are very useful to all concerned because (a) they enable the necessary supportive services and visits by Health Visitors and Social Workers to be arranged for elderly people who are returning to their own homes, and (b) they facilitate the transfer between the Local Authority Old People's Homes and Geriatric Hospitals of elderly people in the Homes who require hospital treatment, and rehabilitated hospital patients who have no suitable home of their own and require the sheltered life available in an Old People's Home.

SERVICES FOR THE ELDERLY.

Provision of Accommodation for Elderly, &c.

In 1963 the Corporation provided 283 places in eight Old People's Homes. In addition the Corporation were contributing at the end of the year to the maintenance of thirty-five people in other Homes.

On 31st December, 1963, the number of aged and infirm persons maintained in residential accommodation was:—

Local Authority Homes—

Opened	Homes	Male	Female	Total
1950	*Balnagask House (25 beds)	12	12	24
1951-53	*Ferryhill Home (23 beds)	8	15	23
1953	*Northfield Lodge (39 beds)	9	30	39
1954	*Albyn Home (23 beds)	7	14	21
1955	Newhills Home (59 beds)	29	28	57
1955	*Polmuir Home (31 beds)	12	19	31
1958	*Thorngrove Home (49 beds)	8	41	49
1962	Rosewell House (34 beds)	8	24	32
Voluntary Homes—				
	Aberdeen Old People's Welfare Council	7	15	22
	Church Homes	5	2	7
	Salvation Army Home, "Sunnyside", Edinburgh	—	1	1
Local Authority Homes in other areas		5	—	5
		110	201	311

The Homes marked with an asterisk have, in addition, one bed in a Sick Room. The above figures do not include residents temporarily in hospital whose places in the Homes are reserved for a period pending their return.

The total number of residents was 311 at the end of 1963 compared with 316 residents at the end of 1962. At the end of the year 5 residents were in hospital and there were 2 reserved places for residents temporarily away from the Homes.

During the year there were 164 admissions to Local Authority Homes—93 new admissions, 10 transfers between Homes, 20 for holiday periods and 41 readmissions from hospital. There were 12 admissions to voluntary Homes.

Waiting List for Old People's Homes.

At the end of 1963, 117 old people (37 males and 80 females) were on the urgent waiting list for admission to a Home; 37 other applicants were in hospital (17 males and 20 females); and the non-urgent list totalled 120 old people (32 males and 88 females). The urgent figure of 117 compares with 69 at the close of 1962.

By the end of 1963 there were 274 old people on all branches of the waiting list, compared with 242 at the end of 1962 and 190 at the close of 1961.

The best place for elderly people is at home; this is certainly where most of them wish to be. The dramatic increase in applicants for admission to Old People's Homes is due to three main factors—(a) an increase in the number of frail elderly people in the population, (b) grave insufficiency of preventive staff—discussed elsewhere, and (c) serious shortage in Aberdeen of suitable housing accommodation for elderly people—especially single persons. Every effort should be made by the Corporation—by providing suitable housing and adequate preventive and supportive services—to keep frail elderly people at home in a state of independence and contentment. It is only when they become, in spite of these services, unable to be maintained at home that they should need to enter an Old People's Home.

Some of our older Old People's Homes with bedrooms upstairs are proving unsuitable for their frail elderly residents and when a vacancy occurs in an upstairs bedroom it is often difficult to find someone on the waiting list who can manage stairs and is thus able to accept the vacancy.

Old People's Homes.

No major change has occurred during the year in the method of administration of these Homes.

Cottages for the Elderly.

The Corporation continues to provide special purpose houses for elderly couples as a feature of its housing schemes.

In the grounds of Balnagask House, 14 special purpose houses for the aged are centrally heated from the adjoining Old People's Home, and a warden service is available to help the old folk in cases of emergency. Emergency bells have been fitted between these special purpose houses and Balnagask Home. A similar scheme of 12 special purpose houses is nearly completed in the grounds of Thorngrove Home and at the time of writing these houses are being occupied.

Supportive and Preventive Services for the Elderly.

Measures for the health and welfare of the elderly in their own homes include:—

1. *Visitation of the elderly by Health Visitors.*

The health visitor has become the medico-social adviser and teacher of the whole family on matters of physical, mental and emotional health, and an increasing proportion of her work is now devoted to the care of the elderly. She provides expert guidance on diet, clothing, budgeting, proper balance of rest and exercise, psychological and psycho-social problems, and on the cultivation of leisure interests in preparation for retirement. When an old person is beginning to require material assistance (e.g. a home help, mobile meals service or chiropody) the family health visitor assesses the need and initiates any necessary action. During 1963 family health visitors paid a total of 15,081 visits to 3,995 elderly persons, but—as mentioned earlier—insufficiency of health visitors resulted both in decreased frequency of visiting and in 760 old people on the register remained unvisited, i.e. in every six veterans known to need visiting five were visited (even if infrequently) and one remained unvisited.

2. *Home Help Service.*

In 1963, 1,534 households of persons of pensionable age received assistance from the Home Help Service, compared with 1,440 households in 1962, and 1,346 in 1961. With the increase in the number of elderly citizens in the community (and also with relative decrease in preventive staff) has come a rise in the number of frail elderly persons. The Home Help Service expanded during the year and considerable further expansion will be essential shortly.

3. *Home Nursing Service.*

Details of the Home Nursing Service for 1963 are as follows:—

	Total—All Ages	Total of Pensionable Age	Total of Pensionable Age (1962)
No. of patients attended—Day Nursing Service	4,123	2,323	2,243
No. of patients attended—Night Nursing Service	324	262	225
Total number of patients attended—Day and Night Nursing Service	4,447	2,585	2,468

4. *Meals on Wheels Service.*

This service, run by the W.V.S., is subsidised by the Corporation paying a proportion of the cost of the meals supplied during the year. One hundred and six old people and four physically handicapped persons received 10,286 meals during 1963. (7,813 meals were supplied during 1962.)

5. *Chiropody Services.*

This very beneficial service again underwent a little expansion during the year. A total of 3,763 old persons (3,303 in 1962) living at home received chiropody treatment, 2,194 of them at the clinic and 1,569 in their own homes. In addition 318 persons (264 in 1962) were treated while resident in Old People's Homes.

6. *Register of Old Persons.*

As has been mentioned in previous reports, the register is valuable for the co-ordination of services for old people, the assessment of needs of the aged and the follow-up of cases. During 1963, 1,136 names were added and by the end of the year, after adjusting for deaths and movements from the district, the register stood at a total of 4,755 elderly persons, compared with 4,101 in 1962 and 3,590 in 1961.

Physically Handicapped Adults.

(i) *Domiciliary Arrangements.*—Aberdeen's Scheme for Physically Handicapped Persons has been in operation for ten years. There are now 501 persons on the register (compared with 451 in 1962)—a continuation of the year-by-year rise. A proportion were registered following discharge from hospital. There has been little change in the pattern of home visiting: special cases require more intensive visiting but the advisory service has been maintained for all. Assessment of needs is interpreted in a very wide sense and every effort is made to help handicapped persons to live effective and satisfying lives.

Additionally, the Corporation's holiday scheme (which began in 1959) has proved most beneficial and the help received has been appreciated by the patients and their families. One of the Local Voluntary Associations also financed holidays in 1963 for several disabled people who were recommended by the Local Authority.

Workers concerned with the handicapped have continued to be closely interested in and keenly aware of certain housing problems, and some observations may perhaps be useful. Single people have still found it almost impossible to be rehoused as there is a very limited amount of this type of accommodation. With an ageing population and the probable increase in the number of disabled within the community, careful attention has to be given to the expected numbers of people who will require special housing. Since 97 per cent of people over 60 years of age in Britain live in their own homes, it is important to everyone concerned that they should be in suitable accommodation: there would otherwise be a need for Local Authorities to provide substantially more Old People's Homes and other welfare services. Close co-operation between all the Local Authority Departments is obviously necessary. The proportion of houses of each size provided for present and future use has to be carefully planned. Whenever houses are built by the Local Authority as special purpose homes and let on medical grounds, there are several important architectural and geographical features which require consideration. For instance, it is thought that all special purpose houses should be on the ground floor or no higher than the first floor. There should be few or no steps to ground floor accommodation and if some are necessary they should be planned so as to permit a ramp for a wheelchair. All doorways should be wide enough to allow the passage of a wheelchair. Lever handles should be fitted to doors instead of door knobs. Adequate but inexpensive heating is essential in these houses together with the necessary insulation for preventing loss of heat. The drying space for laundry should be accessible to handicapped housewives. Geographically, it is preferable for the houses to be near to bus routes, not in very hilly districts, and to have only small gardens, if any. The sites should also have space near them for garages for invalid vehicles.

The Corporation has continued to make and pay for many adaptations, mostly slight, to physically handicapped persons' homes and has provided aids to increase their independence. A few of the adaptations would not have been required if the special purpose houses had incorporated some of the above mentioned features.

Arrangements with the Royal Aberdeen Workshops for the Blind, whereby a number of severely disabled sighted persons receive training and are later given employment, have continued. By the end of 1963, eighteen such people were either training or employed under this scheme. Six more had actually begun training but had been unable to continue with it for various reasons. Some vacancies have now been suitable for, and filled by, women.

Close liaison has been maintained with other interested people and organisations.

(ii) *Occupational Therapy Workshop.*—The activities within the workshop during the year 1963 have seen little change, though the undertaking of repair and construction of wooden toys for the Nurseries has proved an excellent source of work for some. Another innovation has been the baking in the workshop kitchen for the Social Club evenings, of which there are now two. The second was introduced to cater for younger tastes.

Other than these activities, and the coathanger contract work, the mainstay has been craftwork. Due partly to the inaccessibility of the workshop to the general public, there has been much difficulty in getting work sold. It should therefore be mentioned that Mr. Smith, Manager of the Workshops for the Blind, generously offered space in their retail shop in Huntly Street, in which to sell some smaller goods. The offer was gladly accepted.

By December, the workshop register totalled fifty-four—33 men and 21 women. Of this total, 4 travelled by invalid car, and 4 had to be accompanied by relatives, 2 of them coming in wheelchairs from nearby. Yet another 4 had to cease attending, due to lack of transport, other than the public bus service, which they had become unfit to use. This last group, along with 2 permanently housebound, received from the Occupational Therapist work to carry out at home.

Throughout the year one man underwent a course at Granton I.R.U., from which he received a good report. Another obtained full employment, and one temporary summer employment.

The average 1963 attendance was good, with sessions per worker varying from one to five per week. Fresh entries to the workshop have depended on vacancies occurring through return to work, prolonged ill health, or death of existing members.

As a result of this necessarily slow intake, the social workers had amassed a list of forty-four more people, by December, who it was felt, pending confirmation from their General Practitioners, would benefit by attention from the Occupational Therapist.

The list was approximately divided as follows:—

(a) Domiciliary cases—i.e. totally homebound 12
(b) Domiciliary/could attend if suitable transport available . . 24
(c) Those able to attend unaccompanied 8

Before this list can begin to reduce, more qualified staff, special transport arrangements and improved facilities within the workshop are vital, and even while an attempt is being made to tackle this number, the list continues to increase.

Towards the end of the year Mr. J. Lauder resigned from the post of Senior Occupational Therapist, which he had held since the workshop opened. Shortly afterwards, Mrs. I. A. Aitkenhead, M.S.A.O.T., was appointed in his place.

Blind Persons.

A clinic for ascertainment of blind persons is held monthly at Woolmanhill. It is staffed by a Consultant from the North-Eastern Regional Hospital Board and by a Corporation Health Visitor. The Corporation carries out its statutory

responsibility for the blind through the agency of the Royal Aberdeen Workshops for the Blind (which supplies vocational training for the blind) and the Aberdeen Association for the Teaching of the Blind in their own homes (which employs home teachers for the training of the blind and also provides certain welfare services). In addition, the Corporation utilises services provided by other voluntary organisations as follows:—

Royal Aberdeen Workshops for the Blind.—The Corporation makes a financial contribution to these Workshops in respect of each worker employed and registered under the Disabled Persons (Employment) Act, 1944. During 1963, 56 blind and 2 partially sighted workers were so employed.

Aberdeen Association for Teaching the Blind in their Homes.—A financial contribution is paid in respect of each certified blind person from Aberdeen on the roll of this Association. In addition, an annual grant is made to the Association in respect of home workers who are assisted financially by the Association. In 1963, there were 293 certified blind persons on the roll, including 3 home workers.

Royal Blind Asylum, Edinburgh.—One home worker is employed in Aberdeen but is attached to the Edinburgh Home Workers' Scheme and a grant in respect of him was paid to the Edinburgh Royal Blind Asylum.

Thomas Burns Home, Edinburgh.—One Aberdonian resides in the Home and is maintained by the Corporation.

Grant and Donation.—During 1963 a book production grant and a donation to the National Library for the Blind were made by the Corporation.

Holiday Home of the Edinburgh Society for the Blind, Ceres, Fife.—No applications were received during 1963 for holiday arrangements in this Home.

Register of the Blind.—The number of blind persons on the register of the Blind on 31st December, 1963, was 368. The numbers according to different age groups were as follows:—

	Under 2	2-4	5-15	16-17	18-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Total	
Male	—	—	1	1	1	7	5	19	24	21	14	31	16	8	4	152	368
Female	—	—	2	1	1	2	7	14	41	23	22	52	27	14	10	216	

Blind Persons' Clinic—

Examinations—1963	Clinic	Own Home	Total
First examinations . . .	17	27	44
Re-examinations . . .	24	6	30
	41	33	74

The total number of persons examined was 74 as compared with 98 in 1962.

Of the 44 persons examined for the first time, 31 (70 per cent) were certified blind within the meaning of the Blind Persons Act, 1920.

Of the 3 children on the Register of the Blind, 2 were attending school at Craigmillar and one was ineducable.

The following statement gives the number of blind persons of 16 years and upwards who were employed at 31st December, 1963.

	Male	Female
(a) In Institutions for the Blind undergoing industrial training	2	1
In workshops	40	11
*(b) Outwith Institutions for the Blind	7	1

(* Including 4 Home workers—3 males and 1 female)

Deaf and Dumb Persons.

Under the National Assistance Act the Corporation is empowered to make provision for the training of deaf and dumb persons, and also for their welfare. The Corporation made a payment to the Aberdeen Deaf and Dumb Benevolent Society during the year in respect of certain welfare services provided by the Society.

Provision of Temporary Accommodation for Persons in Urgent Need, and Sundry Other Services.

During 1963, temporary accommodation was provided for 25 women with 33 children in urgent need, arising in circumstances which could not reasonably have been forseen. The accommodation was at Newhills Home, where six "Fire and Flood" beds are maintained for such temporary accommodation.

In addition, 582 cases of a casual nature were dealt with, arising from domestic upset, acute housing needs, &c. Those cases required general welfare services and assistance to meet their needs and to overcome their specific difficulties.

Reception Centre. (Sections 17 and 25, National Assistance Act, 1948.)

Cases arising are, by arrangement, referred to the National Assistance Board for direct attention.

Registration and Inspection of Homes for Disabled Persons and the Aged. (Section 37, National Assistance Act, 1948.)

Under this section of the Act no person may carry on a Disabled Persons' or Old Persons' Home without being registered by the Local Authority. During

the year there was one new application for registration—Forestgait—and Homes registered in Aberdeen are as follows:—Fountville and the St. Aubins Group; The Hostel of St. Margaret; Mitchell's Hospital; Nazereth House; and Ashley Lodge. Forestgait has been granted provisional registration pending compliance with the Fire Master's recommendations.

The Royal Aberdeen Asylum for the Blind Hostel closed during the year.

Removal of Persons by Sheriff's Order. (Section 47, National Assistance Act, 1948.)

It was not found necessary during 1963 to invoke the powers of this Section.

Care and Protection of Property of Persons admitted to Hospital or to Local Authority or Voluntary Hostels. (Section 48.)

Care, protection and storage were provided in 148 cases, in addition to handling, at the request of patients or responsible relatives, their varied contractual obligations while they were under care. This service performs a useful function by allaying distress and anxiety which otherwise would retard the recovery of patients. Also 408 Old Age Pensions, &c. were negotiated on behalf of pensioners during hospitalisation and periods of accommodation, to ensure the provision of extra comforts and to defray their general personal commitments.

Burial or Cremation of the Dead. (Section 50.)

During 1963, the burial or cremation of 66 persons—43 men, 12 women and 11 children—was arranged by the department.

These burials are arranged under a great variety of circumstances and are a time-consuming task for the Welfare Section, especially so when relatives have to be traced and when relevant documents are not always readily available. In addition to the above figures, advice was given to many relatives of deceased persons, especially where funds were limited.

Apart from deaths in hospitals, 27 residents died in the Old People's Homes during 1963.

Relief for Persons caring for the Elderly in their own Homes.

A limited number of places in the Sick Rooms of the Old People's Homes is available for the temporary accommodation of elderly people, to allow those who look after them to go on holiday, or to enter hospital for treatment.

23.—NURSERIES AND CHILD-MINDERS REGULATIONS ACT.

The Nurseries and Child-Minders Regulations Act, 1948, which came into operation on 30th July, 1948, empowers local authorities to supervise (i) nurseries where children up to school age are looked after for a substantial part of a day or for longer periods not exceeding six days, and (ii) persons who, for reward, undertake the care of children under the age of five years for similar periods.

The registration which was originally granted in 1958 in respect of a nursery for twenty children is still in operation and the premises were inspected on three occasions during the year. Applications were received from three persons for registration of premises for fifteen, fifteen and six children respectively and these applications. after inspection of the premises, were granted.

24.—NURSING HOMES REGISTRATION ACT.

There were no applications for registration during the year.

25.—SUPERANNUATION EXAMINATIONS.

In 1963 the total number of medical examinations carried out in connection with appointment under superannuation schemes and sick pay schemes, in connection with persons seeking to retire due to illness, and in connection with fitness to resume duty after prolonged illness amounted to 848 (785); of these examinations 531 (486) were males and 317 (299) were females. The figures in brackets are for the year 1962.

26.—VITAL STATISTICS.

Features of the Year.

(1) The live-birth rate rose to 17.9 per thousand of the population: the rate for the previous year was 17.5. Taking into consideration the ageing of the population—the higher proportion now surviving to old age—a birth rate of any particular figure is clearly relatively higher than one of the same figure twenty or thirty years ago. Probably the simplest way to look at the births is to say that in 1952 and 1953 they averaged 3,051 and in 1962 and 1963 they averaged 3,290.

(2) The illegitimate birth rate rose slightly to 5.6 per 100 live births, i.e. more than one birth in eighteen was illegitimate.

(3) The still-birth rate fell to 15 per thousand total births, the lowest rate recorded in the Scottish cities in 1963.

(4) The infant death rate rose to 19 per thousand live births, but Aberdeen maintained for the tenth successive year its record of being unbeaten in infant mortality by any other Scottish City. The death rate in the first month was 11 and that in the next eleven months was 8.

(5) The number of deaths at 1-5 years fell to 7. Of these deaths, only one was due to an accident.

BIRTHS, STILL BIRTHS, INFANT MORTALITY.
YEARS 1953-1963.

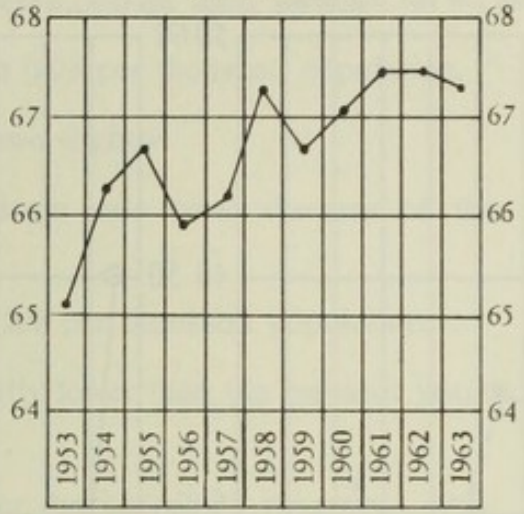
YEAR.	No. of Live Births.	Live Births per 1,000 of Population.	Illegitimate Births, per cent. of Live Births.	No. of Still Births.	Still Births per 1,000 Total Births, incl. Still Births.	No. of Deaths of Infants under 1 Year.	No. of Deaths of Infants under 4 Weeks.	Neo-natal Deaths per cent. of Total Infant Deaths.	Death-rates from all Causes per 1,000 Live Births.				Death-rates among Infants under 1 Year of Age from Various Causes per 1,000 Live Births.								
									Total under one Year.	Rates.			Tuberculosis.	Common Zymotic Diseases.	*Pneumonia and Bronchitis.	Diarrhœa and Enteritis.	Congenital Malformations.	Injury at Birth.	Atelectasis.	Immaturity.	Accidents.	Other causes.
										Under 4 Weeks (Neo-natal Rate).	4 Weeks and under SixMonths.	Six Months and under One Year.										
1963 .	3335	17·9	5·6	50	15	62	37	60	18 6	11·1	4·8	2 7	0	0	6	0.3	5	0·3	2	3	0.6	1·2
1962 .	3245	17·5	5·1	58	18	55	40	73	16·9	12·3	2·5	2·2	0	0·3		0	3	2	4	2	0·6	3
1961 .	3263	17 6	5·2	51	15	72	50	69	22·1	15·3	5·8	0·9	0	0	2	0	5	0	5·5	3	2·5	4
1960 .	3280	17.5	5.1	69	21	63	46	73	19·2	14·0	3·0	2·1	0	0·3	2	0·3	2	3	5.5	1	2	3
1959 .	3345	17·9	5·3	61	18	76	47	62	22·7	14·1	5·4	3·3	0	0·3	4	1	4	2	4	4	2	2
1958 .	3243	17·4	4·5	52	16	57	44	77	17·6	13·6	3·4	0·6	0	0	4	0	2	2	4	3	1	2
1957 .	3379	18·1	5·1	50	15	82	58	71	24·3	17·2	4·7	2·3	0	0·3	5	0·3	4	1	6	5	1	1
1956 .	3271	17·5	5·3	71	21	73	45	62	22·3	13·8	6·1	2·4	0	0	5	1	3	1·5	2·8	5	2	2
1955 .	3204	17·2	5·4	40	12	66	36	55	20·6	11·2	5·3	4·1	0	1	4	0	3	0·3	3·4	4	2	
1954 .	3228	17·4	4·3	64	19	70	50	71	21·7	15·5	4·3	1·9	0	0	5	0	3	1	7	2	0·3	4
1953 .	3077	16·6	4·5	62	20	84	57	69	27	19	6	2	0	0	6	0·3	4	2	8	3	1	3

*Including under 4 Weeks

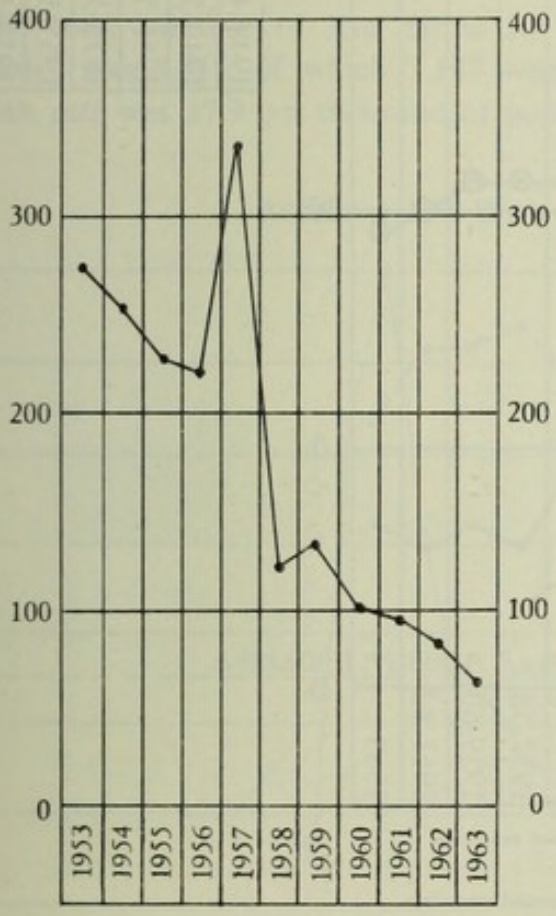
ABERDEEN'S HEALTH PROGRESS AT A GLANCE

World Health Organisation
Health Indicator
(Percentage of deaths above 50 years)

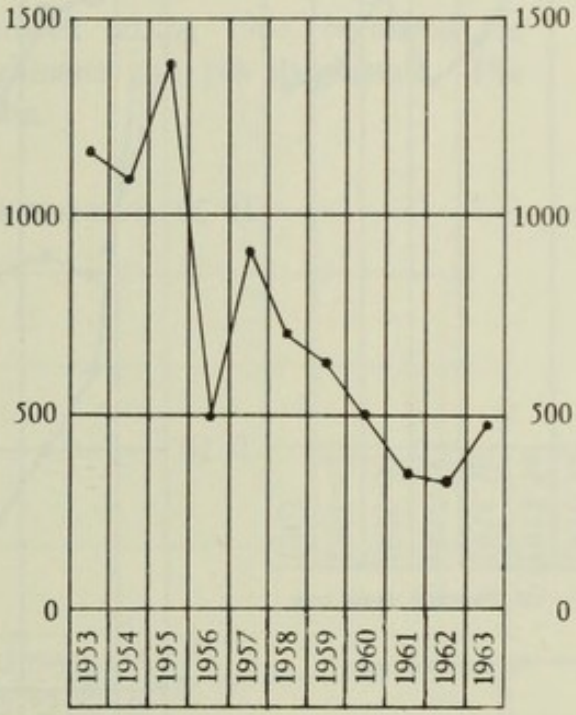
Average age at death



Notified cases of
Tuberculosis

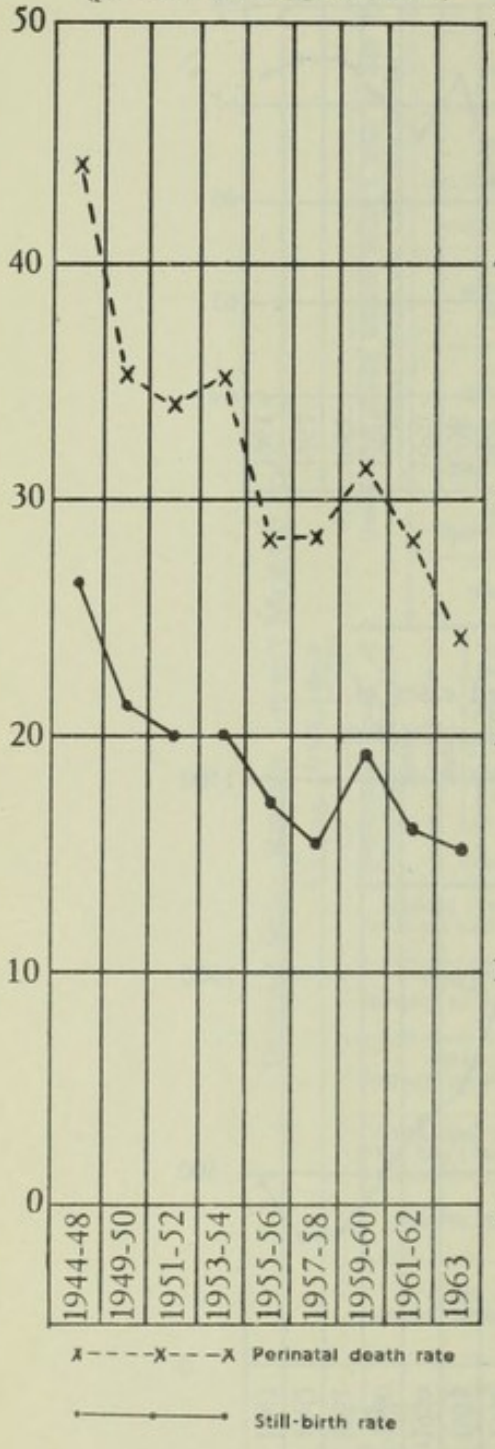


Notified cases of
Infectious Diseases

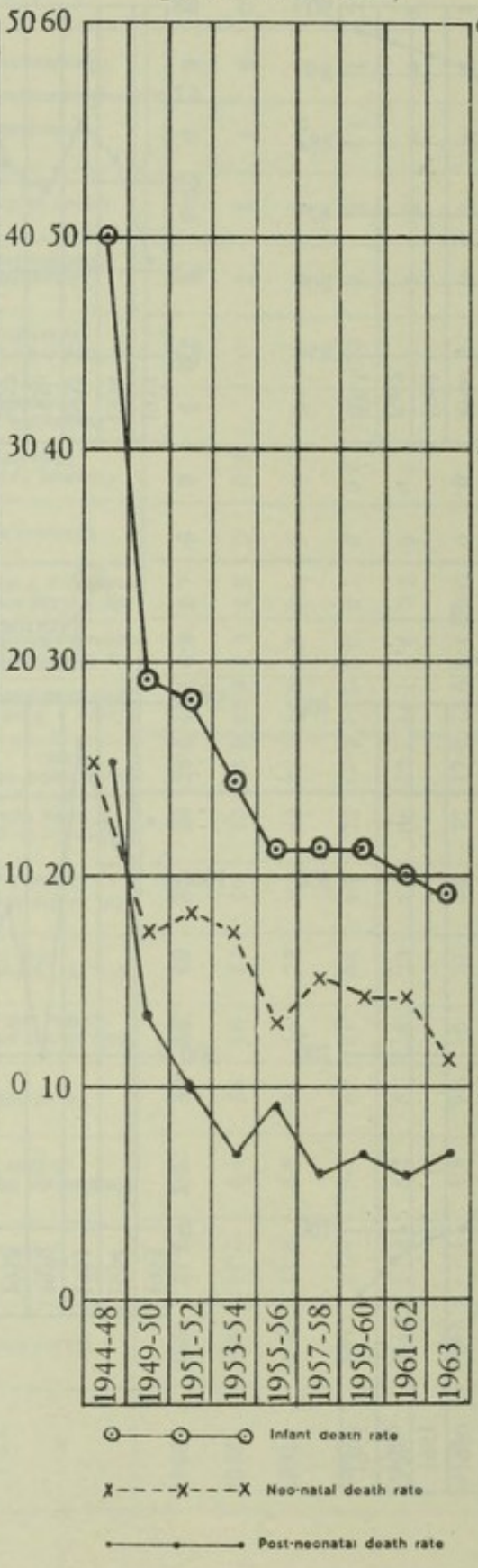


ABERDEEN'S HEALTH PROGRESS AT A GLANCE (contd.)

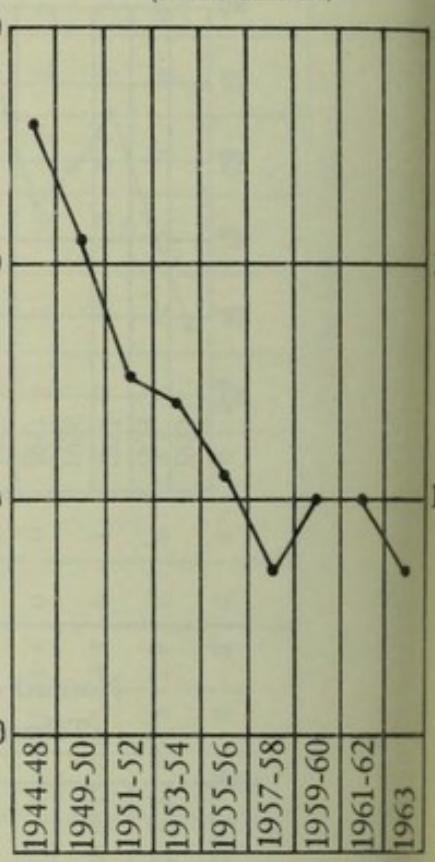
Perinatal and Still-birth Rates
(per thousand live and still births)



Neo-natal, Post-neonatal,
and Infant Death Rates
(per thousand live births)



Deaths at 1-5 years
(Actual numbers)



(6) In 1963 there were 11 deaths in the school-age group, including 5 due to violence (4 of which were accidental).

(7) The maternal mortality rate fell to 0.3 per thousand total births.

(8) The tuberculosis death rate rose slightly to 0.05 per thousand population.

(9) The death rate from malignant diseases rose slightly.

(10) There was a small decrease in the death rate from diseases of the circulatory system.

(11) The general death rate rose slightly to 12.1 per thousand population.

(12) The average age at death (67.3) was slightly lower than the previous year's record figure.

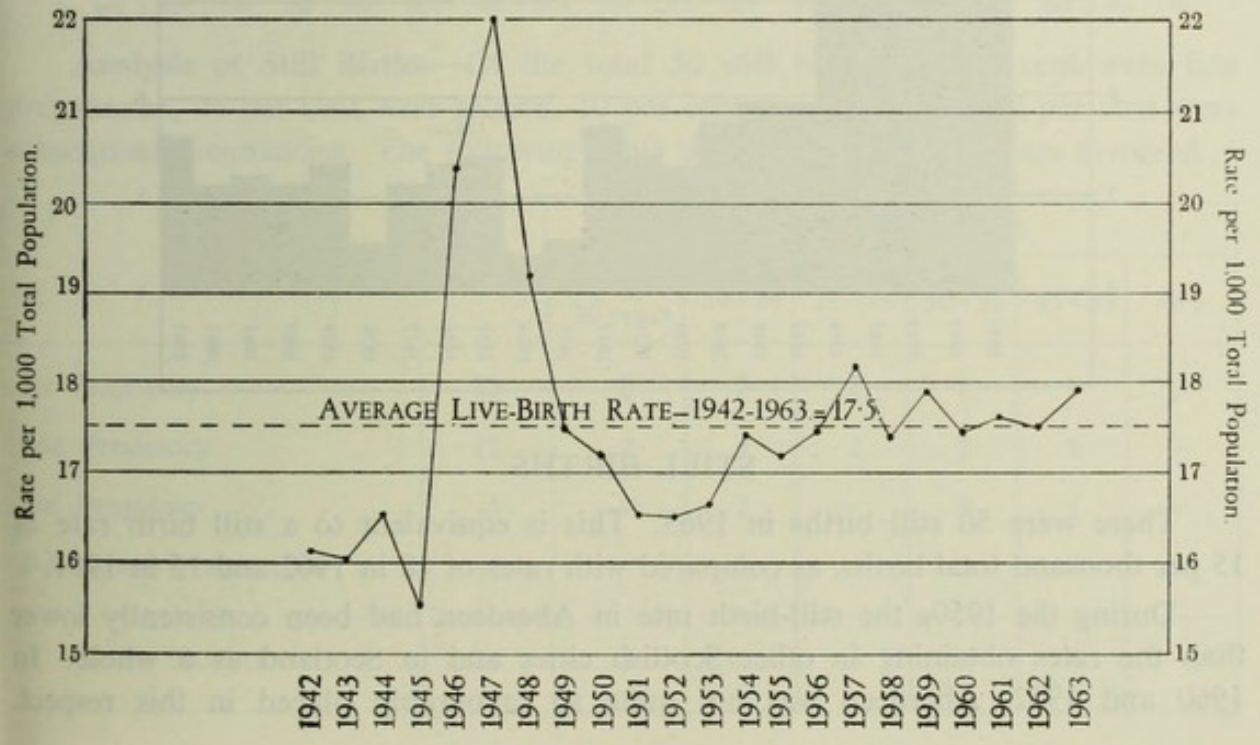
(13) The proportion of deaths in persons over the age of 75 years was 40%, the second highest figure ever recorded in the City.

(14) The World Health Organisation's Health Indicator (i.e. the proportion of deaths occurring in persons over 50 years of age) was at 89.7%, the highest on record.

LIVE BIRTHS.

The total number of live births in Aberdeen during 1963, corrected for "transfers" was 3,335, of which 3,147 were legitimate and 188 illegitimate. The live-birth rate was 17.9 per thousand of population.

ABERDEEN.—LIVE-BIRTH RATE—1942-1963.



The natural increase for the year (i.e. the excess of births over deaths) was 1,089, as compared with 1,097 in 1962 and 1,030 in 1961.

In 1963 the birth rates in the other principal cities were:—Glasgow, 22.0; Edinburgh, 17.9; and Dundee, 20.5. The birth rate in Scotland was 19.7.

Sex-ratio of births.—Of the total 3,335 live births, 1,748 were males and 1,587 were females, giving a ratio of 1.10 (i.e. 110 males per 100 females).

ILLEGITIMATE BIRTH RATE.

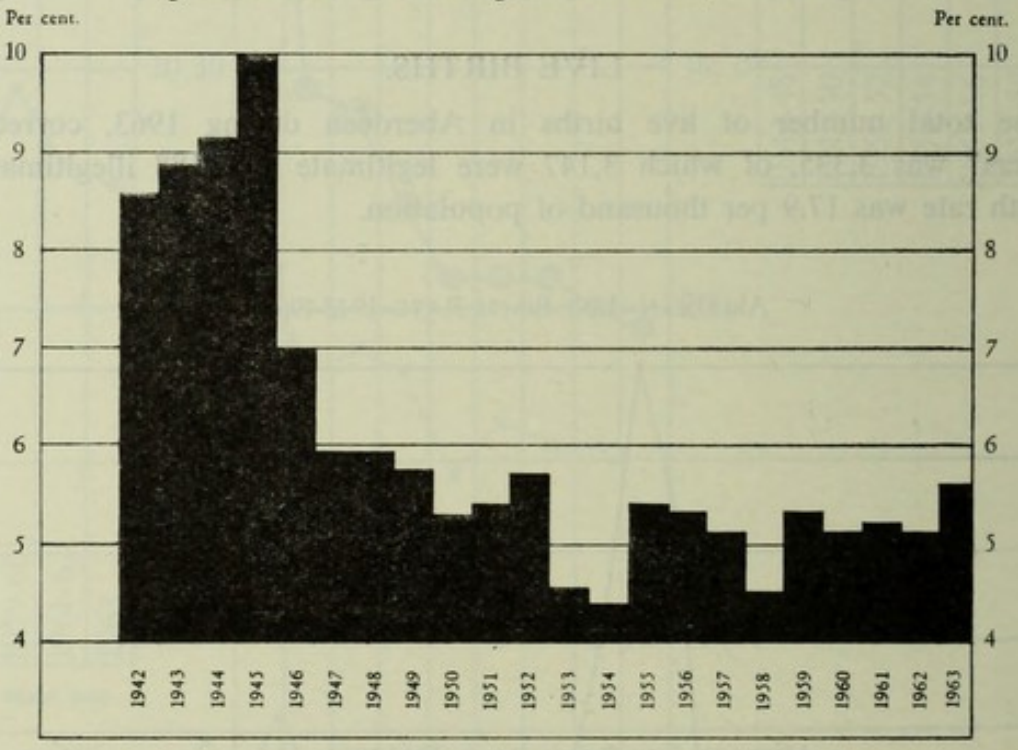
In 1963 there were 188 illegitimate live births, a rate of 5.6 per cent. of the total live births as compared with 5.1 per cent. in 1962.

For further comparison, the illegitimate birth rate in the Scottish cities in 1963 was 6.7, and for the whole of Scotland it was 5.2 per cent.

The diagram illustrates how the illegitimate birth rate in Aberdeen has changed over the years.

ABERDEEN.

Illegitimate Births as Percentage of Live Births, 1942-1963.



STILL BIRTHS.

There were 50 still births in 1963. This is equivalent to a still birth rate of 15 per thousand total births, as compared with rates of 18 in 1962 and 15 in 1961.

During the 1950s the still-birth rate in Aberdeen had been consistently lower than the rates obtaining in other Scottish cities and in Scotland as a whole. In 1960 and 1962, Aberdeen was not quite so favourably placed in this respect.

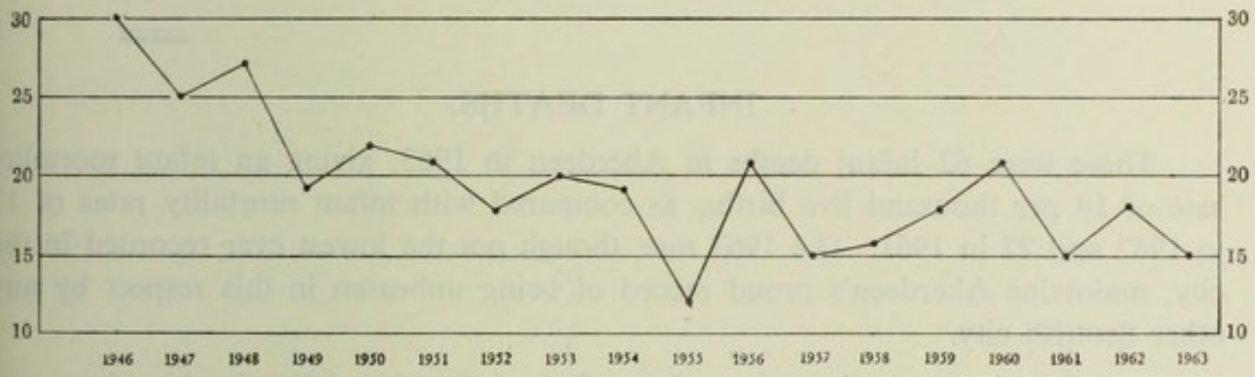
But, until 1962, no other Scottish city had recorded a rate below 18, and only once in the past seven years has the Aberdeen rate been higher than this.

Some of the factors responsible for the achievement and maintenance of Aberdeen's almost unique record have been discussed in previous reports, but special mention may be made here of the excellent co-operation which exists between hospital and local authority staff, the high standards of midwifery and obstetrical care under the leadership of Professor Sir Dugald Baird, the high standards of ante-natal care and health teaching, and the development of group teaching at the ante-natal clinics. Staff shortages may well explain the deterioration in 1962.

The following table gives comparative figures for the Scottish cities for the past five years; and the graph shows the rate in Aberdeen since the early post-war years.

	Still-birth Rate per 1,000 Total Births				
	1963	1962	1961	1960	1959
All Scotland . .	19	20	21	22	22
Glasgow . . .	21	23	23	25	28
Edinburgh . . .	18	16	19	19	19
Dundee . . .	19	18	21	18	20
Aberdeen . . .	15	18	15	21	18

ABERDEEN.–STILL-BIRTH RATE–1946-1963.



Analysis of Still Births.—Of the total 50 still births, 44 per cent were first pregnancies, 24 per cent were second, 10 per cent were third and 22 per cent were subsequent pregnancies. The following table shows the actual numbers involved.

	TOTAL	AGE OF MOTHER					
		Under 20 years	20 - 24	25 - 29	30 - 34	35 - 39	40+
1st Pregnancy . . .	22	3	7	5	6	1	—
2nd Pregnancy . . .	12	2	4	2	2	2	—
3rd Pregnancy . . .	5	—	2	—	2	1	—
Subsequent Pregnancies .	11	—	3	3	2	2	1
TOTAL . .	50	5	16	10	12	6	1

The causes of the still births were as follows:—

Mother—Chronic disease—		
Diabetes	1	
		1
Diseases and abnormalities of pregnancy and child-birth—		
Ante-partum haemorrhage	5	
Toxaemia of pregnancy	7	
		12
Trauma		5
Foetus—Congenital malformations		8
Diseases of foetus—		
Rhesus factor		2
Ill-defined causes—		
Prematurity—Cause unknown	14	
Full term—Cause unknown	8	
		22
		50

INFANT DEATHS.

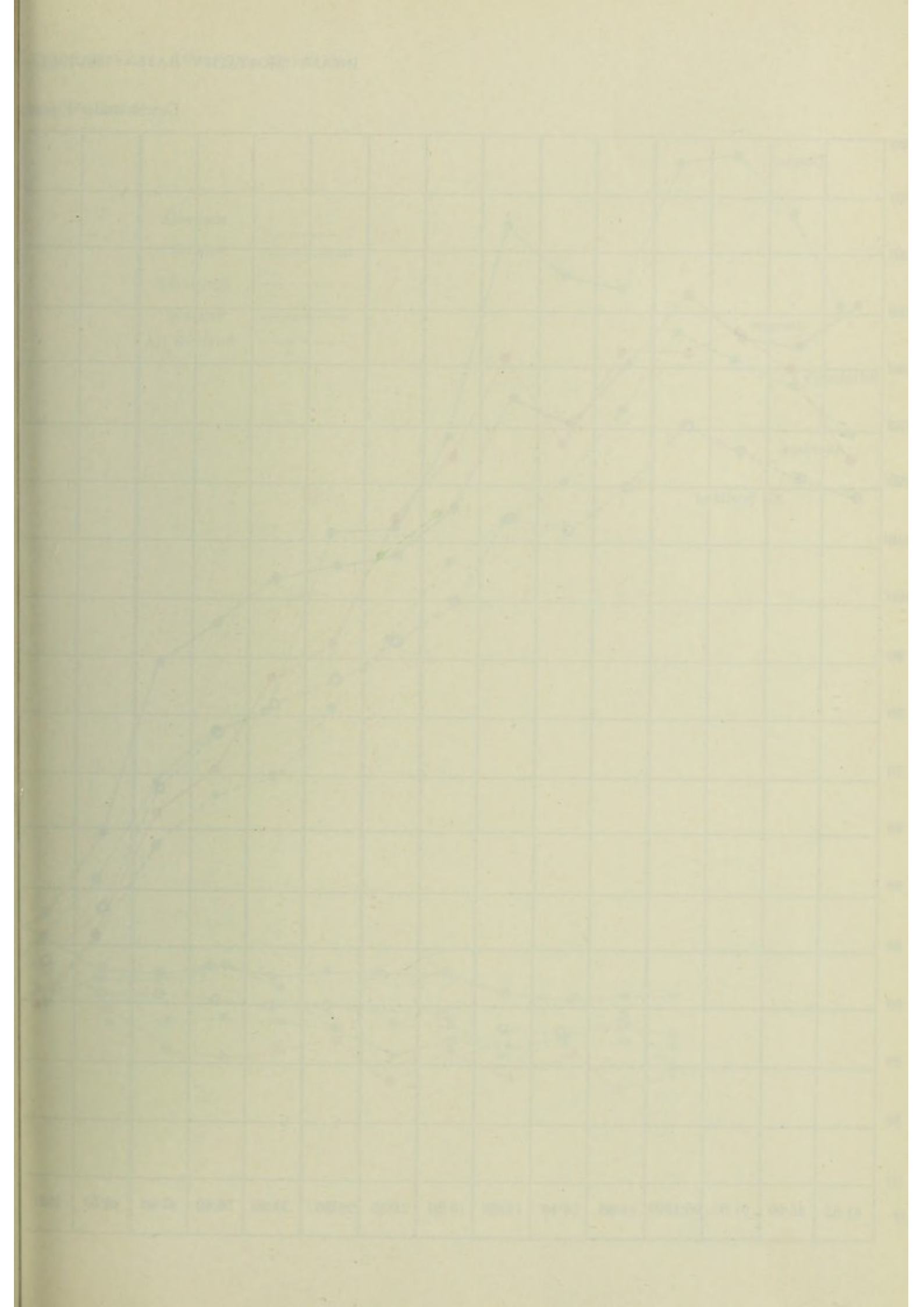
There were 62 infant deaths in Aberdeen in 1963, giving an infant mortality rate of 19 per thousand live births, as compared with infant mortality rates of 17 in 1962 and 22 in 1961. The 1963 rate, though not the lowest ever recorded in the city, maintains Aberdeen's proud record of being unbeaten in this respect by any other Scottish city.

A brief historical discussion of trends in infant mortality in Aberdeen was included in the Annual Report for 1961.

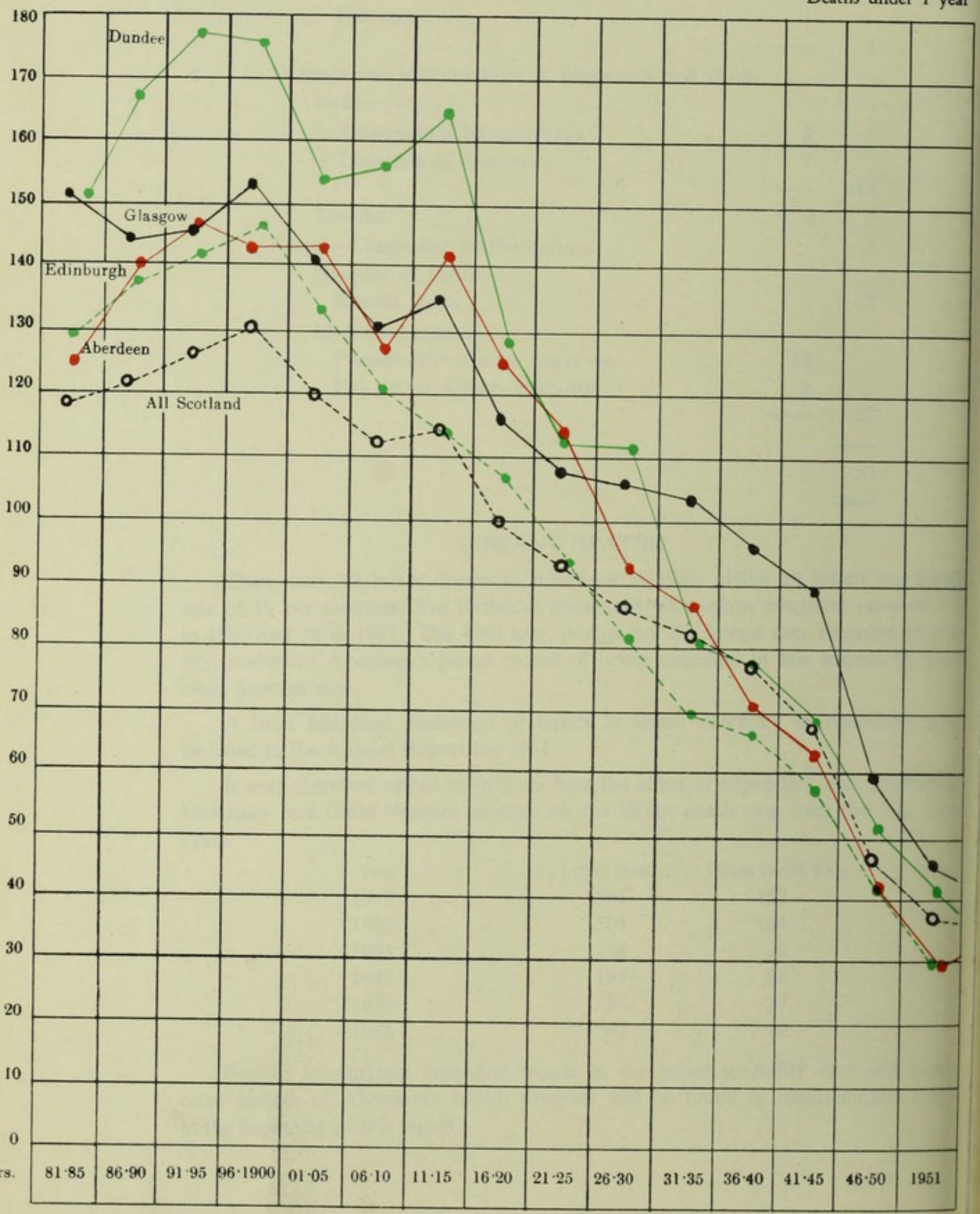
It may therefore suffice to indicate here the effect of expanding and improving Maternity and Child Welfare services on the infant death rate over the last fifty years.

Year	Infant Deaths	Infant Death Rate
1913	591	152
1923	391	104
1933	238	79
1943	195	68
1953	84	27
1963	62	19

Further information regarding trends in the infant mortality rate and some other indices of Aberdeen's health progress will be found in diagrammatic form at the beginning of this report.

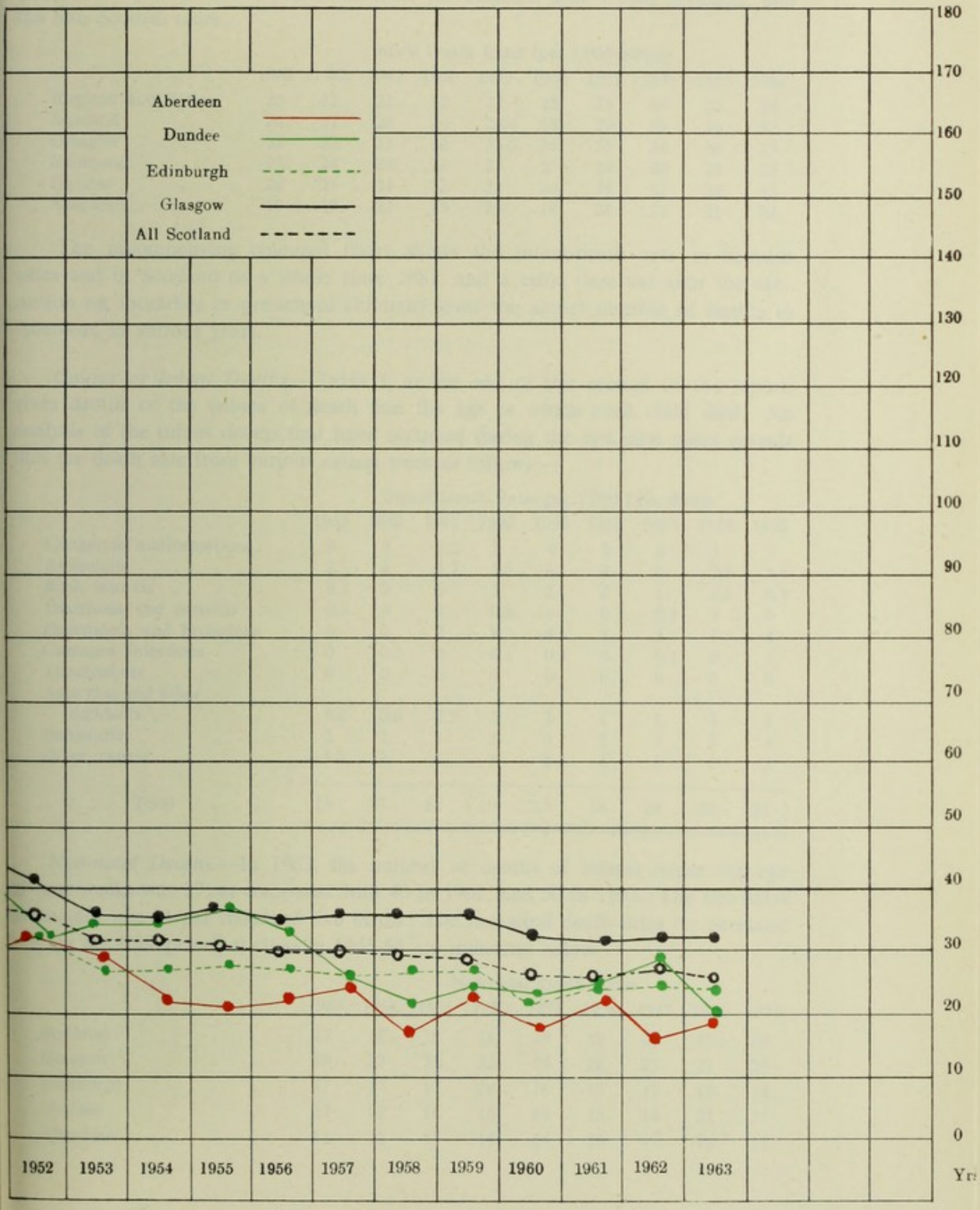


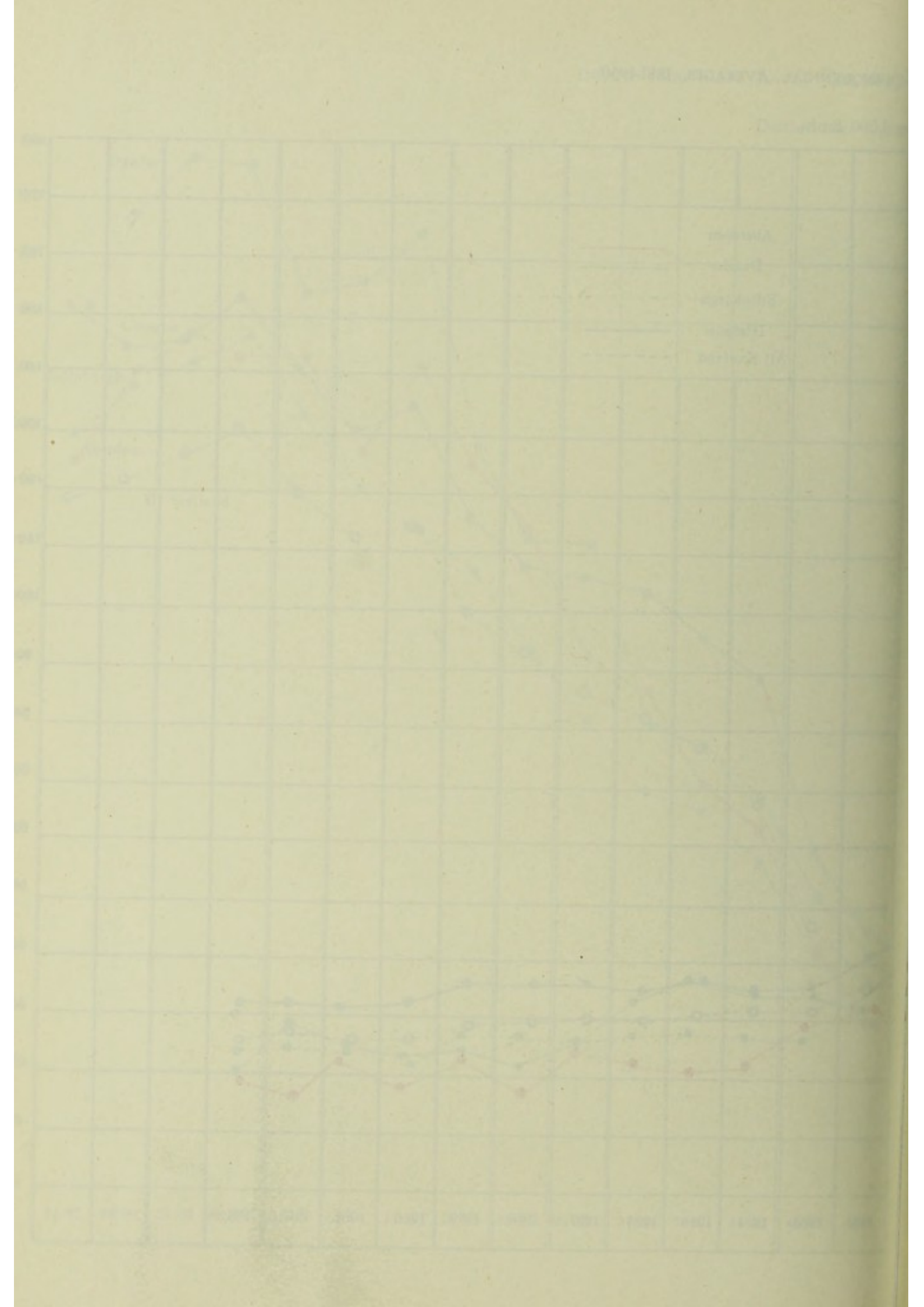
INFANT MORTALITY RATE— 1881-1963—



—QUINQUENNIAL AVERAGES, 1881-1950.

per 1,000 Births.





Comparison with national figures and with other cities.—The table below gives, for a period of ten years, the rates for England and Wales, Scotland, and the four Scottish cities.

	Infant Death Rates (per 1,000 births)									
	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954
England and Wales	21	22	21	22	22	23	23	24	25	26
Scotland . .	26	27	26	26	28.4	28	29	29	30	31
Glasgow . .	32	32	31	32	35.5	35	35	34	36	35
Edinburgh .	23	24	23	21	25	25	24	24	25	25
Dundee . .	20	28	24	22	23	20	24	31	36	33
Aberdeen . .	19	17	22	19	23	18	24	22	21	22

The accompanying coloured chart shows the infant-death rate in Scottish cities and in Scotland as a whole since 1881, and a table (inserted after the sub-section on mortality in pre-school children) gives the actual number of deaths in Aberdeen in various years.

Causes of Infant Deaths.—Table I, at the end of this section of the report, gives details of the causes of death and the age at which each child died. An analysis of the infant deaths that have occurred during the last nine years reveals that the death rate from various causes were as follows:—

	Infant Death Rates per 1,000 Live Births								
	1963	1962	1961	1960	1959	1958	1957	1956	1955
Congenital malformations .	5	3	5.2	2	4	2	4	3	3
Atelectasis . . .	2	4	5.5	5.5	4	4	6	2.8	3.4
Birth injuries . . .	0.3	2	0	3	2	2	1	1.5	0.3
Diarrhoea and enteritis .	0.3	0	0	0.3	1	0	0.3	1	0
Pneumonia and Bronchitis	6	2	2	2	4	4	5	5	4
Common infections . .	0	0.3	0	0.3	0.3	0	0.3	0	1
Tuberculosis . . .	0	0	0	0	0	0	0	0	0
Asphyxia and other accidents . . .	0.6	0.6	2.5	2	2	1	1	2	2
Immaturity . . .	3	2	3	1	4	3	5	5	4
Other causes . . .	1.2	3	4	3	2	2	1	2	3
Total . .	19	17	22	19	23	18	24	22	21

Neo-natal Deaths.—In 1963, the number of deaths of infants under the age of four weeks was 37, as compared with 40 in 1962, and 50 in 1961. The neo-natal death rate was 11 per thousand live births. The neo-natal death rates for Scotland and for the four principal cities in 1955-63 are indicated below.

	Neo-natal Death Rates								
	1963	1962	1961	1960	1959	1958	1957	1956	1955
Scotland	17	18	18	18	19	19	20	19	20
Glasgow	19	22	22	22	24	26	23	21	23
Edinburgh . . .	17	17	17	16	18	17	17	18	18
Dundee	13	21	16	16	16	15	18	21	21
Aberdeen . . .	11	12	15	14	14	14	17	14	11

Post-Natal Deaths.—In 1963, there were 16 deaths of infants aged 4 weeks to 12 months as compared with 15 in 1962 and 22 in 1961. For further analysis, reference may be made to Table I at the end of this chapter.

Deaths under the age of one week.—Although the conventional division of infant deaths is into neo-natal (under one month) and post neo-natal, it is also useful to separate out the deaths occurring before the age of one week. From the coloured chart that follows, it will be seen that in 1963, for the first time in the last eight years fewer babies died in the first week than in the remaining fifty-one weeks.

Perinatal Mortality.—The perinatal mortality rate (i.e. the number of still births and deaths under one week per thousand live and still births in the year) is 24.

MORTALITY IN PRE-SCHOOL PERIOD (1-5 years).

During 1963 7 children, aged 1-5 years died. Comparative figures are—

	1963	1962	1961	1960	1959	1958	1957	1956	1955
1 - 2 years . . .	5	7	1	3	3	2	3	4	4
2 - 3 years . . .	—	2	2	3	—	3	1	—	1
3 - 4 years . . .	1	5	—	1	5	1	3	2	6
4 - 5 years . . .	1	1	1	2	2	—	—	3	2
	7	15	4	9	10	6	7	9	13

Of the 7 deaths in 1963, 1 was due to an accident (in the road). 2 to pneumonia, 2 to malignant neoplasms, 1 to laryngo tracheitis and 1 to a cerebral abscess.

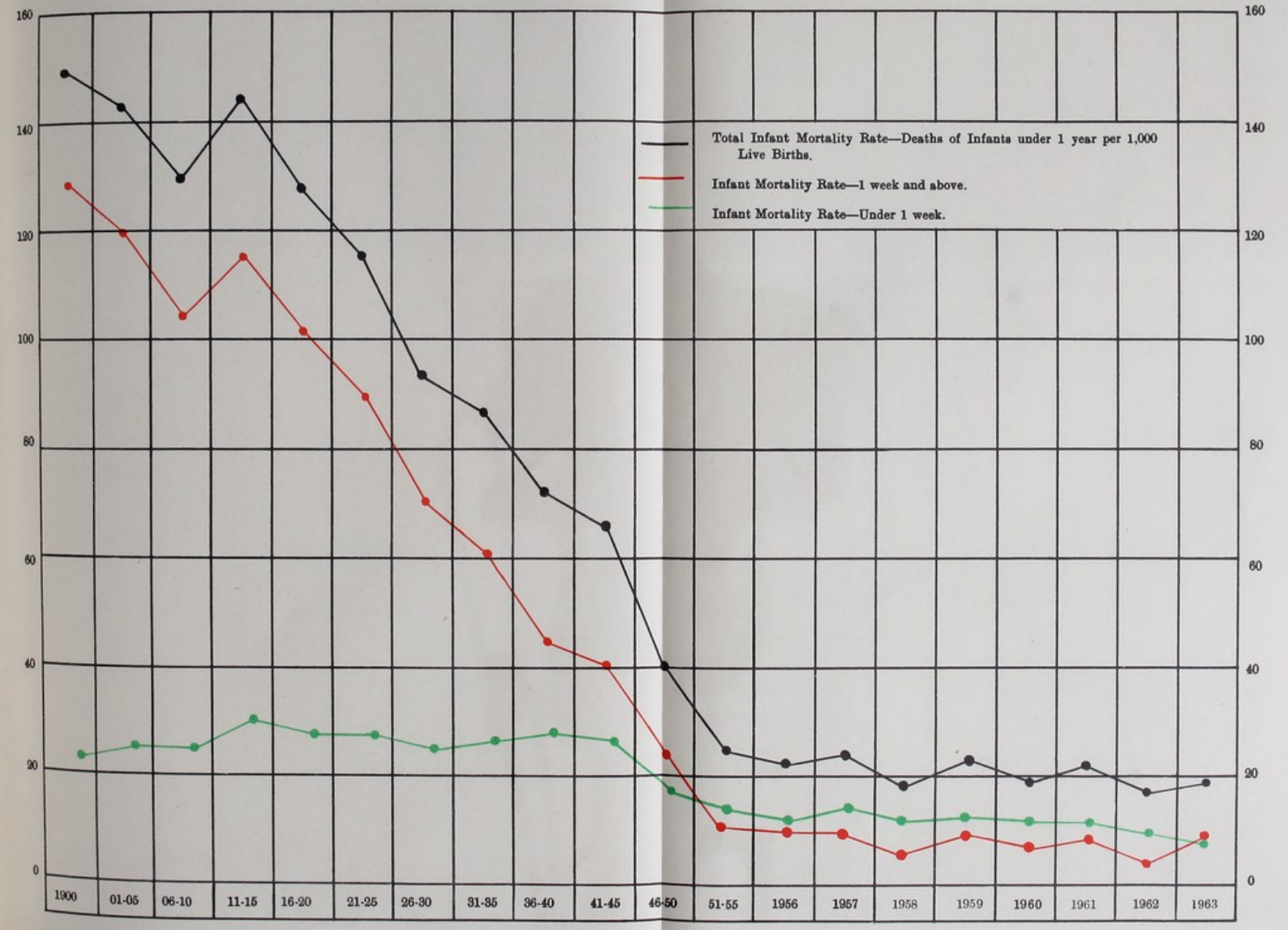
The following table gives the infant death rate in various years and the actual number of children aged 0-1 year and 1-5 years dying in these years.

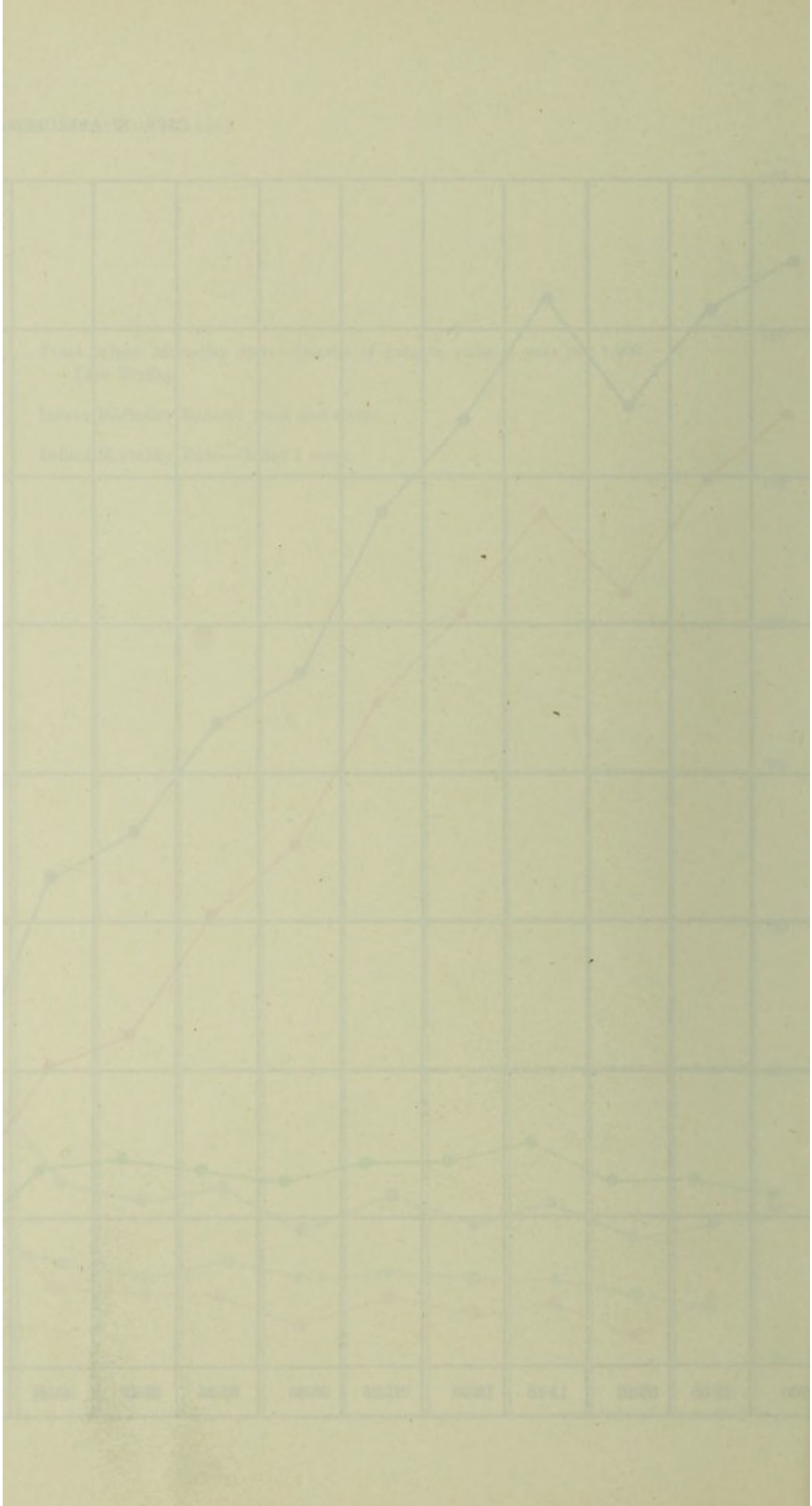
Year.	Infant Mortality Rate.	Actual Deaths under 1 year.	Actual Deaths, 1-5 years.	Actual Deaths, 0-5 years.	Year.	Infant Mortality Rate.	Actual Deaths under 1 year.	Actual Deaths, 1-5 years.	Actual Deaths, 0-5 years.
1911 .	139	563	285	848	1952 .	30	90	13	103
1912 .	127	530	232	762	1953 .	27	84	19	103
1921 .	108	460	80	540	1954 .	22	70	8	78
1922 .	133	527	284	811	1955 .	21	66	13	79
1931 .	90	292	69	361	1956 .	22	73	9	82
1932 .	93	296	98	394	1957 .	24	82	7	89
1941 .	77	224	39	263	1958 .	18	57	6	63
1942 .	67	194	39	233	1959 .	23	76	10	86
1948 .	34	121	14	135	1960 .	19	63	9	72
1949 .	30	100	23	123	1961 .	22	72	4	76
1950 .	29	92	19	111	1962 .	17	55	15	70
1951 .	27	82	16	98	1963 .	19	62	7	69

MORTALITY IN SCHOOL PERIOD.

In 1963 there were 11 deaths of children of school age (as compared with 9 in 1962 and 9 in 1961). The causes were as follows:—violence 5 (including 4 accidents); malignant diseases 2; pneumonia 1; congenital malformations 1; cerebral haemorrhage 1; and other digestive diseases 1.

CITY OF ABERDEEN—INFANT MORTALITY—1900-1963





MARRIAGES.

During 1963 there were 1,689 marriages within the City. This is equivalent to a rate of 9.1 per thousand of the population. The rates in previous years were—1962, 9.3; 1961, 9.5; 1960, 9.0; 1959, 9.5; 1958, 9.9; 1957, 10.6; 1956, 10.5; 1955, 10.6; 1954, 10.2; and 1953, 10.4.

MATERNITY MORTALITY.

In 1963 there was one death from causes related to pregnancy and child-birth. When deaths are down to small numbers, as they have been in recent years, it is probably wiser to study the average figures over a series of years, and the last line of the table below gives a comparison between Aberdeen and all Scotland over the period since 1954:—

Rates per 1,000 live and still births

Year	Maternal Mortality		Puerperal Sepsis		Other Puerperal Conditions	
	Scotland	Aberdeen	Scotland	Aberdeen	Scotland	Aberdeen
1963	**0·37**	**0·3**	**0·14**	**0·0**	**0 23**	**0·3**
1962	0·4	0·6	0·14	0·0	0·25	0·6
1961	0·4	0·3	0·15	0·0	0·21	0·3
1960	0·3	0·3	0·07	0·0	0.26	0·3
1959	0·4	0·6	0·11	0·3	0·25	0·3
1958	0·5	0·3	0.1	0·0	0.4	0·3
1957	0·5	0·0	0·2	0·0	0·3	0·0
1956	0·51	0·3	0·15	0·0	0·36	0·3
1955	0·45	0·3	0·12	0·0	0·33	0·3
1954	0·7	0·6	0·16	0·0	0·58	0·6
Average 1954-1963	0·45	0·36	0·13	0·03	0·32	0·33

DEATHS.

The total number of deaths, the death rate per 1,000 of population, and the average age at death for each of the years 1954-1963 are given in the following table:—

Year	Number	Rate per 1,000 of Population	Average age at Death
1963	2,246	12.1	67.3
1962	2,148	11.6	67.5
1961	2,233	12.1	67.5
1960	2,189	11.7	67.1
1959	2,296	12.3	66.7
1958	2,113	11.3	67.3
1957	2,121	11.4	66.2
1956	2,155	11.6	65.9
1955	2,135	11.5	66.7
1954	2,056	11.1	66.3

For all Scotland, the death rate was 12.6 in 1963, 12.2 in 1962, 12.3 in 1961, 11.9 in 1960, 12.1 in 1959, 12.0 in 1958, 11.9 in 1957, and 12.0 in 1956.

AGE AT DEATH.

The average age at death of all persons dying during 1963 was 67.3 years, as compared with 67.5 in 1962, 67.5 in 1961, 67.1 in 1960, 66.7 in 1959 and 67.3 in 1958. It is interesting to note that, in the quinquennium 1891-95, the average age at death was 32.9 years, and that, as recently as nineteen years ago (1944), it was 58.4 years.

Of the 2,246 deaths, 182 (or 8 per cent.) were in persons below the age of 45 years. In 1962 the figure was 169 (or 8 per cent.); in 1961, 176 (or 8 per cent.); in 1960, 165 (or 8 per cent.); in 1959, 199 (or 9 per cent.); in 1958, 162 (or 8 per cent.); in 1957, 204 (or 10 per cent.); and in 1956, 188 (or 9 per cent.). An analysis of these 182 young deaths by cause is as follows:—

Malformations (under 1 year) and diseases of early infancy	41
Violence	40
Malignant neoplasms	24
Diseases of the circulatory system	21
Pneumonia and bronchitis	22
Diseases of nervous system	9
Diseases of digestive system	7
Tuberculosis	—
Diseases of the genito-urinary system	5
Infectious and parasitic diseases	3
Miscellaneous	10

The gradual reduction in the number of deaths from infections in this age-group is noteworthy. It is, however, worth while to study carefully the deaths in the first 45 years and to ask the question—in respect of the main causes, are we as yet doing all that we can to prevent them?

556 deaths (or 25 per cent. of all deaths) occurred in the age-period 45-64 years so that a total of 738 fatalities (or 33 per cent.) occurred before the age of 65 years. 620 deaths (or 28 per cent.) occurred in the age-period 65-74 years and 888 (or 40 per cent.) occurred at ages of 75 and over. The percentage of all deaths occurring at ages of 75 and over were 40 in 1963, 41 in 1962, 40 in 1961, 39 in 1960, 40 in 1959, 40 in 1958, 39 in 1957, 40 in 1956, 39 in 1955, and 39 in 1954.

The World Health Organisation's "Health Indicator".

The infant mortality rate, for many years regarded as the most sensitive index of the health and health services of a community, is still a very sensitive index but—now that the number of infant deaths has become small—is liable to some distortion from chance events.

In consequence, various attempts have been made to devise an alternative index. About the beginning of 1957, the World Health Organisation tentatively suggested as such an index the proportion of deaths occurring above the age of 50 years to all deaths.

This "indicator" is not wholly satisfactory: if a residential community (with 25 per cent. of its inhabitants of pensionable age) and an industrial community (with only 8 per cent. of its inhabitants of that age) were equally healthy, one would expect a far higher proportion of deaths over the age of 50 in the former area. However, for what the figures are worth, here are the data for Aberdeen in recent years:—

Percentage of deaths over the age of 50 years to total deaths.

1948 . .	79.4	1956 . .	87.9
1949 . .	83.6	1957 . .	87.4
1950 . .	84.2	1958 . .	89.1
1951 . .	85.8	1959 . .	88.5
1952 . .	84.1	1960 . .	89.1
1953 . .	85.9	1961 . .	89.3
1954 . .	87.2	1962 . .	89.5
1955 . .	88.6	1963 . .	89.7

Causes of Death.—Table II at the end of this section gives full details of the causes of death operating in each age-group, and the diagram below shows some of the more important causes. It is interesting to note that 75 per cent. of all deaths fall under three headings—diseases of circulatory system, malignant diseases, and diseases of nervous system. The comparable figures for 1962, 1961, 1960, 1959, 1958, 1957, and 1956 were 77, 77, 75, 75, 76, 73, and 78 per cent., respectively.

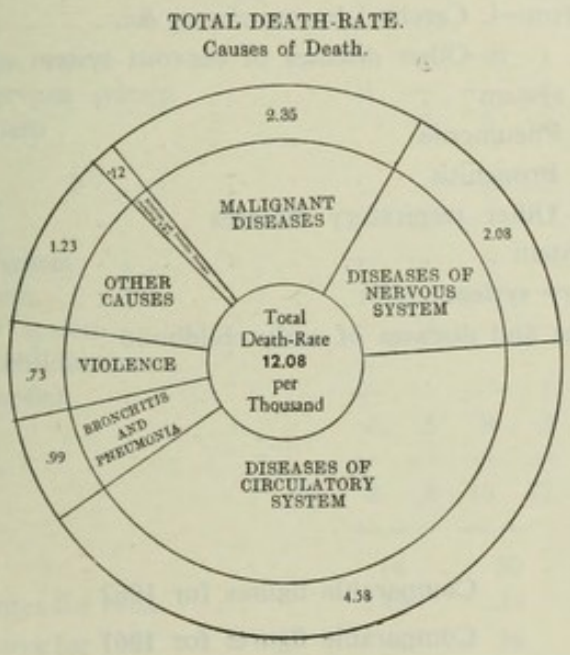


Table III gives. for a number of successive years, the death rates at all ages from selected causes. and Table IV gives, in summary form, details of population, marriages, births, deaths, average age at death, and infant deaths for a number of years and for quinquennial averages.

LOSS OF WORKING YEARS BY DEATH.

Study of causes of death and trends of mortality shows the relative importance of various conditions in respect of loss of life, but gives a false picture of the effects of different diseases on the community. If, for example, one disease kills thirty persons aged 90 years and another kills ten young adults, the second disease is of greater importance to the community, but a study of causes of death would put the emphasis on the first disease.

It is interesting to work out the loss of working years occasioned by different diseases. A convenient hypothesis for such a calculation is that an individual, if not killed by a disease, will work from the age of 15 years to the age of 65 years; so that, for example, if pneumonia kills a man of 61 and a boy of 10 years, the loss of working life is 4 years in the one case and 50 years (an entire working life) in the other. There are plenty of minor fallacies; but, on balance the hypothesis gives a reasonably accurate picture.

Here are the figures (for males and females separately) for the mortality and the loss of working years occasioned by various diseases in 1963:—

I.—Mortality of Persons under 15 from Various Causes.

Cause	Male	Female	Total
Infectious and parasitic disease (excluding T.B.)	—	—	—
Tuberculosis—i. Respiratory	—	—	—
ii. Other forms	—	—	—
Malignant Diseases	4	—	4
Diseases of nervous system—i. Cerebral haemorrhage, &c.	1	—	1
ii. Other diseases of nervous system	1	—	1
Diseases of circulatory system	—	—	—
Respiratory diseases—i. Pneumonia	11	12	23
ii. Bronchitis	—	—	—
iii. Other respiratory diseases	1	—	1
Diseases of digestive system	4	—	4
Diseases of genito-urinary system	—	—	—
Congenital malformations and diseases of early childhood	22	16	38
Violence	7	1	8
Miscellaneous	—	—	—
	51	29	80
Comparable figures for 1962	51	28	79
Comparable figures for 1961	51	34	85

II.—Approximate Years of Working Life lost by Deaths of Persons under 15.

The working life is taken as from 15 to 65 years of age, i.e., of 50 years' duration for males, and from 15 to 60 years of age, i.e., of 45 years' duration for females.

Cause	Working Years Lost		
	Male	Female	Total
Infectious and parasitic diseases (excluding T.B.)	—	—	—
Tuberculosis—i. Respiratory	—	—	—
ii. Other forms	—	—	—
Malignant Diseases	200	—	200
Diseases of nervous system—i. Cerebral haemorrhage, &c.	50	—	50
ii. Other diseases of nervous system	50	—	50
Diseases of circulatory system	—	—	—
Respiratory diseases—i. Pneumonia	550	540	1,090
ii. Bronchitis	—	—	—
iii. Other respiratory diseases	50	—	50
Diseases of digestive system	200	—	200
Diseases of genito-urinary system	—	—	—
Congenital malformations and diseases of early childhood	1,100	720	1,820
Violence	350	45	395
Miscellaneous	—	—	—
	2,550	1,305	3,855
Comparable figures for 1962	2,550	1,260	3,810
Comparable figures for 1961	2,550	1,530	4,080

III.—Mortality of Working Age-Groups from Various Causes.

Cause	15-24		25-34		35-44		45-54		55-64	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Infectious and parasitic diseases (excluding T.B.)	—	—	2	—	—	1	2	1	1	2
Tuberculosis—i. Respiratory	—	—	—	—	—	—	1	—	—	1
ii. Other forms	—	—	—	—	—	—	—	—	1	—
Malignant diseases	1	2	2	3	8	4	27	29	61	54
Diseases of nervous system—										
i. Cerebral haemorrhage, etc.	—	—	—	1	—	3	4	8	22	20
ii. Other diseases of nervous system	1	—	—	1	1	—	3	1	4	6
Diseases of circulatory system	—	—	3	2	10	6	33	14	90	51
Respiratory diseases—										
i. Pneumonia	—	—	1	—	—	2	1	—	10	2
ii. Bronchitis	—	—	—	—	—	—	4	2	16	1
iii. Other respiratory diseases	—	—	—	1	1	1	—	—	2	—
Diseases of digestive system	—	—	1	—	2	—	4	—	10	3
Diseases of genito-urinary system	—	1	—	—	3	1	—	—	1	5
Diseases of pregnancy and childbirth (excluding puerperal sepsis)	—	—	—	1	—	—	—	—	—	—
Violence	6	3	9	3	7	4	6	2	17	14
Miscellaneous	—	—	—	—	2	2	3	5	5	7
	8	6	18	12	34	24	88	62	240	166
	14		30		58		150		406	
Comparable figures for 1962	13		24		53		157		407	
Comparable figures for 1961	8		24		59		150		401	

IV.—Approximate Years of Working Life lost by Adult Mortality from Various Causes.

Cause	Working Years Lost Male	Female	Total
Infectious and parasitic disease (excluding T.B.)	105	30	135
Tuberculosis—i. Respiratory	15	—	15
ii. Other forms	5	—	5
Malignant Diseases	1,025	540	1,565
Diseases of nervous system—i. Cerebral haemorrhage, &c.	170	170	340
ii. Other diseases of nervous system	135	40	175
Diseases of circulatory system	1,300	320	1,620
Respiratory diseases—i. Pneumonia	100	40	140
ii. Bronchitis	140	20	160
iii. Other respiratory diseases	35	50	85
Diseases of digestive system	195	—	195
Diseases of genito-urinary system	80	60	140
Diseases of pregnancy and childbirth (excl. puerperal sepsis)	—	30	30
Violence	935	310	1,245
Miscellaneous	120	90	210
	4,360	1,700	6,060
Comparable figures for 1962	4,270	1,530	5,800
Comparable figures for 1961	4,275	1,400	5,675

In calculating working years lost by female mortality, the later age-group 55-64 has been omitted—60 generally being the retiral age for women. A more accurate approximation would be slightly higher than that given.

To summarise the information provided in the above tables—

Total working years lost in 1963—9,915 Total working years lost in 1962—9,610
Total working years lost in 1961—9,755 Total working years lost in 1960—9,705
Total working years lost in 1959—11,170 Total working years lost in 1958—9,475

TABLE I.—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS OF AGE.
YEAR 1963.

CAUSES OF DEATH	AGE																	Average for preceding years (1958-1962)	
	FIRST YEAR											SECOND TO FIFTH YEARS						
	First Four Weeks				First Three Months			The Four Quarters											
	0—1	—2	—3	—4	0—1*	—2	—3	I*	II	III	IV	Total	—2	—3	—4	—5	Total	0—1	—5
Tuberculosis { Respiratory	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0·2
Tuberculosis { Other Forms	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...
Diphtheria	..	.	.	..	...	..	...	...	...	..	..	...	...	...	...	...	...	...	...
Dysentery	...	...	..	...	..	...	...	...	...	...	...	...	..	...	...	...	...	...	...
Measles	..	...	..	.	...	...	...	...	...	...	...	...	...	...	..	...	...	...	0·2
Meningococcal Infections	...	...	.	...	...	...	...	...	...	...	...	..	...	...	...	...	...	0·6	0·2
Poliomyelitis, Acute	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	..
Scarlet Fever	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	..	...	.	...
Whooping Cough	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	..	..	...
Other Infective and Parasitic Diseases	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	0·2
Pneumonia		...		...	...	2	6	8	4	3	1	16	2	...	...	...	2	7·0	1·6
Bronchitis	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	0·8	0·2
Diarrhœa and Enteritis	...	...	...	..	...	...	1	1	..	...	...	1	...	...	...	...	...	0·6	...
Other Digestive Diseases	...	...	1	...	1	..	...	1	1	...	...	2	...	...	...	...	..	2·4	..
Congenital Malformations	8	2	2	...	12	1	...	13	...	3	1	17	...	...	...	..	...	10·6	1·2
Injury at Birth	1	...	...	...	1	...	...	1	...	...	...	1	...	...	...	...	...	6·2	...
Post-natal Asphyxia and Atelectasis	8	...	...	...	8	...	...	8	...	...	...	8	...	...	...	...	...	15·4	...
Pneumonia of New Born	3	...	1	.	4	...	...	4	...	...	...	4	...	.	...	...	...	2·6	...
Other Infections of New Born	...	..	..	...	...	..	...	..	..	...	...	..	...	...	...	...	...	0·8	...
Other Diseases peculiar to Early Infancy	2	...	...	...	2	...	...	2	..	...	...	2	..	...	...	...	...	2·6	0·2
Prematurity	8	1	...	...	9	...	...	9	...	...	...	9	..	...	..	...	...	8·2	...
Accidents or other Violence	....	...	...	...	...	1	...	1	...	...	1	2	...	...	1	...	1	4·8	3·0
Other Causes	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	4	2·0	1·8
ALL CAUSES	30	3	4	...	37	4	7	48	5	6	3	62	5	...	1	1	7	64·6	8.8
Average for preceding 5 years, 1958-1962	39	3	2	1	45	3	5	54	5	3	3	65	3	2	2	1	9	...	...

* This column includes all deaths in preceding columns.

TABLE II.—ABERDEEN—MORTALITY AT VARIOUS AGE PERIODS FROM VARIOUS CAUSES.

(Corrected for transferred deaths.)

AGE.	All Causes.	Infectious and Parasitic Diseases (excl. Tuberculosis).		Tuberculosis Diseases.		Malignant Diseases.	Dis. of Nervous Syst. and Sense Organs.		Dis. of Circulatory System.	Respiratory Diseases.			Dis. of Digest. System (incl. Diarrhœa and Enteritis).	Dis. of Genito-Urinary System.	Dis. of Pregnancy and Child-birth.		Malforms under 1 year and Diseases of Early Infancy.	Senility.	Violence.	Miscellaneous.
		Principal Epidemic.	Other Infection.	Respiratory.	Other Tuberculosis.		Cereb. Hæm., etc.	Other Nervous.		Pneumonia.	Bronchitis.	Other Respiratory.			Puerperal Sepsis.	Other Diseases.				
A.—NUMBER OF DEATHS—YEAR 1963.																				
Under 1 year . . .	62	—	—	—	—	—	—	—	—	16	—	—	3	—	—	—	41	—	2	—
1-4 years . . .	7	—	—	—	—	2	—	1	—	2	—	1	—	—	—	—	—	—	1	—
5-14 ,, . . .	11	—	—	—	—	2	1	—	—	1	—	—	1	—	—	—	—	—	5	1
15-24 ,, . . .	14	—	—	—	—	3	—	1	—	—	—	—	—	1	—	—	—	—	9	—
25-34 ,, . . .	30	1	1	—	—	5	1	1	5	1	—	1	1	—	—	1	—	—	12	—
35-44 ,, . . .	58	1	—	—	—	12	3	1	16	2	—	2	2	4	—	—	—	—	11	4
45-54 ,, . . .	150	1	2	1	—	56	12	4	47	1	6	—	4	—	—	—	—	—	8	8
55-64 ,, . . .	406	—	3	1	1	115	42	10	141	12	17	2	13	6	—	—	—	—	31	12
65-74 ,, . . .	620	—	1	2	—	140	86	5	275	15	33	3	16	11	—	—	—	—	21	12
75-84 ,, . . .	643	2	1	3	1	89	148	13	256	44	13	2	23	11	—	—	—	—	19	18
85+ ,, . . .	245	1	—	—	—	13	55	3	112	15	6	1	11	5	—	—	—	1	17	5
All Ages . . .	2,246	6	8	7	2	437	348	39	852	109	75	12	74	38	—	1	41	1	136	60
B.—DEATH-RATE PER 100,000.																				
1963	1,208	3	4	4	1	235	187	21	458	59	40	6	40	20	—	0·5	22	0·5	73	32

TABLE III.—ABERDEEN—DEATHS AT ALL AGES FROM SELECTED CAUSES. (per 100,000 population). Years 1856-1963*

Year.	Smallpox.	Scarlet Fever.	Diphtheria and Croup.	Measles.	Whooping Cough.	Influenza.	Typhus Fever.	Typhoid and Paratyphoid Fever.	Tuberc. Dis.		Dis. of Digestive System (inc. Diarrhœa).	Cancer and other Malignant Diseases.	Bronchitis.	Pneumonia.	Diseases of the Circulatory System.
									Respiratory.	Other Tuberculosis.					
1963 . . .	0	0	0	0	0	3	0	0	4	1	40	235	40	59	458
1962 . . .	0	0	0	0	0	1	0	0	2	1	31	222	37	34	479
1961 . . .	0	0	0	0	0	5	0	0	5	1	42	238	35	38	491
1960 . . .	0	0	0	1	0	0	0	0	5	0	45	215	36	33	448
1959 . . .	0	0	0	0	0	7	0	0	6	1	39	232	38	55	478
1958 . . .	0	0	0	0	0	1	0	0	7	1	34	231	39	39	439
Mean of 1958-62 .	0	0	0	0·2	0	3	0	0	5	0·8	38	228	37	40	467
1957 . . .	0	0	0	1	0	11	0	0	5	1	35	225	31	43	419
1956 . . .	0	0	0	0	0	2	0	0	10	0	32	207	31	31	484
1955 . . .	0	0	0	1	2	1	0	0	8	1	47	219	26	35	448
1954 . . .	0	0	0	0	0	2	0	0	10	2	37	180	27	43	451
1953 . . .	0	0	0	0	0	2	0	0	14	2	42	200	26	56	407
Mean of 1953-57 .	0	0	0	0·4	0·4	4	0	0	9	1	39	206	28	42	442
†Mean of 1951-55 .	0	0	0·2	0·4	1	3	0	0	14	2	42	204	30	45	439
,, ,, 1946-50 .	0	0.2	0	1	1	4	0	0·2	32	5	60	182	37	54	400
,, ,, 1941-45 .	0	0·4	6	1	3	9	0	0·2	46	16	69	178	42	52	377
,, ,, 1936-40 .	0	1	11	4	7	15	0	1	41	11	69	160	50	73	331
,, ,, 1931-35 .	0	5	9	9	12	18	0	1	52	17	70	159	60	102	276
,, ,, 1926-30 .	0·2	2	10	11	11	21	0	0·2	62	30	78	145	61	100	240
,, ,, 1921-25 .	0	5	11	33	29	27	0	1	88	31	80	140	80	92	195
,, ,, 1916-20 .	0	6	16	22	23	73	0	3	106	43	87	121	99	122	178
,, ,, 1911-15 .	0·2	38	42	56	32	16	0	4	111	49	124	116	101	128	184
,, ,, 1906-10 .	0	6	15	26	42	20	0	2	116	61	115	103	105	116	180
,, ,, 1901-05 .	0·1	8	9	41	47	20	3	4	138	69	162	87	145	125	179
,, ,, 1896-1900 .	0	23	18	35	53	29	0	9	167	70	210	87	172	109	167
,, ,, 1891-95 .	0·4	21	22	63	52	56	1	10	181	72	190	81	210	100	156
,, ,, 1886-90 .	1	14	10	80	66	9	1	15	184	67	202	68	216	100	175
,, ,, 1881-85 .	0.2	13	15	36	67	1	6	13	204	74	185	69	251	82	159
,, ,, 1876-80 .	1	35	30	28	66	2	19	29	223	101	194	61	286	72	146
,, ,, 1871-75 .	48	68	30	53	68	5	20	35	243	107	214	56	281	60	136
,, ,, 1866-70 .	4	71	35	50	62	8	62	49	298	130	259	59	238	70	122
,, ,, 1861-65 .	36	93	49	51	62	12	176		274	12	280	57	220	59	122
,, ,, 1856-60 .	40	118	54	70	69	12	109		322	179	203	56	182	58	111

*Corrected for transferred deaths in 1904 and subsequent years.

†From 1950 Causes of Death classified in accordance with Sixth Revision of International List of Cause of Death.

TABLE IV.—ABERDEEN—MARRIAGE, BIRTH AND DEATH RATE—1856-1963.
Per 1,000 of population.

Year	Population	Marriages		Live Births *			Deaths *			Excess of Births over Deaths	Infantile Mortality
		Number	Rate per 1,000 of Population	Number	Rate per 1,000 of Population	Illegit. Births per 100 Total Births	Number	Rate per 1,000 of Population	Average Age at Death		Deaths of Infants under 1 year per 1,000 Births
1963	**185,953**	**1,689**	**9·1**	**3,335**	**17·9**	**5·6**	**2,246**	**12·1**	**67·3**	**1,089**	**19**
1962	185,678	1,723	9·3	3,245	17·5	5·1	2,148	11·6	67·5	1,097	17
1961	185,222	1,752	9·5	3,263	17·6	5·2	2,233	12·1	67·5	1,030	22
1960	187,348	1,690	9·0	3,280	17·5	5·1	2,189	11·7	67·1	1,091	19
1959	186,796	1,782	9·5	3,345	17·9	5·3	2,296	12·3	66·7	1,049	23
1958	186,350	1,841	9·9	3,243	17·4	4·5	2,113	11·3	67·3	1,130	18
Mean of 1957-1962	**186,279**	**1,758**	**9·4**	**3,275**	**17·6**	**5·0**	**2,196**	**11·8**	**67·2**	**1,079**	**20**
1957	186,190	1,975	10·6	3,379	18·1	5·1	2,121	11·4	66·2	1,258	24
1956	186,296	1,965	10·5	3,271	17·5	5·3	2,155	11·6	65·9	1,116	22
1955	186,352	1,980	10·6	3,204	17·2	5·4	2,135	11·5	66·7	1,069	21
1954	186,725	1,894	10·2	3,228	17·4	4·3	2,056	11·1	66·3	986	22
1953	185,232	1,928	10·4	3,077	16·6	4·5	2,091	11·3	65·1	7	27
Mean of 1953-1957	**186,179**	**1,948**	**10·5**	**3,232**	**17·4**	**4·9**	**2,112**	**11·4**	**66·0**	**1,061**	**23**
1951-1955	184,837	1,913	10·3	3,112	16·8	5·1	2,122	11·5	65·7	990	25
1946-1950	†	2,015	10·7	3,603	19·2	6·0	2,189	11·8	61·7	1,414	40
1941-1945	†162,687	1,944	10·8	2,901	16·1	8·8	2,172	13·4	57·9	729	65
1936-1940	†	1,962	11·0	2,973	16·7	6·2	2,243	12·7	55·4	730	72
1931-1935	171,959	1,590	9·2	3,133	18·2	7·1	2,284	13·3	52·1	849	86
1926-1930	165,956	1,510	9·1	3,263	19·7	8·2	2,207	13·3	49·1	1,056	94
1921-1925	161,622	1,582	9·8	3,763	23·3	8·2	2,303	14·3	44·4	1,460	115
1916-1920	161,568	1,754	10·9	3,479	21·5	10·6	2,439	15·1	41·7	1,040	127
1911-1915	164,324	1,489	9·1	3,959	24·1	10·2	3,752	16·8	38·1	1,207	143
1906-1910	163,620	1,360	8·3	4,505	27·5	9·7	2,512	15·4	37·6	1,993	128
1901-1905	158,082	1,428	9·0	4,872	30·8	8·5	2,763	17·5	34·9	2,109	143
1896-1900	145,740	1,356	9·3	4,636	31·8	8·3	2,644	18·1	33·3	1,992	144
1891-1895	131,627	1,099	8·4	4,114	31·3	9·8	2,539	19·3	32·9	1,575	147
1886-1890	117,587	911	7·8	3,827	32·5	10·4	2,370	20·2	...	1,457	140
1881-1885	108,959	848	7·8	3,712	34·1	10·6	2,159	19·8	...	1,553	126
1876-1880	100,419	788	7·9	3,480	34·7	10·9	2,100	20·9	...	1,380	129
1871-1875	91,941	705	7·7	3,169	34·5	12·1	2,063	22·4	...	1,106	133
1866-1870	84,234	684	8·1	3,010	35·7	12·9	1,978	23·5	...	1,032	133
1861-1865	77,040	624	8·1	2,663	34·6	...	1,915	24·9	...	748	130
1856-1860	73,458	524	7·1	2,397	32·6	...	1,772	24·1	...	625	126

*Corrected for transferred births for 1911 and for transferred deaths for 1904 and subsequent years.

† Civilian Population from 1940 to 1946 inclusive used for death-rate only.

27.—SCHOOL HEALTH SERVICE.

Introduction.

The School Medical Service of half a century ago was based essentially on the work of doctors, was concerned primarily with the detection of defects, and was carried out mainly through routine medical examinations. The School Health Service of today makes equal demands on the skills of several professions (e.g., school medical officers, school health visitors and school dentists); it is concerned largely with health education, with counselling (of children, parents and teachers), and with helping to ensure that a child with a physical, emotional or mental handicap is given the medical, social and educational treatment most likely to minimise the handicap; and it is increasingly carried out through health surveys by school health visitors, through discussion between teacher and health visitor of the problems of children deemed by either worker to need special consideration, through referral of certain children by teacher and health visitor to the school medical officer, and through subsequent discussion by all three workers and where necessary consultation also with the parent. One important landmark, about 17 years ago, was the legal decision that examination by the child's own doctor could no longer be substituted for school medical overhaul—an official recognition in fact that the overhaul was not really concerned with the type of manifest departure from health that normally induces a patient to consult a doctor but rather with early deviations from normality and with the inter-action of the individual and the whole educational system surrounding him. Another important landmark, in 1962-63, was the decision that the "intermediate" medical examination could be replaced by the system of selective referral mentioned above—an official recognition that routine medical overhauls are no longer the mainstay of the Service.

Although local circumstances in Aberdeen (notably insufficiency of health visitors, persisting vacancies in the health education posts and impending retirements) resulted in a decision to defer the abolition of the "intermediate" examination until the summer of 1963, the change is mentioned here to contradict a false impression that has arisen in some quarters—an impression that the removal of one of the routine medical overhauls in the school life of a pupil implies that the School Health Service is dwindling in importance. Actually the Service is more important than in the past, and appears also to be more appreciated by teachers and parents. To recognise that the health visitor (who has five years of professional training in health and disease and three separate qualifications) and the teacher (who sees the child every day) can between them render it unnecessary for the medical officer to make a systematic examination of every child at the age of nine years certainly does not presuppose any decline in the value of the School Health Service.

Features of the year.

(1) *Some extension of health education.*—In this connection a special tribute is due to Miss I. Campbell, R.G.N., S.C.M., H.V. Cert. Miss Campbell on being offered the post of Junior Health Education Lecturer early in 1962 declined it but was ultimately persuaded to accept it on a temporary basis; after she had found her feet she was placed in charge of School Health Education, and she both carried out extremely useful work herself and inspired various other health visitors to follow her lead to such extent as their other commitments permitted; unfortunately, in accordance with her previously expressed intention, she resigned from the Service about the end of the school year. Health education is mentioned in more detail in Dr. Younie's note below; but in fairness to Miss D. J. Lamont, S.R.N., S.C.M., H.V. Cert., H.V. Tutor's Cert., M.I.H.E. (Principal Health Education Lecturer), Miss A. M. G. Hay, R.G.N., S.C.M., R.F.N., H.V. Cert., H.V. Tutor's Cert. (Senior Health Education Lecturer), and Miss Campbell, it must be emphasised that such limited expansion of health education as took place was achieved with one or more vacancies in the health education staff for eighteen successive months and with an inadequacy of health visitors.

(2) *Consolidation of the health visitor's twice yearly health survey of all children and of the "monthly visit" of medical officer and health visitor to each school.*—These have now become established features of the Service, although insufficiency of health visitors has in many cases resulted in the surveys in 1962-3 (and in the previous year) being reduced from biennial to annual.

(3) *Creation of a "handicapped list".*—During 1962-63 the names of 258 children were placed on this list; records were kept up to date by consultation with the family health visitor and where necessary the family doctor; and in 67 cases home visits were paid by medical officers for assessment. The main credit for the establishing and development of this useful list must go to Mrs. Dorothy Younie, M.D., D.T.M. & H., who, after doing a great deal of valuable work for mentally and physically handicapped children, retired shortly after the end of the school year.

(4) *Smoothing the transition from home to school.*—Since the change from home life to being one of a class is a vast one, the health visitors now pay systematic "preparation for school" visits to each child at approximately 4½ years and (subject to staffing adequacy) "settling in" visits after a child has been at school for a few months. The credit for this development is attributable in the main to Miss Margaret Nairn, R.G.N., S.C.M., H.V. Cert., P.H. Admin. Cert., Superintendent Health Visitor.

(5) *Improved communications inside and outside the School Health Service.*—This important point is fully discussed in Dr. Younie's note.

(6) *Staffing inadequacies.*—Throughout the year there was never less than one vacancy in the five health education posts, there were vacancies in a health visiting establishment which would have been inadequate even if completely filled, there were vacancies on the dental establishment, and for most of the year there were vacancies in the medical establishment.

(7) *Signs of deteriorating behaviour and deteriorating emotional health.*—The School Welfare Officers dealt with 415 cases of truancy (as against 356 in the previous year); for delinquency 673 children appeared before juvenile courts (as against 579); and 25 children were sent to approved schools (as against 16). The sole contrary finding is that only 46 children were referred by the Child Guidance Clinic for medical examination (as against 51 in the previous year).

(8) *Evidence of less good physical health and material care.*—Excluding minor dental defects, minor impairments of vision and hearing, and temporary illness, 853 children were found at medical examinations to have physical disabilities (an increase of 173 from the previous year); the report of the Chief School Welfare Officer gives insufficiency of clothing or footwear as a cause of absence in 306 cases (as against 265 in the previous year); and, while health visitors' health surveys in schools identified even fewer cases of vermin and nits than in 1961-62, they discovered 173 cases of defective clothing and footwear (as compared with 158). The only apparently contrary finding is an upward trend in average heights and weights, but, since averages take account neither of earlier maturation nor of the increasing number of obese children, little importance can be attached to these findings.

Ten comments by Dr. Younie.

The following notes are extracts from a document prepared by Dr. Younie immediately before her retirement.

(1) *The School Health Service as a measure of physical and emotional disability in children.*—Of necessity a Report on the School Health Service involves measurement: it measures the amount of disability amongst school children, their growth, the number and character of defects found: it sets forth the number of school children in the area, the number of schools, the number of routine medical overhauls, of health visitors' surveys and of follow-up examinations: it details the immunisation programmes, the screening procedures, the number of home visits paid and the time devoted to health education: it takes note of any unhygienic conditions in school-buildings, it deals with the suitability of premises available for School Health staff, it enumerates School Health staff: and from the information collected, it compares the findings with those of previous years and on such a numerical basis it estimates progress. The precise evidence relates chiefly to the School Health Service as a convenient personal service for school children, for there are as yet no traditional or statutory data by which to measure the contribution which the School Health Service makes towards the teachability and vitality of the pupils or as regards the eliciting of inimical factors in these directions. It is, however, no longer sufficient for the School Health Service to be gauging its usefulness by procedures and standards which could equally well be carried out and achieved by medical, health visiting and nursing care outside school hours and outwith school premises: school health has also to be seen as a first step in community health. Community health is affected by such things as sickness rates, attitudes to work, suitability for job,

quality of human relationships and the like. School health is similarly affected, and a sound measure of the usefulness of the School Health Service is the degree of its contribution to and participation in the educational system.

(2) *The monthly visit by school doctor and school health visitor to each school.* —It is not yet possible to evaluate fully the work of the monthly visit as a contribution to school health. It is gratifying, however, that there has been an increase from 2,089 to 2,281 of children referred for special examination and an increase from 58 to 70 of special parent interviews, although the full potential of this part of the service is probably not yet recognised by parents, teachers and others. It is here that health and education can be brought most closely together providing a measure of indispensable participation. School doctors and school health visitors alike, members as they are of the preventive services of the Health and Welfare Department, are very much aware that the greatest obstacle to their full usefulness and participation in schools, as elsewhere, is just that because much of their early training took place in hospitals, they are expected to be experts in the diagnosis and treatment of physical disease only. The monthly visit gives as good an opportunity as any for attempting to shift the emphasis from what is amiss with school children to what is required and can be accomplished to keep their fitness at a high level and this in turn is a service to the fuller use of educational opportunity. It also provides an opportunity for indicating which symptoms, observable by class-teachers, are likely to suggest that further investigation and at an appropriately early stage, either of the child personally or his circumstances, is necessary. These include a falling off in school work; specific difficulties regarding vision or hearing; solitariness; over-excitability; reluctance to take gym or games; evidence of fatigue and lack of home-care. It further emphasises the close relationship between home and school, health and education when any parent interviews take place by invitation in school. The monthly visit comes into its own when it is realised that it is no longer necessary for the School Health Service to be relied on chiefly as a defect-finding device for children who would not otherwise be able to afford medical attention but rather as a service concerned with conditions liable to affect educational progress and the child's healthful way of life both in and out of school. Situations requiring investigation and attention are often multi-factorial in origin demanding involvement with other services and disciplines. As it becomes increasingly evident that learning and behaviour difficulties may have their origin in organic lesions related to obstetric or genetic factors, damage caused by early injury, illness or infection it is clearly advisable that initial referrals should be through the school doctor and the lines of communication centred in the School Health Service. Neither is it always remembered that adverse social factors likely to have a bearing on a child's progress and behaviour in school are already well known to the School Health Service. The recognition, alleviation and, as far as possible, the prevention of these have been chief concerns of the family health visitor from earliest infancy and this form of health supervision continues throughout school life. It is unwise, therefore, to duplicate inquiries until the information already at hand is made available or to institute any specific treatment until the possible etiology has been recognised and studied.

(3) *Absence from school.*—Of necessity the School Health Service is interested in school attendance. Indeed, absence from school and the reasons thereof, either when absence is long and infrequent or short and frequent, is now regarded as a sensitive index of school health demanding more accurate appraisal than has so far been given to it. The overall attendance rate is high, i.e., 94.01 per cent. which in spite of the hard winter was a drop of 0.12 per cent. only. It is known that School Welfare Officers paid 14,591 visits on account of illness but what is not known is how many children were so involved, how many families, how long and how frequent these absences were in the same children and the same families and how authentic the reasons were. It has now been arranged that children whose attendance at school is proving unsatisfactory will be included for examination and investigation at monthly visits.

(4) *Home tuition.*—In 1962-63 home tuition was arranged for 21 children whose disabilities included asthma (3 cases), rheumatoid arthritis (3 cases), injury (2 cases), post-operative convalescence (3 cases), scoliosis (2 cases), rheumatism (3 cases), nephritis (5 cases). It is likely, however, that home tuition might have been offered more frequently to temporarily home-bound children at earlier stages of their convalescence and more attention is being given to this possibility. There are no children at present relying on home tuition as their only means of education. It is satisfactory that in the Children's Hospital tuition by visiting teachers is well maintained but closer attention to the educational needs of pupils still of school-age in other hospitals is probably required, especially in the older age-groups where vocational training may have to be related to the illness from which the child has suffered.

(5) *Vision Testing.*—Vision testing is carried out routinely at the ages of 5, 7, 11 and 14, and at any other age if requested by the teacher or by the pupil himself. It is to be noted that with the introduction of five-year-old vision testing two years ago 243 children have received treatment and correction of vision at the Eye Clinic who previously would not have been detected until after the age of 7, and a further 104 children at the Infant Room stage attended the Eye Clinic for whom no glasses or treatment have yet been prescribed but who remain under review. The testing of vision by illiterate means, particularly by the Sheridan-Pugmire chart which enables one to judge the overall maturity of the child as well, has therefore proved beneficial. This form of testing is well suited for retarded children and the co-operation which is rendered possible has enabled 14 mongol children, who are frequently myopic, to have their vision suitably corrected by glasses. This represents 58 per cent. of all the mongol children attending Rubislaw Occupational Centre. It is clear from Table I that there is a higher percentage of pupils in Senior Secondary Schools requiring glasses than in the Junior Secondary Schools.

(6) *Hearing.*—Routine pure tone *Audiometry* has been carried out in the ordinary school, including this year the Demonstration School, at the ages of five, eleven, fifteen, seventeen and all the children in the Special Schools have been tested. In addition children previously found to have impaired hearing were

re-tested. It has again been found that routine Audiometry at the age of five presents no difficulties. In all 10,969 children were tested, i.e., 10,515 in ordinary schools and 454 in Rubislaw and Beechwood. In ordinary schools 6 per cent. and in Rubislaw and Beechwood 16 per cent. of the children gave an inadequate response and were followed up by the School Medical Staff. The cases were investigated, clinical treatment initiated as necessary and the effects of any residual deafness were related to the quality of the child's speech and his/her educational progress, special arrangements being made as required. It is to be noted that the partially-deaf pupil requires a great deal more supervision, both clinically and educationally, than does the severely deaf pupil. Twenty-three children in ordinary schools have been provided with hearing-aids, and in addition to the School Health staff the audiometrician and the peripatetic teacher of the deaf were concerned with their supervision. To obtain the maximum benefit from a hearing-aid the child's parents and his teachers require to be closely involved. Hearing aids in ordinary schools have a different purpose than in a school for the deaf: in ordinary schools a child's hearing tends to vary more and the classroom conditions invariably do. It follows therefore that it may not always be necessary for a partially deaf pupil to be wearing his hearing aid. With practice and understanding the pupil discovers how to use his aid as a small radio, adapting it automatically to his hearing loss and to the varying acoustic situations to which he is subjected. Before, however, this stage of learning to live with his disability is reached the child has had to acquire a considerable degree of practical skill as regards the maintenance of his aid and he has needed the interest and encouragement of those about him to persevere with its use. Above all, the attitudes of his companions to the wearing of an aid are important as through ignorance these may prove to be the biggest deterrent of all.

Forty-five sessions were held at the *Deafness Diagnostic Clinic* when 130 children from Aberdeen city were examined and 13 children from neighbouring areas. Pupils attending Linksfield School for the deaf were also periodically assessed and an increasing number of children "at risk" of deafness have been seen during their first year. In this connection the Consultant Otologist to the Clinic gave two demonstrations to medical and health visiting staff on suitable tests to be carried out on children under one year, for the purpose of determining their ability to respond to sound. There are three children under the age of three with hearing aids. It is satisfactory that no child with a severe degree of hearing loss has remained unidentified after the age of twelve to fifteen months. Three children aged between one-and-a-half and two-and-a-half years have attended one or two mornings a week at the Linksfield Nursery class and one child aged between two and three was admitted full time. Trial admission to this nursery class has proved to be of much diagnostic value and it also provides the child with suitable social experience and is a further opportunity for parent guidance. An essential link between home and school is the services of a specialist health visitor who is attached to Linksfield School and who is responsible for all families where there are deaf children. The harmonious and comprehensive development of the services for deaf children including the initiation of a class for mothers

of deaf children is due in no small measure to the unusually gifted health visitor in this post.

(7) *Promotion of health.*—To promote the child's fitness and independence in general is a more difficult undertaking. One is not satisfied that in the community at large there is as yet sufficient understanding of what are the overall needs of school children if their full educational potential is to be developed and a sufficiently sizeable acceptance of responsibility for meeting those needs in the adult population. At the age of school entry there is an immediate plunge into a two-session, morning and afternoon, school day and from there on school children have needs which only the family and the community can meet. The school child, always agrowing, is then more dependent than before on such things as routine of mealtimes, regular hours of sleep, understanding of nutritional requirements, adequate provision for out-of-door play and activities at the week-ends, satisfactory conditions for home-work, editing of television, &c., than is sometimes realised. The changing role of the parent has also to be accepted, the child's new drives and interests encouraged and shared and the mutual undertakings of home and school well understood. There is room for more informed attention by commercial firms as well as for more careful budgeting within the family as regards what are the most suitable and durable types of clothing and footwear for school use. Even in a School Health report it is tempting to remind all adults how inescapable for better or worse, their own attitudes, tastes, habits, loves and hates affect those of the young, and how devastatingly penetrating is the gaze that is turned on us.

On the therapy side of health supervision it is to be noted that 383 special home visits were paid by health visitors as a result of the follow-up sessions and that there were 1,972 referrals to General Practitioners or Hospital Clinics for conditions which would not otherwise have received medical attention and that the remedial facilities at the Dunfermline College of Physical Education were made available to 27 children suffering from postural defects or faulty breathing habits.

(8) *Health education.*—There are as yet few formal sessions for health instruction to be given by members of the School Health staff to pupils, but continual opportunities arise, either with informal groups of children or with individual pupils, for encouraging and promoting better habits. Indeed, the contacts and procedures of the School Health Service were continuously directed to these ends and it is to be noted with satisfaction that more health visitor group sessions are being requested by teaching staffs in the Primary and Junior Secondary Schools. Without more formality, however, it is not possible to assess with much accuracy what is the degree of fact, fiction or fashion in the minds of pupils about health. The most convincing impact which the School Health Service can make at present is probably the indirect one of matching precept with practice in school environmental conditions. It is to be regretted that adequate supplies of hot water, soap, towels and toilet-paper can still be abused and are therefore curtailed and that so much uncorrected carelessness exists regarding

the carrying of pocket handkerchiefs and the wearing of glasses. It is also to be noted that of the 70 per cent. of school children examined by school dentists throughout the year, 60 per cent. required treatment and yet the post-lunch rinse and swallow method of mouth-cleansing is in operation in the Special Schools only, and tuck-shops on school premises are increasing in number. There is another aspect of indirect health education which appears to suffer from neglect. The medical profession is too often identified with the curtailing of effort, the cutting-down of activity, the off-work certificates. In quite the opposite direction the School Health Service is principally concerned with the demands for effort both inside and outside the classroom. It is part of school health that children should experience the satisfaction of all-out effort and thus habitually relate that sense of being extended to normal well-being and enjoyment so that, as in other clinical fields, the measure of efficiency is the measure of the character and degree of the response to effort.

(9) *Research.*—There is an expanding field for Joint Research by Health and Education Departments and the School Health Service continues to be involved in a number of projects concerning handicapped children which are as yet unfinished. It has also collaborated with the University of Aberdeen Department of Education in inquiring into the influence of early puberty on educational test performance at the age of eleven. This was carried out on a group of 1,385 girls, and there is conclusive proof that any anxiety that the earlier onset of puberty is affecting performances in selection tests at the age of eleven is unfounded.

(10) *Communications.*—As regards (a) communications within the School Health Service, it is to be noted that no entrant's examination now takes place without the health visitor's pre-school record of the child having been studied and documented prior to the examination and that there has been still more collaboration about children who may present educational difficulties. It is no doubt unfortunate that, owing to the lack of central headquarters, school doctors have little opportunity of day-to-day contact but staff meetings have been more regular and these have numbered four over the year. There are not the same difficulties as regards contact between school medical officers and school health visitors as in the clinics and schools there is regular meeting and as far as possible the team remains unchanged.

(b) Outwith the School Health Service communication with general practitioners is now more often by telephone than by letter and, increasingly in certain conditions, the child health medical officer combines with the general practitioner in referring children for hospital investigation, thereby ensuring that both receive information as regards hospital findings. The Appointment System now operating at the Children's Hospital enables school doctors to bring to the notice of hospital consultants any relevant signs or symptoms observed in school children prior to an initial or follow-up out-patient visit. This means of communication could well be developed further through the two Local Authority medical officers who give weekly sessions at the Children's Hospital. It is to be noted that when a child is recommended for admission to a Special School the general practitioner

is always informed by letter. The School Medical Record Card is also a means of medical communication. It has a two-fold purpose in that it provides a clinical record of the child's well-being and is also a document which can be used statistically for estimating the health of school children in general. Unless, however, the documentation is distinctly geared to the dual purpose it may fail in both. For this reason the confidentiality of the Medical Record requires to be strictly observed. It is to be noted that in a survey carried out during the year it was stated that owing to the manner in which School Medical Records were kept in schools information was curtailed because of lack of confidentiality in 20 out of 58 schools. As all school medical examinations are carried out on children fit enough to be attending school an accurate measure of illness cannot be expected on present recording. History-taking is vital at all stages but of necessity current documentation relates most accurately to the child's fitness for education only and any reasons for the impairment thereof. It is a measure of progress in that during the year the School Medical Staff has taken part in two trials on a proposed new school card which has this dual purpose more clearly in mind. It is expected that such records could play a useful part in the future health supervision of school children whether by General Practitioner or by any of the occupational, further educational or University Health Services: they would also be useful for research purposes.

(c) It has already been mentioned that a means of communication with Teachers is by use of the Pupil's Progress Record Book. This is filled up after each Routine Examination and after any special or follow-up examination where there is occasion for adding to the information or advice regarding the child's well-being. For all children admitted to the Special School an individual profile is prepared under the headings of:—general physique, upper limb, lower limb, hearing, eyesight, speech, toilet, intelligence, behaviour and social background. Personal contact is always more satisfactory than written details and in the ordinary schools the weekly visits of health visitors and the monthly visits of doctors increasingly provide such opportunities in the interests of individual children. At a meeting of Head Teachers the newer functions of the School Health Service were explained and as a result of the encouragement received an after-school meeting was arranged at which the newer arrangements were explained to Teachers by the School Doctor and the School Health Visitor: an opportunity has thus been provided for still further defining and understanding the areas of co-operation between Health and Education. A successful meeting with the senior students and graduates of the College of Education also took place in the College in the summer term whereby the structure and function of the School Health Service, as it now is, was similarly explained.

(d) There is a close association with Youth Employment Officers and the Leavers' examination is distinctly geared to the vocational possibilities of the pupils. In the case of each Special School Leaver an individual report is prepared under the headings of:—general health, including vision, hearing, laterality, colour vision, social circumstances, attainments, intelligence, personal qualities and disposition, and general employability.

(e) Sustained communication with the parents is chiefly through the family health visitor, which, with the well-attended Routine Examination sessions and the opportunities provided for special parent interviews, have made the issue of a periodic written questionnaire unnecessary meantime.

GENERAL STATISTICS.

A. Number of Schools—

Primary	46
Secondary	12
Senior Secondary	3
Nursery	4
Special Schools	3
Special classes in ordinary schools	1
Nursery classes in ordinary schools	4
In receipt of grant and under School Health Service	4
Number of children on the registers	32,283
Number of children in average attendance	30,366

Further Education—
Pre-Nursing College.
Commercial College.

B. Systematic Medical Inspection.

581 visits were paid to schools by the medical officers in connection with systematic medical inspection as compared with 489 for the previous year.

In all 9,486 children were medically inspected, this being 1,197 more than in the previous year. The numbers seen were as follows:—

(a) Systematic examinations—

Entrants	3,054	
Eleven-year-olds	2,643	
Fourteen-year-olds	3,132	
Sixteen-year-olds	657	
		9,486

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

Entrants	300	
Eleven-year-olds	156	
Fourteen-year-olds	127	
Sixteen-year-olds	20	
		603

(c) The attendance of parents at Routine Medical Inspections was as follows:—

Entrants	96.0 per cent.
Second Age-Group	83.4 per cent.
Third Age-Group	42.9 per cent.
Senior Secondary Age-Group	23.3 per cent.
Overall average	69.9 per cent.

(d) The following table gives particulars of the heights and weights of children examined. The small figure in the age column refers to months: thus 5^5 means 5 years 5 months.

	BOYS				GIRLS			
Age Group (years).	Number Examined.	Average Age.	Average Height in Inches.	Average Weight in Pounds.	Number Examined.	Average Age.	Average Height in Inches.	Average Weight in Pounds.
5—6	1,421	5^5	43·1	43·8	1,311	5^5	43·1	42·6
11—12	1,314	11^4	55·7	77·8	1,273	11^3	55·1	80·0
14—15	1,530	14^8	62·8	111·0	1,506	14^6	62·1	110·4
16—17	307	16^6	68·0	137·8	301	16^8	63·6	126·3

C. Non-Routine Sessions.

Monthly Visits and Re-examinations.

621 sessions were devoted by school medical officers and health visitors (attending together) to monthly visits and re-examination. At the monthly visits 2,281 pupils were referred (by health visitors and teachers) as compared with 2,089 in the previous year. The total number of defects followed-up was 13,542 as compared with 12,191 last year and included 3,740 children for routine vision testing.

	Referred.	Other.
Cleanliness	120	104
Nutrition	15	245
E.N.T.	223	1,603
Hearing	160	888
Speech	42	170
Eyes	426	5,762
Skin	487	415
Orthopaedic	115	349
Behaviour	113	166
General	494	1,149
Special Examinations (Further Education, &c.)	86	410

Resulting from the above sessions—

383 special home-visits were paid by the Health Visitors.
781 children were referred to Clinics.
588 children were referred to General Practitioners.
5 cases were referred to the Association of Social Service.
70 parent interviews were arranged.

In addition—

109 school-visits were paid in connection with camp inspections.
46 school-visits were paid in connection with the medical examination of Child Guidance cases.
55 school-visits were paid in connection with the assessment of suspected educational handicap, transfer requests, &c.

D. The Minor Ailments Clinic.

This Clinic is open from 4.30 p.m. each afternoon after school. Pupils are referred from various sources, i.e., health visitors, school welfare officers and head teachers. As far as possible cases of pediculosis, scabies and impetigo are dealt with on a family basis.

The following table shows the attendances at the minor ailment clinic during the year:—

	Pediculosis.	Scabies.	Impetigo.	Miscellaneous.
Number of families involved . . .	78	26	33	68
Number of families visiting more than once	7	2	1	1
Number of children in families . . .	132	61	43	75
Number of schools involved	35	16	14	25

Treatment at City Hospital.

This involved 28 families including 61 school children for treatment of scabies and 17 families including 33 school children for the treatment of pediculosis.

E. School Eye Clinic.

As a result of vision-testing in schools 3,028 children were referred to the School Eye Clinic which is staffed by consultants appointed by the North-Eastern Regional Hospital Board.

In addition 98 pre-school children were also referred from Child Welfare Clinics. These figures compare with 3,004 school children and 158 pre-school children in the previous year, and 2,866 school children and 116 pre-school children in the year before.

The services of an orthoptist were available for a few months, but the post is again unfilled.

F. Unannounced Visits by Health Visitors—Surveys of Emotional and Physical Health.

It is gratifying that a few more visits of this nature have been possible this year. The following are the figures for 1962-63:—

	Ordinary.	Selected.
(i) Total number of inspections	39,134	16,812
(ii) Total number showing defects of hygiene:—		
Vermin	57	45
Nits	381	587
Impetigo	3	49
Scabies	3	12
Bad Clothing	100	164
Bad Footwear	73	70
	617	927
(iii) Total number showing physical, mental or behaviour defects	1,331	886
(iv) Number treated in schools	1,208	2,073

Home Visits by Health Visitors.

The health visitors paid visits to 7,754 homes for counselling and guidance about school children. A classification of the visits is as follows:—

	First Visits.	Re-visits.
Physical	588	919
"Settling-in", behaviour, &c.	2,661	3,118
Cleanliness, &c.	243	225

G. Audiometric Results.

	One ear affected.					Both ears affected.			
	Normal/I	Normal/II	Normal/III	I	I/II	II	I/III	II/III	III/Both
In ordinary schools	386	30	2	208	12	13	—	1	4
Beechwood School	34	3	—	19	3	3	—	—	—
Rubislaw Occupational Centre	9	1	—	1	1	—	—	—	—
Linksfield School for the Deaf	—	—	—	—	—	9	—	—	21

The audiometrician has now been provided with a portable audiometer which facilitates transport and 10,969 children were tested as compared with 10,303 last year.

H. Immunisation.

Diphtheria/Tetanus Immunisation.

As anti-tetanus injections were undertaken for the first time during the year and were offered to the five-year-old age-group only, the following figures are not comparable with previous years:—

Total number of visits paid to schools	55
Number of school children fully immunised for the first time for diphtheria	46
Number of school children fully immunised for the first time for tetanus	339
Number of school children who received a reinforcing injection for diphtheria	1,590
Number of school children who received a reinforcing injection for tetanus	1,393

It should be noted that the very low second and third figures above are a cause for satisfaction: they indicate that few children enter school without having already been immunised.

Prevention of Tuberculosis.

2,529 pupils aged thirteen were tested for susceptibility: 553 (or 20.6 per cent.) were found to already have acquired an immunity while the 2,134 (or 79.4 per cent.) who were tuberculin negative were given B.C.G. vaccine. Chest X-rays were carried out as required. 152 pupils who had been given B.C.G. vaccine a year ago were found to have a positive skin reaction persisting.

DENTAL SERVICES.

Mr. Hay, Chief Dental Officer, reports as follows:—

During the past year, three events of concern to dental officers in the L.A. service are worthy of comment. These were the public reaction to the Fluoridation Report, the Report of the Estimates Committee on Dental Services, and the employment of Dental Auxiliaries within the service.

The Report on the Conduct of the Fluoridation Studies in the United Kingdom was published in July, and in December local health authorities were given permission to implement the measure suggested therein.

Fluoridation then became news, both locally and nationally, and opponents of this measure proved most active. Many authorities have discussed the matter, and it appears that the majority have not yet accepted this method of reducing the incidence of caries.

The Report of the Estimates Committee on Dental Services was published in December, and in this the L.A. dental service was criticised on several aspects.

As a result, representatives from the Associations of the Scottish Authorities and the Scottish Home and Health Department considered these and issued a draft report. This was considered at a two-day conference of Chief Dental Officers convened by the Scottish Home and Health Department in May. As a result, a further report with recommendations for improving the service was issued to L.A.s. Incidentally, Aberdeen was the only Scottish authority to refuse permission for the Chief Dental Officer to attend the Conference—the first of its kind to be held in the fifty years since the School Health Service started.

The first sixty of the New Cross Dental Auxiliaries completed their course in the autumn, and were absorbed into the L.A. services. The majority are in England, but two are employed by Scottish authorities.

These girls give prescribed treatment to children under the supervision of a dental officer. It is, as yet, too early to assess the contribution these auxiliaries will make to the service, and it should be remembered that this is, at present, only an experiment.

Staffing.

The situation improved at the beginning of the session when Miss R. A. Russell joined the service on a full-time basis in October, while at the same time Mrs. H. Blair resumed her part-time appointment.

However, the situation deteriorated later in the year when Mr. H. Clunas resigned after some ten years service to take up an other appointment.

The strength of the section during the year was the equivalent of four dental officers.

Dental Inspection and Treatment.

Each dental officer is allocated a certain number of schools which are inspected sytematically, and treatment is given to those whose parents accept the offer. An annual inspection is aimed at, but this is not always possible owing to staffing variations.

Approximately 70 per cent. of the school population was inspected, as compared with 75 per cent. during the previous year, and of these 60 per cent. were found to have dental defects. The parents of 30 per cent. of these children with defects accepted treatment by the L.A. service, while the parents of the remainder indicated that they would make their own arrangements for treatment.

In previous years, it has been pointed out that more children were being treated by the general dental service than by the L.A. service, and this is the national trend. Unfortunately, the exact number treated by the general dental service is not known, but only courses of treatment. It is estimated that 62 per cent. of Aberdeen children were so treated in 1961-62. As 13.5 per cent. of Aberdeen children were treated by the L.A. service that year (Scottish average 14.7 per cent.), it is evident that 25 per cent. of the children in the City had no dental treatment at all during the year. Dental officers would agree from their own observations at routine inspections that this figure of 25 per cent. is an underestimate.

Condition of the teeth of Aberdeen children.

A survey of the teeth of children aged 5, 12 and 14 was carried out in the course of the year, and the results are tabulated.

AGE	5				12				14			
	D	M	F	DMF	D	M	F	DMF	D	M	F	DMF
BOYS	2·64	1·96	0·59	5·2	1·12	0·83	2·59	4·5	2·27	2·58	4·45	9·32
GIRLS	2·7	2·0	0·9	5·6	1·28	1·3	3·48	6·06	1·72	3·27	4·46	9·46
BOYS & GIRLS	2·67	1·98	0·76	5·4	1·2	1·05	3·01	5·26	2·0	2·9	4·46	9·39

In the five-year-olds, the eight incisor teeth were ignored, and the results are for the twelve check teeth only, i.e., canines and molars. The table shows the higher incidence of caries for girls compared with that for boys, and that on average each child has 5 out of 12 teeth carious.

The figures for the twelve-year-olds refer to the permanent teeth, and at this age more treatment is found to have been given.

The marked increase in caries over the next two years, a condition known clinically to every dental officer, is shown by the sharp rise from 5 to 9 carious teeth at 14.

In addition, in the course of routine inspections, dental officers recorded under age groups the numbers of children with naturally sound dentitions, i.e., all teeth present and without evidence of decay, and also noted the numbers wearing dentures. These figures are given in the accompanying table. They are representative of a third of the school population, and refer to the numbers inspected during the first half of the year.

1962-63.

Age	5	6	7	8	9	10	11	12	13	14	15	16	Total
Number Examined	1,089	995	816	862	872	853	921	1,568	1,295	1,349	290	6	10,91
With dental defects	767	609	527	567	509	514	539	847	804	829	178	2	6,73
Percentage	70·4%	61·2%	64·5%	65·7%	58·3%	60·2%	58·5%	54%	62%	61·4%	61·3%	33.3%	61·6%
Naturally sound	90	85	40	17	7	12	17	16	12	14	—	—	31
Percentage	8·2%	8·5%	4·9%	1·9%	0·8%	1·4%	1·8%	1·02%	0·92%	1·03%	—	—	2·8%
Wearing Dentures	—	—	—	—	2	4	10	29	33	46	10	—	13
Percentage	—	—	—	—	0·2%	0·46%	1·08%	1·8%	2·5%	3·4%	3·4%	—	1·2%

It can be seen from this table that—

(1) Only 8 per cent. of five-year-olds are free from decay.

(2) During the mixed dentition stage, the percentage of children with naturally sound dentitions falls rapidly, and levels off at approximately 1 per cent. for twelve-year-olds and over.

(3) The percentage of children wearing dentures at twelve and over is greater than that of children with naturally sound teeth.

The fact that before the age of six each child, on average, has lost two deciduous teeth, and by fifteen years has lost three permanent teeth proves that the teeth of Aberdeen children receive insufficient attention.

The high incidence of dental decay is the direct result of ignoring the basic rules for dental health necessary with the modern diet. Unfortunately, children are permitted to break the simple rule of clean teeth, as at some schools biscuits are sold during the intervals in order to augment school funds. At others, bakers' vans call, and even enter the playground, in order that the vanmen may sell their wares.

Parents and children have to be made aware of the need for dental health, and how this can be achieved by sensible eating and good cleaning habits.

Dental Inspections and Treatments—1962-63.

(1) Number of Children Examined—	
(a) At Routine School Inspections	22,445
(b) As Specials	471
Total	22,916
(2) Number with Dental Defects	13,538
(3) Number Offered Treatment	13,212
(4) Number Actually Treated	3,940
(5) Number of Attendances	8,772
(6) Fillings—	
(a) Permanent Teeth	6,826
(b) Temporary Teeth	1,699
Total	8,525

(7) Extractions—	
(a) Permanent Teeth	688
(b) Temporary Teeth	1,783
Total	2,471
(8) Number of Administrations of a General Anaesthetic	97
(9) Other Operations—	
(a) Permanent Teeth	2,507
(b) Temporary Teeth	941
Total	3,448
(10) Number of Children supplied with Artificial Teeth	32

Orthodontic Treatment.

(1) Number of Children given Orthodontic Treatment	174
(2) Number of Cases Continuing from Previous Year	68
(3) Number of New Cases	106
(4) Number of Cases Completed	46
(5) Number of Cases Continuing at end of Year	107
(6) Number of Attendances for Treatment	682
(7) Number of Appliances Fitted	76
(8) Number of Extractions for Orthodontic Purposes—	
(a) Permanent Teeth	101
(b) Temporary Teeth	60
Total	161
(9) Number of Radiographs for Orthodontic Purposes—	
(a) Intra-Oral	18
(b) Extra-Oral	122
Total	140

9 Children having treatment completed at the Hospital Board Orthodontic Clinic.

MISCELLANEOUS.

School Meals.

The Director of Education has kindly supplied the following information about the School Meals Service. In all, there were 15 kitchens, including 5 nursery school kitchens. An average of 97 breakfasts were supplied each day (as compared with 107 in 1961-62). The price of a two-course lunch remained at one shilling per meal during the year. Two-course lunches have been supplied daily during the year to an average of 5,525 pupils (as compared with 5,375 in 1961-62). Three-course lunches to the daily average number of 32 were supplied to pupils attending the Trades College.

School Milk.

The average number of bottles (one-third pint) of pasteurised milk daily was 28,878 as compared with 27,678 in the previous year.

TABLE

SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT.	Total Examined. All ages.	ENTRANTS.			
		Boys 1,566		Girls 1,488	
1. Clothing unsatisfactory	9,486	—	—	4	·3
2. Footgear unsatisfactory	,,	—	—	2	·1
3. Cleanliness—					
(a) Head: Nits	,,	4	·3	12	·8
Vermin	,,	—	—	—	—
(b) Body: Dirty or Verminous	,,	—	—	1	·1
4. Skin—					
(a) Head:					
Ringworm	,,	—	—	—	—
Impetigo	,,	—	—	3	·2
Other Diseases	,,	4	·3	9	·6
(b) Body:					
Ringworm	,,	—	—	—	—
Impetigo	,,	1	·1	1	·1
Scabies	,,	2	·1	1	·1
Other Diseases	,,	59	3·8	47	3·2
5. Nutritional state—					
Slightly defective	,,	47	3·0	67	4·5
Bad	,,	1	·1	1	·1
6. Mouth and Teeth Unhealthy	,,	127	8·1	114	7·7
7. Naso-Pharynx—					
(a) Nose:					
(i) Obstruction requiring observation	,,	90	5·7	72	4·8
(ii) Obstruction requiring Operative Treatment	,,	9	·6	5	·3
(iii) Other Conditions	,,	10	·6	3	·2
(b) Throat:					
(i) Tonsils requiring observation	,,	205	13·1	223	15·0
(ii) Tonsils requiring Operative Treatment	,,	33	2·1	22	1·5
(c) Glands:					
(i) Requiring observation	,,	49	3·1	60	4·0
(ii) Requiring Operative Treatment	,,	3	·2	2	·1
8. Eyes—					
(a) External Diseases:					
Blepharitis	,,	18	1·1	14	·9
Conjunctivitis	,,	4	·3	1	·1
Corneal Opacities	,,	—	—	—	—
Squint	,,	78	5·0	72	4·8
Other Diseases	,,	8	·5	12	·8
(b) Visual Acuity (Snellen):					
Defective—Fair	,,	302	19·3	313	21·0
Bad	,,	38	2·4	47	3·2
Recommended for Refraction	,,	97	6·2	76	5·1
Number wearing Glasses	,,	49	3·1	68	4·6
9. Ears—					
(a) Diseases:					
Otorrhœa	,,	2	·1	1	·1
Other Diseases	,,	41	2·6	32	2·2

EXAMINATIONS.

in each age-group suffering from particular defects.

SECOND AGE-GROUP.				THIRD AGE-GROUP.				FOURTH AGE-GROUP.				ALL AGES.			
Boys 1,344		Girls 1,299		Boys 1,576		Girls 1,556		Boys 326		Girls 331		Boys 4,812		Girls 4,674	
—	—	1	·1	—	—	—	—	—	—	—	—	—	—	5	·1
5	·4	—	—	—	—	—	—	—	—	—	—	5	·1	2	·04
4	·3	12	.9	—	—	5	·3	—	—	—	—	8	·2	29	.6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	·1	—	—	—	—	1	·1	—	—	—	—	1	·02	2	·04
1	·1	—	—	—	—	—	—	—	—	—	—	1	·02	—	—
2	·1	1	·1	—	—	—	—	—	—	—	—	2	·04	4	·1
2	·1	7	·5	17	1·1	21	1·3	7	2·1	5	1·5	30	·6	42	·9
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	1	·02	1	·02
1	·1	2	·2	—	—	—	—	—	—	—	—	3	·1	3	·1
68	5·1	50	3·8	114	7·2	63	4·0	25	7·7	9	2·7	266	5·5	169	3·6
40	3·0	20	1·5	36	2·3	16	1·0	2	·6	—	—	125	2·6	103	2·2
3	·2	1	·1	4	·3	—	—	1	·3	—	—	9	·2	2	·04
37	2·8	34	2·6	64	4·1	54	3·5	8	2·5	1	·3	236	4·9	203	4·3
69	5·1	37	2·8	60	3·8	41	2·6	11	3·4	9	2·7	230	4·8	159	3·4
1	·1	6	·5	—	—	1	·1	1	·3	—	—	11	·2	12	·3
5	·4	3	·2	2	·1	1	·1	6	1·8	3	·9	23	·5	10	·2
57	4·2	84	6·5	36	2·3	51	3·3	4	1·2	12	3·6	302	6·3	370	7·9
15	1·1	19	1·5	4	·3	5	·3	—	—	1	·3	52	1·1	47	1·0
13	1·0	16	1·2	7	·4	7	·4	1	·3	—	—	70	1·5	83	1·8
2	·1	4	·3	1	·1	—	—	—	—	—	—	6	·1	6	·1
24	1·8	23	1·8	13	·8	17	1·1	4	1·2	6	1·8	59	1·2	60	1·3
—	—	2	·2	1	·1	—	—	—	—	—	—	5	·1	3	·1
—	—	3	·2	—	—	—	—	1	·3	—	—	1	·02	3	·1
30	2·2	45	3·5	29	1·8	30	1·9	9	2·8	6	1·8	146	3·0	153	3·3
9	·7	13	1·0	11	·7	14	·9	3	·9	3	·9	31	·6	42	·9
159	11·8	192	14·8	202	12·8	284	18·3	40	12·3	67	20·2	703	14·6	856	18·3
16	1·2	22	1·7	35	2·2	26	1·7	3	·9	6	1·8	92	1·9	101	2·2
42	3·1	44	3·4	37	2·3	39	2·5	4	1·2	4	1·2	180	3·7	163	3·5
45	10·8	176	13·5	163	10·3	236	15·2	69	21·2	90	27·2	426	8·9	570	12·2
5	·4	4	·3	4	·3	5	·3	4	1·2	—	—	15	·3	10	·2
19	1·4	12	·9	13	·8	17	1·1	2	·6	1	·3	75	1·6	62	1.3

TABLE

SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT.	Total examined. All ages.	ENTRANTS.			
		Boys 1,566		Girls 1,488	
9. Ears—(Continued)—					
(b) Defective Hearing :					
Grade I	9,486	6	·4	9	·6
Grade IIA	,,	—	—	1	·1
Grade IIB	,,	—	—	—	—
Grade III	,,	—	—	1	·1
10. Speech—					
Defective articulation	,,	73	4·7	26	1·7
Stammering	,,	5	·3	1	·1
11. Mental and Nervous Condition—					
(a) Backward	,,	8	·5	6	·4
(b) Dull	,,	1	·1	3	·2
(c) Mentally deficient (Educable)	,,	—	—	1	·1
(d) Mentally deficient (Ineducable)	,,	—	—	—	—
(e) Highly nervous or unstable	,,	7	·4	13	·9
(f) Difficult in behaviour	,,	37	2·4	20	1·3
12. Circulatory System—					
(a) Organic heart disease :					
(i) Congenital	,,	6	·4	5	·3
(ii) Acquired	,,	1	·1	2	·1
(b) Functional conditions	,,	9	·6	5	·3
13. Lungs—					
Chronic bronchitis	,,	3	·2	1	·1
Suspected tuberculosis	,,	—	—	3	·2
Other diseases	,,	47	3·0	30	2·0
14. Deformities—					
(a) Congenital	,,	15	1·0	12	·8
(b) Acquired (Infantile paralysis)	,,	—	—	1	·1
(c) Acquired (Probably rickets)	,,	—	—	1	·1
(d) Acquired (Other causes)	,,	53	3·4	43	2·9
15. Infectious diseases	,,	1	·1	1	·1
16. Other diseases or defects	,,	226	14·4	157	10·6
17. Classification :					
Group I	,,	509	32·5	510	34·3
Group IIA	,,	138	8·8	153	10·3
Group IIB	,,	31	2·0	35	2·4
Group IIC	,,	13	·8	9	·6
Group III	,,	734	46·9	637	42·8
Group IVA	,,	103	6·6	111	7·5
Group IVB	,,	38	2·4	33	2·2
Number Notified to parents	,,	159	10·2	141	9·5
Number under observation	,,	807	51·5	770	5·2
Number of Parents present	,,	1,498	95·7	1,434	96.4

I (Continued.)

EXAMINATIONS.

n each age-group suffering from particular defects.

SECOND AGE-GROUP.				THIRD AGE-GROUP.				FOURTH AGE-GROUP.				ALL AGES.			
Boys 1,344		Girls 1,299		Boys 1,576		Girls 1,556		Boys 326		Girls 331		Boys 4,812		Girls 4,674	
6	·4	4	·3	8	·5	6	·4	—	—	1	·3	20	·4	20	·4
1	·1	—	—	2	·1	1	·1	—	—	—	—	3	·1	2	04
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	·1	—	—	—	—	—	—	—	—	—	—	1	·02	1	·02
6	·4	5	·4	3	·2	1	·1	—	—	—	—	82	1·7	32	·7
16	1·2	2	·2	7	·4	1	·1	1	·3	1	·3	29	·6	4	·1
2	·1	2	·2	1	·1	3	·2	—	—	—	—	11	·2	11	·2
—	—	—	—	—	—	1	·1	—	—	—	—	1	·02	4	·1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	·02
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	1·0	4	·3	10	·6	9	·6	1	·3	2	·6	32	·7	28	·6
15	1·1	3	·2	11	·7	9	·6	—	—	—	—	63	1·3	32	·7
3	·2	3	·2	2	·1	6	·4	—	—	—	—	11	·2	14	·3
—	—	—	—	—	—	1	·1	—	—	—	—	1	·02	3	·1
—	—	4	·3	5	·3	5	·3	2	·6	—	—	16	·3	14	·3
1	·1	—	—	—	—	—	—	1	·3	—	—	5	·1	1	·02
3	·2	6	·5	11	·7	14	·9	—	—	1	·3	14	·3	24	·5
28	2·1	18	1·4	27	1·7	9	·6	2	·6	1	·3	104	2·2	58	1·2
3	·2	8	·6	6	·4	17	1·1	—	—	1	·3	24	·5	38	·8
1	·1	—	—	1	·1	1	·1	—	—	3	·9	2	·04	5	·1
1	·1	3	·2	—	—	—	—	—	—	—	—	1	·02	4	·1
41	3·1	59	4·5	56	3·6	57	3·7	19	5·8	22	6·6	169	3·5	181	3·9
—	—	—	—	—	—	—	—	—	—	—	—	1	·02	1	·02
0	10·4	144	11·1	98	6·2	145	9·3	21	6·4	43	13·0	485	10·1	489	10·5
7	48·1	602	46·3	817	51·8	750	48·2	163	50·0	133	40·2	2,136	44·4	1,995	42·7
8	10·3	155	11·9	199	12·6	253	16·3	51	15·6	68	20·5	526	10·9	629	13·5
1	·8	17	1.3	26	1·6	16	1·0	5	1·5	1	·3	73	1·5	69	1·5
—	—	4	·3	6	·4	4	·3	1	·3	—	—	20	·4	17	·4
3	31·5	397	30·6	393	24·9	394	25·3	79	24·2	101	30·5	1,629	33·9	1,529	32·7
0	6·0	95	7·3	81	5·1	91	5·8	17	5·2	21	6·3	281	5·8	318	6·8
5	3·3	29	2·2	54	3·4	48	3·1	10	3·1	7	2·1	147	3·1	117	2·5
2	6·1	74	5·7	75	4·8	52	3·3	7	2·1	13	3·9	323	6·7	280	6·0
7	38·5	512	39·4	471	29·9	489	31·4	76	23·3	112	33·8	1,871	38·9	1,883	40·3
1	83·4	1,084	83·4	641	40·7	703	45·2	68	20·9	85	25·7	3,328	69·2	3,306	70·7

Table 1a.

Details of the number and percentage of individual children in each age-group found to be suffering from particular defects are given in Table I. A summary is presented here:—

Nature of Defect.	Number Examined.	Number Defective.	Percentage Defective.
1. Clothing unsatisfactory	9,486	5	·1
2. Footgear unsatisfactory	,,	7	·1
3. Cleanliness—			
(*a*) Head: Nits	,,	37	·4
Vermin	,,	—	—
(*b*) Body: Dirty or Verminous	,,	3	·03
4. Skin—			
(*a*) Head: Ringworm	,,	1	·01
Impetigo	,,	6	·1
Other diseases	,,	72	·8
(*b*) Body: Ringworm	,,	—	—
Impetigo	,,	2	·02
Scabies	,,	6	·1
Other diseases	,,	435	4·6
5. Nutritional State—			
Slightly defective	,,	228	2·4
Bad	,,	11	·1
6. Mouth and teeth unhealthy	,,	439	4·6
7. Naso-pharynx—			
(*a*) Nose:			
(i) Obstruction requiring observation	,,	389	4·1
(ii) Obstruction requiring operative treatment	,,	23	·2
(iii) Other conditions	,,	33	·3
(*b*) Throat:			
(i) Tonsils requiring observation	,,	672	7·1
(ii) Tonsils requiring operative treatment	,,	99	1·0
(*c*) Glands:			
(i) Requiring observation	,,	153	1·6
(ii) Requiring operative treatment	,,	12	·1
8. Eyes—			
(*a*) External diseases:			
Blepharitis	,,	119	1·3
Conjunctivitis	,,	8	·1
Corneal opacities	,,	4	·04
Squint	,,	299	3·2
Other diseases	,,	73	·8
(*b*) Visual acuity with/without glasses:			
Fair	,,	1,559	16·4
Bad	,,	193	2·0
Recommended for refraction	,,	343	3·6
9. Ears—			
(*a*) Diseases:			
Otorrhœa	9,486	25	·3
Other diseases	,,	137	1·4
(*b*) Defective hearing:			
Grade I	,,	40	·4
Grade II*a*	,,	5	·1
Grade II*b*	,,	—	—
Grade III	,,	2	·0
10. Speech—			
Defective articulation	,,	114	1·2
Stammering	,,	33	·3
11. Mental and Nervous Condition—			
(*a*) Backward	,,	22	·2
(*b*) Dull	,,	5	·1
(*c*) Mentally deficient (educable)	,,	1	·01
(*d*) Do. (ineducable)	,,	—	—
(*e*) Highly nervous or unstable	,,	60	·6
(*f*) Difficult in behaviour	,,	95	1·0
12. Circulatory System—			
(*a*) Organic heart disease:			
(i) Congenital	,,	25	·3
(ii) Acquired	,,	4	·04
(*b*) Functional conditions	,,	30	·3
13. Lungs—			
Chronic bronchitis	,,	6	·1
Suspected tuberculosis	,,	38	·4
Other diseases	,,	162	1·7
14. Deformities—			
(*a*) Congenital	,,	62	·7
(*b*) Acquired (infantile paralysis)	,,	7	·1
(*c*) Acquired (probably rickets)	,,	5	·1
(*d*) Acquired (other causes)	,,	350	3·7
15. Infectious diseases	,,	2	·02
16. Other diseases or defects	,,	974	10·3
17. Classification:			
Group I	,,	4,131	43·5
Group II*a*	,,	1,155	12·2
Group II*b*	,,	142	1·5
Group II*c*	,,	37	·4
Group III	,,	3,158	33·3
Group IV*a*	,,	599	6·3
Group IV*b*	,,	264	2·8
Number notified to parents as suffering from defects	,,	603	6·4
Number under observation	,,	3,754	39·6
Number of parents present at inspection, 6,634 (69·9%)	,,	—	—
Number wearing glasses	,,	996	10·5

Table II.

Systematic Medical Examinations.

Classification	Entrants		Second Age-group		Third Age-group		Fourth Age-group		Total	
	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group	No. of Children	Percentage of the Children examined in this Group
I. Children free from defects	1,019	33·4	1,249	47·3	1,567	50·0	296	45·0	**4,131**	**43·5**
II. Children (otherwise free from defects) who suffer from—										
(*a*) Defective vision not worse than 6/12 in the better eye with or without glasses	291	9·5	293	11·1	452	14·4	119	18·1	**1,155**	**12·2**
(*b*) Oral Sepsis, etc.	66	2·2	28	1·0	42	1·4	6	0·9	**142**	**1·5**
(*c*) Both (*a*) and (*b*)	22	0·7	4	0·2	10	0·3	1	0·2	**37**	**0·4**
Total	379	12·4	325	12·3	504	16·1	126	19·2	**1,334**	**14·1**
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks	1,371	44·9	820	31·0	787	25·1	180	27·4	**3,158**	**33·3**
IV. Children suffering from (or suspected to be suffering from) defect less remediable than defects specified in II. and III., distinguishing cases—										
(*a*) Where complete cure or restoration of function (in the case of eye defect, full correction) is considered possible	214	7·0	175	6·6	172	5·5	38	5·8	**599**	**6·3**
(*b*) Where improvement only is considered possible, *e.g.*, without complete restoration of function .	71	2·3	74	2·8	102	3·3	17	2·6	**264**	**2·8**
Total	285	9·3	249	9·4	274	8·8	55	8·4	**863**	**9·1**
Total number of children examined . .	**3,054**	**100%**	**2,643**	**100%**	**3,132**	**100%**	**657**	**100%**	**9,486**	**100%**

Table III.

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	—	4	—	4
2. Partially sighted—				
(*a*) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	—	4	—	4
(*b*) Other conditions of the eye, *e.g.*, cataract, ulceration, &c., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school	—	11	—	11
3. Deaf—				
Grade I	134	—	—	134
Grade IIA	52	—	—	52
Grade IIB	—	9	—	9
Grade III	—	21	—	21
4. Defective Speech—				
(*a*) Defects of articulation requiring special educational measures	994	82	—	1,076
(*b*) Stammering requiring special educational measures	130	19	—	149
5. Mentally defective children (between 5 and 16 years)—				
(*a*) Educable (I.Q. approx. 50-70)	—	220	—	220
(*b*) Trainable	—	61	—	61
(*c*) Ineducable	—	—	17	17
6. Epilepsy—				
(*a*) Mild and occasional	37	7	—	44
(*b*) Severe (suitable for care in a residential school)	—	1	—	1
7. Physically defective children (between 5 and 16 years)—				
(*a*) Non-pulmonary tuberculosis (excluding cervical glands)	1	—	—	1
(*b*) General orthopædic conditions	88	28	—	116
(*c*) Organic Heart Disease	29	4	—	33
(*d*) Other causes of ill-health	162	11	—	173
8. Multiple defects—				
(*a*) Mentally defective and deaf	—	3	—	3
(*b*) Physically defective and mentally defective	—	8	—	8
(*c*) Mentally defective (ineducable) and blind	—	—	—	—

Boys.

Year	GROUP I.—5 YEARS			GROUP II.—9 YEARS			GROUP III.—13 YEARS			GROUP IV.—16 YEARS		
	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.
	Yrs Mths.			Yrs. Mths.			Yrs. Mths.			Yrs. Mths.		
1942-43	5 3	42·0	41·2	9 4	50·8	60·8	13 4	58·5	88·8	16 5	67·5	134·0
1943-44	5 3	42·0	41·8	9 5	50·9	62·0	13 5	58·6	89·4	16 7	67·4	134·7
1944-45	5 3	42·2	42·0	9 4	51·0	61·8	13 4	58·4	89·4	16 4	67·5	133·5
1945-46	5 3	42·4	42·1	9 5	51·0	62·2	13 5	58·7	90·1	16 6	67·5	134·3
1946-47	5 2	42·3	41·7	9 2	51·1	62·0	13 5	58·7	90·4	16 6	67·6	130·0
1947-48	5 2	42·3	41·8	9 5	51·1	62·4	13 4	58·7	90·6	16 6	67·5	134·5
1948-49	5 3	42·4	42·4	9 5	51·3	63·3	13 5	58·8	91·4	16 6	67·7	134·3
1949-50	5 3	42·8	42·8	9 5	51·6	63·6	13 5	59·0	91·6	16 6	67·6	135·3
1950-51	5 3	42·5	42·8	9 3	51·5	63·1	13 5	59·1	92·5	16 5	67·4	133·3
1951-52	5 3	42·7	42·9	9 4	51·3	63·0	13 5	59·9	93·1	16 5	68·0	136·3
1952-53	5 3	42·5	42·4	9 4	51·6	62·9	13 7	59·3	93·3	16 5	68·3	132·3
1953-54	5 3	42·3	42·1	9 4	51·5	63·9	13 5	59·6	93·7	16 6	67·7	133·6
1954-55	5 2	42·4	42·4	9 4	51·7	64·3	13 5	59·5	94·1	16 5	67·8	138·5
1955-56	5 3	42·5	42·2	9 4	51·7	64·3	13 5	59·5	94·4	16 5	67·8	134·4
1956-57	5 3	42·5	42·3	9 4	51·9	64·6	13 5	60·0	96.9	16 4	67·7	136·4
1957-58	5 3	42·5	42·2	9 4	51·8	64·5	13 5	59·6	97·5	16 4	67·3	135·9
1958-59	5 2	42·5	42·2	9 4	51·6	64·0	13 2	60·1	96·5	16 6	67·6	133·5
1959-60	5 2	42·5	42·1	9 4	51·3	64·2	13 3	59·9	96·6	16 6	67·9	138·7
				GROUP II.—11 YEARS			GROUP III.—14 YEARS					
1960-61	5 3	42·8	42·9	11 6	55·9	78·6	14 6	62·9	111·4	16 6	67·8	138·7
1961-62	5 3	43·1	43·2	11 2	55·7	77·3	14 5	62·6	109·4	16 6	68·0	138·7
1962-63	5 5	43·1	43·8	11 4	55·7	77·8	14 5	62·8	111·0	16 5	68·0	137·8

TABLE IV.—HEIGHTS AND WEIGHTS, 1942-1963—continued.

Girls.

Year	GROUP I.—5 YEARS			GROUP II.—9 YEARS			GROUP III.—13 YEARS			GROUP IV.—16 YEARS		
	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.	Average Age	Average Height in Inches	Average Weight in Lbs.
	Yrs. Mths			Yrs. Mths.			Yrs. Mths.			Yrs. Mths.		
1942-43	5 3	41·8	40·0	9 4	50·4	58·2	13 4	59·3	92·2	16 6	63·9	120·6
1943-44	5 3	41·6	39·9	9 5	50·4	59·4	13 5	59·3	93·4	16 7	64·4	124·8
1944-45	5 3	41·9	40·1	9 5	50·3	60·5	13 5	59·3	93·4	16 6	63·6	123·8
1945-46	5 3	41·7	40·3	9 6	50·6	60·4	13 5	59·4	94·9	16 6	63·1	121·7
1946-47	5 2	42·7	40·2	9 5	50·7	60·3	13 4	59·3	92·6	16 6	64·2	124·2
1947-48	5 2	42·0	41·2	9 5	50·8	60·6	13 5	59·4	94·8	16 5	63·8	123·2
1948-49	5 3	42·4	41·1	9 5	50·9	61·5	13 5	59·6	96·5	16 5	64·0	123·9
1949-50	5 3	42·1	40·7	9 5	51·0	61·3	13 6	59·6	95·9	16 6	63·9	120·9
1950-51	5 3	42·1	41·0	9 5	51·4	61·1	13 4	59·5	96·1	16 6	63·9	120·3
1951-52	5 3	42·0	40·8	9 5	51·1	61·4	13 5	59·8	97·7	16 6	63·8	123·6
1952-53	5 3	41·9	40·5	9 5	51·0	61·2	13 5	59·8	97·1	16 6	63·9	123·4
1953-54	5 3	42·0	40·8	9 4	50·8	61·5	13 5	59·7	97·0	16 6	63·8	123·2
1954-55	5 3	42·1	40·8	9 3	50·9	62·1	13 5	59·8	99·1	16 4	64·0	124·5
1955-56	5 3	42·1	40·7	9 4	51·3	62·6	13 5	59·9	99·4	16 5	63·8	126·6
1956-57	5 2	42·1	41·0	9 4	51·4	63·6	13 4	60·3	100·9	16 6	63·5	121·9
1957-58	5 1	42·4	41·3	9 4	51·3	63·5	13 3	60·1	100·7	16 4	64·1	125·7
1958-59	5 2	42·1	41·6	9 4	51·1	63·0	13 4	60·4	101·2	16 5	63·6	122·3
1959-60	5 2	42·2	41·0	9 3	51·3	63·3	13 4	61·1	103·2	16 6	62·8	123·5
				GROUP II.—11 YEARS			GROUP III.—14 YEARS					
1960-61	5 3	42·4	41·5	11 6	56·2	81·1	14 6	61·6	112·7	16 7	63·4	123·9
							14 3	61·5	110·5	16 7	63·6	125·5

28.—STAFF AS AT 31st DECEMBER, 1963.

Medical Officer of Health and Director of Welfare	Ian A. G. MacQueen, M.A., M.D., D.P.H., F.R.S.H., M.I.H.E.
Senior Depute Medical Officer of Health	David Barclay, M.B., Ch.B., D.P.H.
Junior Depute Medical Officer of Health	William J. W. Rae, M.D., D.P.H.
Chief Dental Officer	Archibald Hay, L.D.S.
Public Analyst	Thomas M. Clark, O.B.E., B.Sc., F.R.I.C.
Chief Sanitary Inspector . . .	Herbert B. Parry, M.S.I.A., Meat Cert.
Principal Health Visitor Tutor and Principal Health Education Lecturer	D. Joan Lamont, S.R.N., S.C.M., H.V. Cert., H.V Tutor's Cert., M.I.H.E.
Superintendent Health Visitor and Co-ordinating Nursing Officer	Margaret Nairn, R.G.N., S.C.M., H.V. Cert., P.H. Admin. Cert.
Lay Administrative Officer . . .	Colin C. Grainger.
Statistician	John B. Tait, B.A. (Oxon).

Medical—

Honorary Depute Medical Officers of Health	Professor E. Maurice Backett, B.Sc., M.B., B.S., M.R.C.P., D.P.H.
	Douglas Bell, M.D., D.P.H.
	James G. Henderson, M.B., Ch.B., Dip. Psych. Ed.
	Professor Ross G. Mitchell, M.D., F.R.C.P., D.C.H.
	Ian M. Richardson, M.D., Ph.D., F.R.C.P.E., D.P.H.
	Leslie A. Wilson, M.D., M.R.C.P.
Honorary Assistant Medical Officer	Roy D. Weir, M.D., D.P.H.
Principal Assistant Medical Officer	James M. Wallace, B.Sc., M.D., D.P.H., D.I.H.
Senior Assistant Medical Officers	Dobson P. Brunton, M.B., Ch.B., D.P.H.
	A. Wilson McIntosh, M.D., D.P.H.
	One vacancy.
Departmental Medical Officers .	Mary Hunter, M.B., Ch.B., D.P.H., Elizabeth C. Laing, M.D., D.P.H., Jean Pattullo, M.B., Ch.B., D.P.H., Christian M. T. Robb, M.B., Ch.B., D.P.H., George N. Summers, M.B., Ch.B., D.P.H., D.T.M. & H., Marie S. Sutherland, M.B., Ch.B., D.P.H., Doreen G. Warnock, M.B., Ch.B., D.P.H., D.R.C.O.G., Margaret S. M. McGregor, M.D., D.P.H., (Part-time), Madeline Deans, M.B., Ch.B., D.P.H., S.R.N., S.C.M., H.V. Cert. (Part-time.) One vacancy.

Dental—

Chief Dental Officer . . .	Archibald Hay, L.D.S.
Senior Dental Officer . .	Vacant.
Dental Officers	Rosalind A. Russell, B.D.S., Elizabeth S. Walker, L.D.S., Hilda C. Blair, L.D.S. (Part-time). 1½ vacancies.

H.V. Training and Health Education—

Principal Health Visitor Tutor and Principal Health Education Lecturer	D. Joan Lamont, S.R.N., S.C.M., H.V. Cert., H.V Tutor's Cert., M.I.H.E.
Health Visitor Tutor and Senior Health Education Lecturer	Alice M. G. Hay, R.G.N., S.C.M., R.F.N., H.V. Cer H.V. Tutor's Cert.
Health Visitor Tutor and Health Education Lecturer	Agnes W. Maxwell, R.G.N., S.C.M., R.F.N., H.V. Cer H.V. Tutor's Cert.
Health Education Lecturer and Clinic Superintendent	Agnes M. Coleman, S.R.N., S.C.M., D.N., H.V. Cer H.V. Tutor's Cert.
Health Education Lecturer and Health Visiting Officer	Vacant.
Dental Hygienist	Vacant.

Health Visiting, Midwifery and Social Work—

Superintendent Health Visitor and Co-ordinating Nursing Officer	Margaret Nairn, R.G.N., S.C.M., H.V. Cert., P. Admin. Cert.
Supervisor of Midwives and Deputy Superintendent Health Visitor	Lisetta J. Stephen, R.G.N., S.C.M., H.V. Cert.
Deputy Superintendent Health Visitor	Annie Bennet, R.G.N., S.C.M., H.V. Cert.
Social Adviser	Margaret Bell, B.A. (Admin.).
Clinic Superintendents . . .	Mary F. Deans, R.G.N., S.C.M., H.V. Cert., Cert. S. Science, Marjorie Galloway, R.G.N., S.C.M., H. Cert., Catherine Greig, R.G.N., S.C.M., H.V. Ce., Margaret C. P. Mair, R.G.N., S.C.M., H.V. Ce., Mary J. Ness, R.G.N., S.C.M., R.F.N., H.V. Ce., Margaret T. Sheridan, S.R.N., S.C.M., H.V. Ce., Margaret Scott, R.G.N., S.C.M., H.V. Cert., Dip. H., Sutherland, R.G.N., S.C.M., H.V. Cert., Dip. H., Elizabeth J. Thow, R.G.N., S.C.M., H.V. Ce., Catherine Wilson, R.G.N., S.C.M., H.V. Cert. (ne vacancy.
Mental After-Care Officers . .	6 (including 2 vacancies).
Health Visitors and Male Health Health Visiting Officers	73 (including 8 vacancies).
Domiciliary Midwives . . .	12 (including 1 vacancy).
Clinic Sisters	5
Social Worker (part-time) . .	1

Welfare—

Assistant Welfare Officer . .	Norman W. Strath.
District Welfare Officers . .	3

Sanitary—

Chief Sanitary Inspector . .	Herbert B. Parry, M.S.I.A., Meat Cert.
Senior Assistant Sanitary Inspector	William Jackson, M.S.I.A., Meat Cert.

Fish Inspector	Sydney Howell, M.S.I.A., Meat Cert.
District Sanitary Inspectors . .	5
Assistant District Sanitary Inspectors	8 (including 7 vacancies).
Apprentice Sanitary Inspectors .	4 (including 1 vacancy).
Probationer Sanitary Inspector .	1
Shops Act Inspector . . .	2
Rat Catchers	5 (including 1 vacancy).
t Inspection—	
Senior Meat Inspector and Diseases of Animals Inspector	W. McDonald, Meat Inspector's Cert.
Senior Assistant Meat Inspector .	W. Lorimer, Meat Inspector's Cert.
Meat Inspectors	4
ical—	
Lay Administrative Officer . .	Colin C. Grainger.
Assistant Administrative Officer .	Ernest B. Worling.
Senior Clerical Staff . . .	A. M. Ledingham (Secretary to Medical Officer of Health), V. Anderson, M. M. Barry, A. G. Gall, D. R. Gibb, V. F. S. Manson, A. E. Munro, C. Proctor, H. Taylor.
Other Clerical Staff . . .	33 (including 4 vacancies).
series—	
Supervisor of Nurseries and Matron of Pitfodels Residential Nursery	Elizabeth C. Jackson, S.R.N., S.C.M., H.V. Cert.
Pitfodels Residential Nursery .	50
Charlotte Street Day Nursery—Matron — Penelope Sandison, R.G.N.	18 (including 1 vacancy).
Linksfield Day Nursery—Matron— Elizabeth A. D. Stobo, S.R.N., S.C.M.	9 (including 1 vacancy).
Deeside Day Nursery—Matron— Grace Florence, S.R.N., R.S.C.N., S.C.M.	13
View Terrace Day Nursery — Matron — Christina Milne, S.R.N.	14
People's Homes—	
Balnagask— *Superintendent and Matron*— Mr. and Mrs. F. W. Gibson	6
Ferryhill— *Matron*—Annie F. Sutherland	5½

Northfield—	8
Matron—Alice M. S. Duguid	
Albyn—	5
Superintendent and Matron— Mr. and Mrs. J. C. Wilson	
Newhills—	15
Superintendent and Matron— Mr. and Mrs. W. G. Low	
Polmuir—	6½
Superintendent and Matron— Mr. and Mrs. D. Duthie	
Thorngrove—	12
Matron—Mary H. Middleton	
Rosewell—	10
Matron—Jessie N. Mundie	
Supernumerary	1 Matron 1 Ward Orderly } (both vacant)
Night Attendants	Equivalent to 760 nights.
Miscellaneous—	
Dietitian	S. Orkin.
Audiometrician	M. I. Durno.
Orthoptist	Vacant.
Senior Chiropodists . . .	R. T. Blake. R. Forbes. A. Cormack (part-time). P. I. Inglis (part-time). 2 vacancies.
Senior Physiotherapists . . .	Vacant.
Physiotherapist	Vacant.
Senior Occupational Therapists .	J. T. Lauder. 1 vacancy.
Occupational Therapist . . .	Vacant.
Occupational Workshop Storeman/ Attendant	1
Dental Surgery Assistants . .	6 (including 2 vacancies).
Clinic Attendants	7
Male Visitor, School Health Service	1
Practical Supervisors of Domestic Helps	2
Domestic Helps	Equivalent to 210 full-time.
Drivers and Porters . . .	4
Laboratory Technician . . .	.
Lodging House—	
Superintendent and Matron—Mr. and Mrs. C. Greig	14