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CITY OF ABERDEEN.

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1966

With the Compliments of the Medical Officer of Health

WILLOWBANK HOUSE,
WILLOWBANK ROAD,
ABERDEEN.

With the Compliments of the Medical
Officer of Health.

ELLOWBANK HOUSE,
WELLOWBANK ROAD,
ABERDEEN.

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1956

CONTENTS.

City of Aberdeen.

SUMMARY OF STATISTICS.

The following is a summary of the principal statistics for the years 1960-66:—

	1960	1961	1962	1963	1964	1965	1966
Population (estimated) . . .	187,308	185,222	185,678	185,953	185,034	184,414	183,463
Marriage rate (a)	9.0	9.5	9.3	9.1	9.1	9.2	9.5
Birth rate (a)	17.5	17.6	17.5	17.9	17.0	17.5	15.9
Illegitimate birth rate (b) . .	5.1	5.2	5.1	5.6	6.0	6.5	7.5
Still-birth rate (c)	21	15	18	15	15	12	10
Infant Mortality rate (d) . .	19	22	17	19	19	19	15
Neo-natal mortality rate (d) . .	14	15	12	11	14	15	10
Death rate (a)	11.7	12.1	11.6	12.1	11.6	11.7	12.3
Malignant diseases death rate (a) .	2.15	2.38	2.22	2.35	2.51	2.48	2.51
All tuberculosis death rate (a) . .	0.05	0.06	0.03	0.05	0.01	0.04	0.02
Respiratory tuberculosis death rate (a)	0.05	0.05	0.02	0.04	0.01	0.03	0.02
Principal epidemic disease death rate (a)	0.02	0.05	0.02	0.03	0.02	—	0.09
Average age at death (in years) .	67.1	67.5	67.5	67.3	67.2	67.8	68.0

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

PREFACE.

To Aberdeen workers in public health and social welfare 1966 was a year of brilliant sunshine and deep shadow—the sunshine representing new records and new achievements, including some so remarkable as to seem at first incredible, and the shadow reflecting happenings gravely damaging to staff morale and staff recruitment.

BACKGROUND FEATURES.

To gain perspective let us glance quickly at earlier years.—During the middle and later 1950's and the early 1960's the Health and Welfare staff claimed their share of credit for the achieving, year after year, of the best health statistics of any Scottish city; experts from other areas or other countries repeatedly described Aberdeen as "the pacemaker in social services for the elderly", "a pioneer in the promotion of mental health", "unsurpassed in maternity and child welfare services" and "an acknowledged leader in health education"; and embarrassingly large numbers of experienced workers came from abroad to study developments in health visiting (especially in respect of incorporation of work for fostering emotional health and of early creation both of general practitioner/health visitor linkages and of consultant or specialist health visitors), modern post-nursing education of student health visitors (on lines foreshadowing those adopted nationally about 1964), pioneer social work with multi-problem families, the spectacularly successful and financially inexpensive health education service and evaluations of health education, the earliest chiropody service developed by any Scottish local authority, the first local authority family planning clinic established in Britain, expanding services for physically handicapped persons, the work of specialised health visitors in mental after-care, measures of proved value for the reduction of home accidents, the earliest purpose-built old people's homes erected by a Scottish local authority, and the role and preparation of male health visiting officers (in which Aberdeen led the whole of Britain).

In the early 1960's the Department suffered badly from under-staffing (both through difficulty in filling vacancies on the existing establishment and through continued increases in the numbers and proportions of children and old people). During the years 1963-65 certain remedial measures were introduced: planned dilution (e.g. health assistants and technical assistants to aid health visitors and sanitary inspectors respectively), creation of a few senior or intermediate posts (to improve promotion channels and reduce "wastages" that had become alarming), and slight increases of establishment (e.g. several additional health visitors, an extra sanitary inspector, an additional apprentice inspector and another meat inspector). Before these measures became effective, the staff had to cope in 1964 with the biggest typhoid outbreak that had occurred in Britain for many years, and—by working flat-out and employing new methods—established a record for the rapidity with which the imported outbreak was controlled and the city restored to normality.

Finally, 1965 had three salient features—(a) careful but ruthless pruning—to quote the report for the year, "the sacrifice of the important to the essential, because even if people died through unprevented preventable conditions (as of course some did) the staff could not continue to work at the pace of 1964 and even 1963"; (b) concentration on restoring at least the most vital services to the levels of 1963 and even on advancing beyond those levels; and (c) careful planning for future progress—including reorganisation of the staff in nine divisions, creation of some new posts (e.g. food-hygiene officers), systematic use of dilution grades, proposals for bringing home nurses into the same department as health visitors, and detailed planning in the field of mental health. The year ended with the setting up of several new health records and with reasonable expectation of substantial future advances.

Against that background 1966 appears as a year in which (1) many things planned earlier went steadily forward; and (2) many remarkable new records were established; but (3) dangerous and steadily increasing staff shortages prevented many desirable developments or even forward planning towards such developments; and (4) staff morale fell appreciably.

FACTORS AFFECTING RECRUITMENT AND MORALE.

Before discussing some of the outstanding successes of the year it may be useful to mention three of the factors that harmed recruitment and morale and contributed to increased staff "wastage".

EFFECT OF "FREEZE" ON RECRUITMENT AND RETENTION OF STAFF.

I. The **salary and wage freeze,** starting in July, was at first quietly and loyally accepted by all varieties of staff, but as the months rolled past three things became increasingly obvious.

(1) **The occupational groups whose salaries are negotiated by N.A.L.G.O. became more and more aggrieved** because they had not received a 7 per cent. increase granted to their colleagues in England and Wales. Morale worsened and strike action was repeatedly and publicly threatened. After the end of the year it was announced that the increases would be paid from July, 1967.

(2) **Many professions whose salaries are otherwise negotiated**—such as public health medical officers, health visitor tutors, health education lecturers, public health dental officers, health visitors, qualified social workers, midwives, nursery nurses, chiropodists and health assistants—**became more and more aware that in each round of salary increases they tended to receive their awards at the end of the round,** perhaps a year after the more vociferous professions; that some of these local authority professions (e.g. health visitors, midwives and qualified social workers) were already wery disadvantageously placed by comparison with various other professions with shorter or equal training and no greater responsibility but louder voices; that the stand-still penalised those who had not yet been included in the latest round of increases; and that increased salaries could be obtained by moving to posts abroad or to other occupations in Britain. As months passed, discontent grew apace. Up to the date of writing this preface there has been no announcement of any salary increases for the penalised groups.

(3) While members of affected professions might feel disgruntled but in some cases remain in post hoping that ultimately justice would be done, **the effect on recruitment to these professions was very serious,** and the more disastrous in that health visitor tutors and health visitors and midwives and qualified social workers (all four among the most poorly paid of professions in relation to training and responsibility) were each already suffering from a serious crisis of recruitment.

EFFECT OF WHITE PAPER: "SOCIAL WORK AND THE COMMUNITY".

II. In the latter part of the year there was published "as a basis for discussion" the White Paper **"Social Work and the Community",** proposing to separate Social Welfare Services from Health Services, to include the former Children's Department and Probation Service within the department containing the Social Welfare services, and to transfer to that Department many services hitherto classed as "Health" rather than "Welfare". Aberdeen Health and Welfare Committee has already expressed its preference for an amalgamated Health and Social Services Department and there is little point in using this preface to indicate the weaknesses of the White Paper.

What must be mentioned, however, is **the devastating effect of the White Paper on the professional staff of all types.** Nothing kills enthusiasm more quickly than a feeling that one's work is unappreciated and could be taken over by somebody with shorter training or poorer qualification. Mental after-care officers, health visitors and doctors who had built up and taken pride in the medico-social services soon showed signs both of insecurity and of lost enthusiasm. Indeed the reaction by the end of the year was disproportionate to the document—for its authors merely suggested seizing various ancillary and other services that health workers had come to regard as vital for the proper performance of health and medico-social duties, but did not otherwise overtly seek to interfere with the personal work of dental officers, food hygiene officers, health education lecturers, health visitors, medical officers, meat inspectors, midwives, physiotherapists, sanitary inspectors, and so on. As the year ended, however, it became abundantly clear that the various professional workers viewed the White Paper as something which, if fully implemented, would enormously damage the services that they had for years striven to build.

DISTRICT NURSING—NO IMMEDIATE LINK-UP: STAFF SURPRISE.

III. A third factor of some influence was a decision at local level **not to alter for the present the system under which health visitors and midwives are employed directly by the Corporation while district nurses are employed via an agency.** Nobody can—or did—question the right of elected members to make a decision, but members of the various nursing professions were surprised and disappointed at the decision being taken without any consultation with these professions and without any apparent positive suggestion as to how the midwifery service could continue to function satisfactorily without the employment of some district nurse/midwives, or how separate trainings could usefully be given to small numbers of enrolled nurses seeking in some instances to become assistants to health visitors and in other instances to aid district nurses.

These and possibly other factors perhaps account both for falling recruitment (which will show more in 1967 than in 1966) and for heavy losses of staff, as well as for a certain reduction in enthusiasm by the end of the year. Two examples are here given to illustrate the losses:—

EXAMPLES OF STAFF LOSSES.

(a) At the beginning of 1962 there were in post 74 health visitors and male health visiting officers. During 1962 and 1963 25 left—or 34 per cent. in two years. A few senior or intermediate posts were created to reduce losses. But in 1965 and 1966 exactly 24 left—**a loss of one third of the staff** in two years.

(b) In 1962 and 1963 exactly half of the small tutorial and health education staff left. Remedial steps were taken and the vacancies were at last filled. But just after the end of 1966 **two of the four tutors resigned** (taking up appointments on Further Education salaries and conditions) and at the time of writing neither vacancy has yet been filled despite repeated advertisement.

Parallel examples—admittedly not quite so marked—could be given for other categories of staff, as could instances of decreased enthusiasm.

SOME RECORDS AND ACHIEVEMENTS.

MANY NEW RECORDS.

After mentioning these disquieting factors which shadowed the end of the year (and cannot but affect the health statistics in 1967 and 1968) it is pleasant to turn to the remarkable records and achievements of 1966. Sixteen points are here selected for mention.

AGE AT DEATH.

(1) **The average age at death,** after rising from 58.4 years in 1944 to 66.7 years in 1959, hovered around 67.3 for five years, rose to a new record of 67.8 years in 1965 and has now risen to 68.0 years for 1966.

"HEALTH INDICATOR".

(2) **The World Health Organisation's "health indicator"** has only twice previously been as high as 89.7 (in 1963 and 1965). In 1966 it has risen to a new peak at 90.7, a figure which—on present health services, socio-economic conditions, and environmental factors—may be unbeatable.

BABY DEATH RATES.

(3) For a number of years Aberdeen proudly claimed **the lowest infant death rate of the Scottish cities,** until in 1965 the Aberdeen rate of 19 per thousand live births was bettered by Dundee's 18. Aberdeen has in 1966 not only regained the lead, but—with a figure of 15 per thousand—established a new record which approaches the figures of Swedish towns. It is of course important to remember that a rate of 15 is not merely a remarkable new record for a northern city with considerable overcrowding; it is also an indication of young lives saved—43 baby deaths (or 51 deaths at 0-5 years) as compared with 100 baby deaths (or 123 at 0-5 years) 17 years ago. The maternity hospital and paediatric staffs, the health visitors and domiciliary midwives, the health education staff, the public heatlh medical officers and the general practitioners are each entitled to a share in the credit. I cannot resist adding the remark that in 1952, in my first year in Aberdeen, when the infant death rate was 30, I expressed the view that, given adequate staff and reasonably favourable circumstances, it would be possible ultimately to reduce the rate to about 15.

STILL-BIRTH RATE.

(4) **The still-birth rate** has fallen from 15 per thousand total births in 1963 and 1964 and 12 in 1965 to 10 in 1966, not only a new record for Aberdeen but perhaps a new record for any sizeable city in any country. Again the maternity hospital doctors and nurses, the health visitors, the health education staff and the midwives are entitled to share the credit.

PERINATAL RATE.

(5) **The perinatal death rate,** at 19 per thousand total births, constitutes a fifth new record, also one which may well constitute a record for any sizeable city in any country.

INFECTIONS.

(6) **The grand total of all infectious diseases notified** dropped to 258, yet another new low record; and for the eleventh successive year the city was completely free from diphtheria and for the fourth successive year completely free from poliomyelitis, while notified cases of whooping cough fell to two.

ILLEGITIMACY STILL RISING.

(7) Before passing to other records and achievements it should be mentioned among the vital statistics that the **tuberculosis death rate** is the second lowest in Aberdeen's history and that, unfortunately, the illegitimate birth rate has risen for the fourth successive year: roughly one birth in every 13 was illegitimate.

HEALTH EDUCATION—A FURTHER INCREASE AND SOME USEFUL RESEARCH.

(8) **Health education continued to increase in depth and also to increase in quantity.** It is quality—as assessed by sustained changes of attitude and behaviour—that the staff deem important, but it is nevertheless interesting to note that the sheer number of lecture-discussions, after rising to 2,010 in 1965 and thereby converting the "thousand salvo blitz" of 1956 into a "two thousand salvo blitz on disease" within a decade, rose again in 1966 to a total of 2,122—a total far higher than for any comparable city. While Aberdeen's well-deserved national reputation in health education was already secure in respect of group and individual teaching long before the 1964 typhoid outbreak provided opportunity for use of mass media on an unprecedented scale, it is worth remembering that the chapter on Health Education in the 1965 report termed that year "The year of happy auguries", with new developments starting or foreshadowed. 1966 may perhaps be summarised as the year of successful fulfilment of these auguries. Also, since health education and the research on which it is based must go hand in hand, it is worth noting that the year witnessed the completion of **some useful medico-social research** (e.g. a study by male health visiting officers of the smoking habits of about a thousand children). From the point of view of **accommodation** the transfer of the main ante-natal clinic to Foresterhill enabled the division of advanced nursing education and health education to work for the first time in headquarters that were not overcrowded, but on the other hand the clinic at Foresterhill provided terribly limited space for the group teaching of prospective parents—so that the transfer was emphatically not all gain.

FOOD HYGIENE OFFICERS.

(9) 1966 saw the appointment of two female **food hygiene officers** with domestic science training. It is believed that these were the first appointments of these officers in Scotland.

HEALTH VISITING—MORE HOME VISITS.

(10) In the field of **health visiting,** despite staff losses which completely balanced the measures taken to improve recruitment, and despite an unprecedented amount of staff illness, there were **more home visits paid than ever before** (even

more than in 1965 which had itself witnessed a new high record), with particular increases in visits to old people and to older pre-school children. Other features of the year were some **increases in the numbers both of practice-attached health visitors and of specialist health visitors** and an increase in the amount of time devoted to health education of groups. The sad feature is that the loss of 49 health visitors and male health visitors in four consecutive years—mostly young but experienced officers and in quite a number of cases moving to posts abroad or to promotion posts in Britain—has left a staff rather unbalanced in respect of age and experience: at the close of 1966 a quarter of the staff were aged over 51 years, another quarter were aged 45-51 years, only a quarter were young but experienced, and a quarter had qualified in the summer of 1965 or 1966.

LOSS OF 49 IN FOUR YEARS: RESULTING IN IMBALANCE.

(11) In the first year of training and examination under the auspices of the new Council for the Training of Health Visitors, **Aberdeen Health Visitor Training School maintained its unique record:** all candidates passed at the first attempt and four secured distinction. The record in 1966 is the more remarkable in that a considerable amount of staff time had to be devoted to the public health training of general student nurses and to the organisation and planning of health education. It is sad to reflect that in 1966-67 there is virtually no possibility of maintaining the record, since the school will—owing to unfilled vacancies—be functioning with exactly half the staff in post.

H.V. TRAINING—100% PASS.

(12) In mental health services Aberdeen had previously attained some reputation both for services designed to improve mental and emotional health and for services for support of persons discharged from hospital, but it had been woefully short of buildings. At the end of 1966 the Corporation's first **Senior Occupation and Training Centre** (sixty places) was opened informally—although the official opening ceremony was in 1967—and proposals were submitted for a **Day Care Centre for children,** while at official levels plans were being worked out for a second occpation and training centre.

MENTAL SERVICES: SENIOR OCCUPATION CENTRE OPENED.

(13) **Domiciliary services for the elderly showed startling numerical increases:** home visits to old people by health visitors, &c. having risen to 18,833 visits to 3,927 people in 1965, soared to 22,856 visits to 5,363 old persons; chiropody increased similarly, a new high total of persons treated being 4,417 (or about twenty per cent. more than the 1965 figure which was then a record); home helps assisted households of 1,825 old people—again a new high record; and the number of persons on the register increased to 6,640.

SHARP RISES IN SERVICES FOR OLD PEOPLE.

(14) **A ninth old people's home was opened** in the autumn, with an interesting development of associated cottages. However, although 352 people were in homes at the end of the year, the active waiting list for admission stood at 171, a reflection perhaps of the domiciliary staff shortages of previous years.

ANOTHER O.P. HOME.

(15) **The register of physically handicapped persons rose** to a new total of 731, and is now thought to correspond fairly closely with the total of handicapped persons in the community. Domiciliary visiting by social workers and specialist health visitors increased proportionately, and there was some increase in the numbers attending the occupational therapy workshop and a start was made on

EXTENSION OF SERVICES FOR CRIPPLES.

domiciliary occupational therapy for persons too crippled to attend the workshop. Domiciliary physiotherapy (started in 1964) also showed an increase both in patients and in numbers of treatments.

THE BLIND.

(16) While services for **blind persons** have not greatly altered it is interesting to note that blindness is becoming rare in the young and the middle-aged. At the end of 1966 there were 366 blind persons in the city (compared with 381 in the previous year) but of these only 57 were under 50 years and another 57 aged 50-60 years.

Consideration of increases in services or creation of new services should not mask the importance of "routine" provisions. To take a few almost at random: port medical work included quiet and unpublicised attention to 20 vessels from areas infected by smallpox, cholera, plague, &c.; meat inspected included the carcases of over 200,000 animals with condemnation of about 130,000 pounds of meat, it involved no prosecutions and no outbreaks of infection arose; during the year the Sanitary Section inspected 1,096 shops and offices, the total number of visits being 2,704, and 33 accidents in shops and offices were separately investigated; and 1,405 superannuation medical examinations were conducted.

TRIBUTE AND APPEAL.

1966 has been a year of spectacular successes but of increasing staff shortages and latterly of falling staff morale. Whatever the future may hold in respect of integration or separation of health and social welfare services I should like to pay tribute to all who played a part in establishing the excellent services and creating the remarkable records of 1966. In particular I desire to thank—Councillor Robert Hughes (Convener) and members of the Health and Welfare Committee; Lord Provost Hogg, Treasurer Lennox and members of committees with functions bearing on the work of the Health and Welfare Department; colleagues in other Corporation Departments, other branches of the National Health Service and the University; and—most important and therefore mentioned in one of the two traditional places of honour—the hard-working, loyal and enthusiastic staff of the Department. Despite staffing difficulties and present discontents the Health and Welfare team is of unusually high quality, both in respect of field-workers and of divisional and sectional heads; most members of staff display in good measure competence, conscientiousness, willingness to co-operate with others, reliability and initiative; some are outstanding, and a few can be termed brilliant. The word "brilliant" may cause surprise, because staff tend to take colleagues and councillors to take employees for granted, but in my considered opinion there are to be found in the Department, among tutors and nursing administrators, among family and specialist health visitors, and perhaps among medical officers and social workers of various types, a few who can bear comparison with leading figures in any University or Local Authority Department.

From the statistics 1963 was the best year then on record, 1964 was very good despite the time necessarily spent on controlling the typhoid outbreak, 1965 was on the whole even better than 1963, and 1966 is far ahead of any other year.

Very grateful and sincere thanks are due to all who contributed to the magnificent results.

It is perhaps inevitable that for some time many records of 1966 will stand, but I am not one who would wish to sit back and say nostalgically in the years to come "1965 and 1966 were our finest hour". There are today many citizens who could usefully be dissuaded from unhealthy ways of living; there are health education problems, problems of environmental hygiene and problems of psycho-social well-being clamouring for attention; there are people dying from unprevented preventable conditions; there are individuals requiring supportive or rehabilitative services and not receiving them. Let us metaphorically gird our loins for an all-out drive against ill-health. We shall need help of course. To allow expansion of services we shall have to persuade the Corporation to sanction, and professional workers to accept, dilution to a far greater extent than hitherto—my own belief is that for every three dental officers, for every three health visitors, for every three medical officers, for every three sanitary inspectors and for every three qualified social workers we should have one dilutee in each category. To lessen losses of professional staff we shall have to ask for the creation both of senior posts of higher status than at present and for substantially more semi-senior promotion posts—my own view is that the professional heads of at least the larger divisions should each approximate in status and remuneration to a deputy M.O.H., and that in each profession at least one quarter of all qualified workers should be in posts with salaries not less than 15% above those of the entry grade. To increase efficiency those of us in senior posts will have to ask ourselves whether particular tasks are in all cases really necessary or are merely hallowed by tradition, those of us with long professional trainings will have to consider whether some of our functions could be equally well discharged by persons of shorter preparation, those of us concerned with planning will have to ask the elected members to consider again the anomalies of separate control of health visitors and midwives on the one hand and district nurses on the other, and those of us involved in execution of policy will have to be resolute in determining priorities and holding to them until changed circumstances warrant an alteration. It is not beyond the bounds of possibility that within three or four years we can achieve better services and better health records than even those of 1966.

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

WILLOWBANK HOUSE,
WILLOWBANK ROAD,
ABERDEEN.
19*th April*, 1967.

CITY OF ABERDEEN.

REPORT BY THE MEDICAL OFFICER OF HEALTH

For the Year 1966.

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

This chapter provides basic general information, without which some of the health statistics given later might not be fully intelligible to persons unfamiliar with Aberdeen.

GENERAL DATA.

The most northerly large city in the Commonwealth, Aberdeen is in population the fourth city in Scotland, having recently conceded third place to Dundee, and contains 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)—1965 184,414 and 1966 183,463.

Density of Population—16.63 persons per acre. This is greater than that of Edinburgh or Dundee but less than that of Glasgow.

Number of houses—1965 59,837 and 1966 59,770.

Average number of persons per house (estimated mid-1966)—3.07.

Facilities available—At the 1961 census Aberdeen was more unfavourably placed than any other Scottish City except Glasgow in respect of families lacking exclusive use of one or more of the following facilities:—water closets, fixed baths, cold water tap, hot water tap.

Socio-economic classification of adult males—Aberdeen and Glasgow have higher proportions in Social Class V (i.e. unskilled workers) than the other Scottish cities or Scotland as a whole.

Unemployment—The unemployment position, due no doubt to the economic condition of the country, changed in 1966: there was a small increase of 38 in the numbers unemployed, whereas in the three previous years there had been an average decrease of about 450 per annum. At 12th December, 1966, the number of unemployed persons in the area covered by the Aberdeen Employment Exchange was:—

Men—1,688; Boys—44; Women—401; Girls—13; **Total—2,146**

METEOROLOGICAL DATA.

Temperature—During the year the lowest temperature recorded was 15°F.—which was equal to the lowest temperature recorded in 1965. The temperature of 15°F. was recorded in the week ending 19th February.

The highest temperature registered was 72°F. (during the weeks ending 9th and 23rd July). (In 1965 the highest registered was 73°F. and in 1964 78°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 35.60 inches. (Total in 1965—29.42 inches and in 1964—24.76 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 main speed for each month, the speed of the highest gust for each month, &c. are shown in the following table.

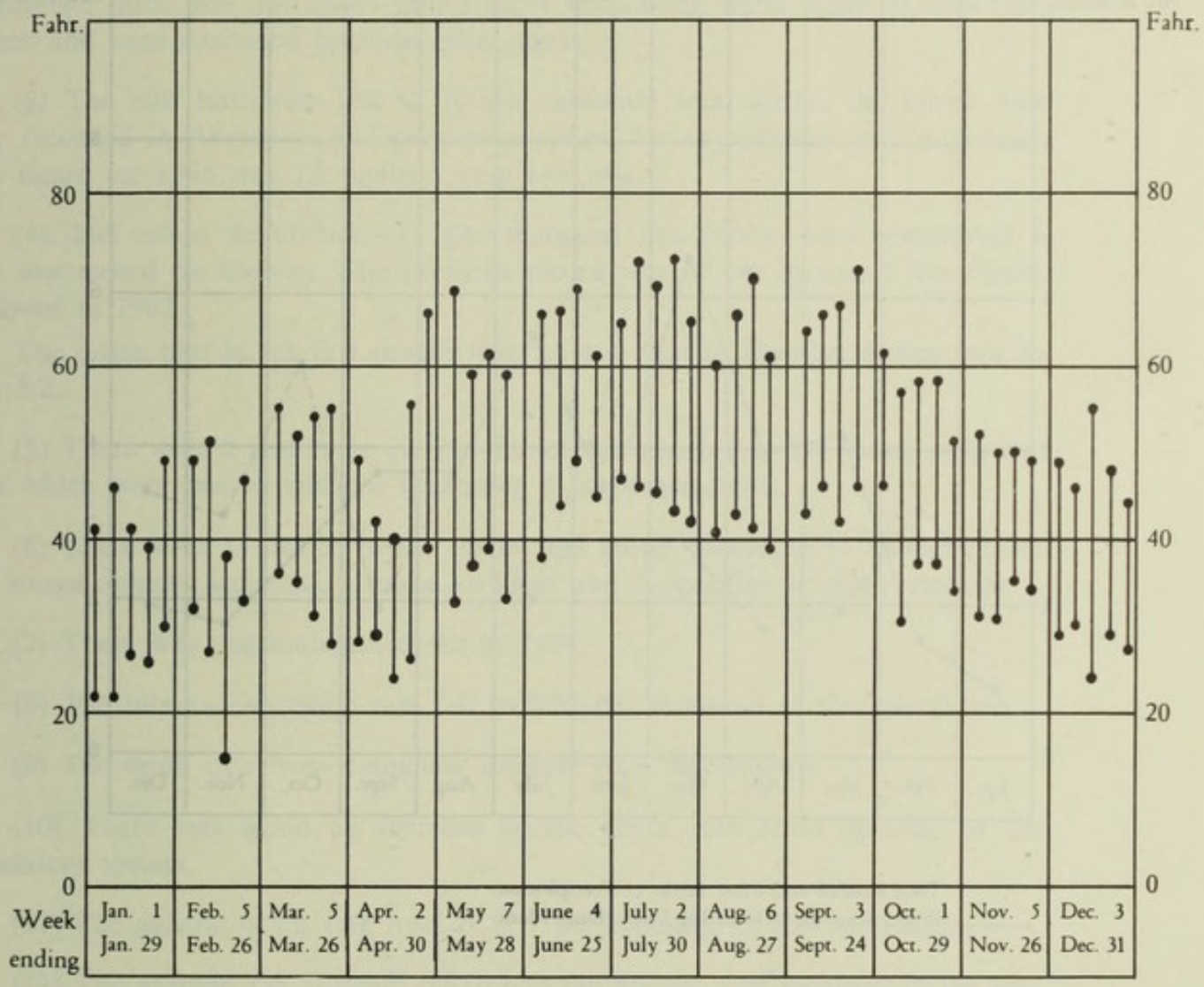
Month.	Main Speed for the Month (Knots).	Speed of Highest Gust for the Month (Knots).	Direction of Highest Gust for the Month (Degrees).	Days on which Highest Gust for the Month occurred.
January	9.7	46	200	28th
February	9.6	38	170	26th
March	12.6	55	280	23rd
April	10.4	42	180	27th
May	9.8	60	310	23rd
June	7.3	36	350	28th
July	8.2	30	310	14th
August	7.6	41	310	4th
September	7.4	54	270	6th
October	8.8	40	360	27th
November	11.7	66	300	30th
December	12.3	52	270	23rd

CITY OF ABERDEEN.

TEMPERATURE OF ATMOSPHERE—WEEKLY MAXIMA AND MINIMA

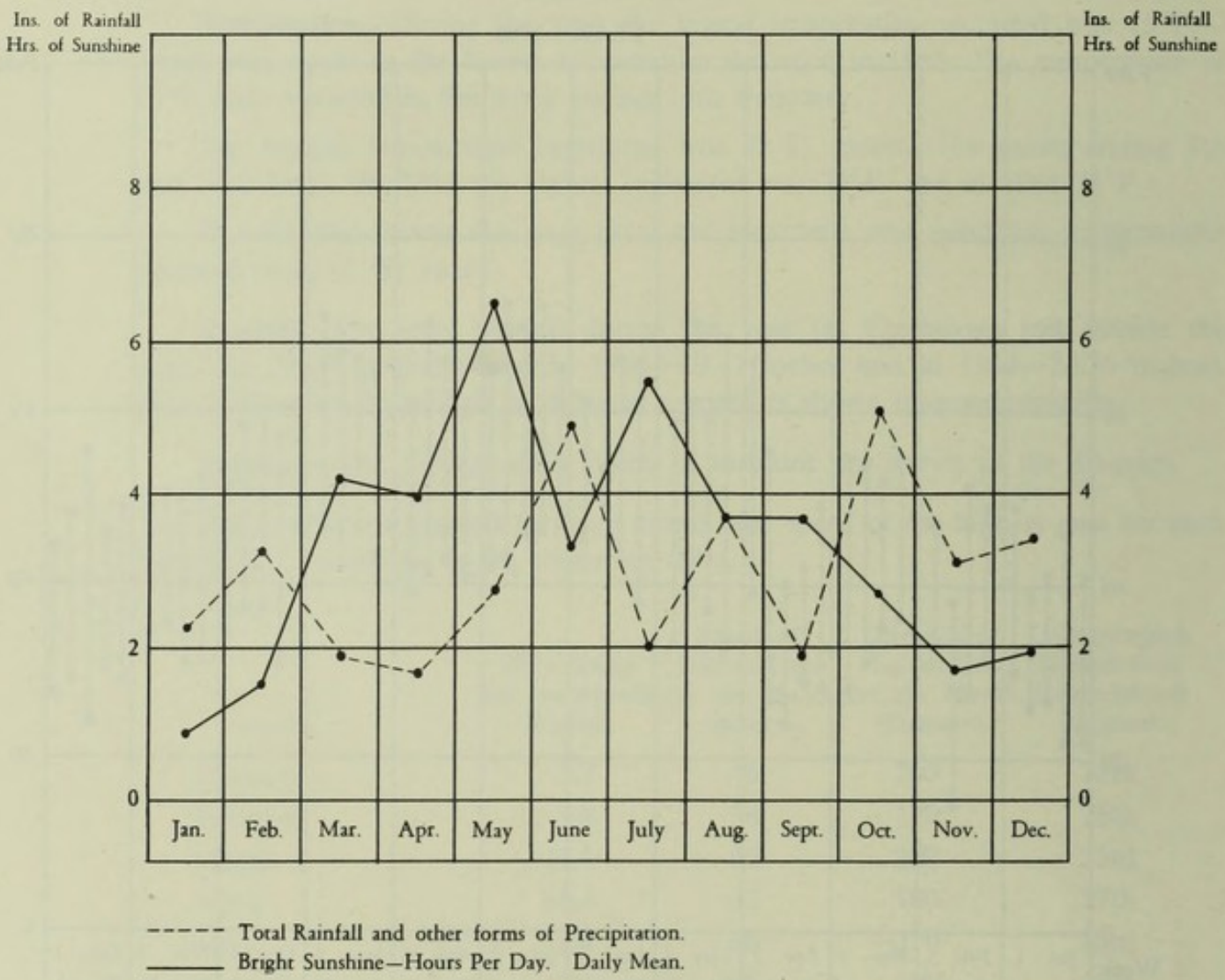
°FAHR.

YEAR, 1966.



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

YEAR, 1966



----- Total Rainfall and other forms of Precipitation.
_____ Bright Sunshine—Hours Per Day. Daily Mean.

2.—VITAL STATISTICS.

Features of the Year.

(1) The live birth rate fell to 15.9 per thousand of the population; the rates for the previous years were 17.5 (1965) and 17.0 (1964). 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 years ago. The fall in 1966 may reflect the increased popularity of family planning.

(2) The illegitimate birth rate rose to 7.5 per 100 live births i.e. almost one birth in thirteen was illegitimate. This is the fourth successive year in which the illegitimate birth rate has risen—indicating a disquieting trend which is, however, shared and even exceeded by most other areas.

(3) The still birth rate fell to 10 per thousand total births, the lowest rate ever recorded in Aberdeen, and perhaps a record for any sizeable city anywhere. The figure for 1965 was 12, again a very low rate.

(4) The infant death rate—15 per thousand live births—also constituted a new low record for the city. The previous record was 17 per thousand live births, achieved in 1962.

The death rate in the first month was 9.6 and that in the next eleven months was 5.2.

(5) There were 8 deaths in the pre-school age group (i.e. 1-4 years, inclusive) 4 of which were due to violence (including 3 home accidents).

(6) There were 17 deaths in the school age group, including 11 violent deaths —3 motor vehicle accidents, 1 home accident and 7 classified to other violence.

(7) There was one maternal death in 1966.

(8) The tuberculosis death rate fell to 0.02 per thousand of the population.

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

(10) There was again an increase in the death rate from diseases of the circulatory system.

(11) The general death rate rose to 12.3 per thousand of the population.

(12) The average age at death (68.0) was the highest ever recorded in the city.

(13) The perinatal mortality rate was 19 per thousand total births—yet another new low record for Aberdeen.

(14) The World Health Organisation's Health Indicator (i.e. the proportion of deaths occurring in persons over 50 years of age) was, at 90.7, the highest ever recorded in the city.

BIRTHS, STILL BIRTHS, INFANT MORTALITY.

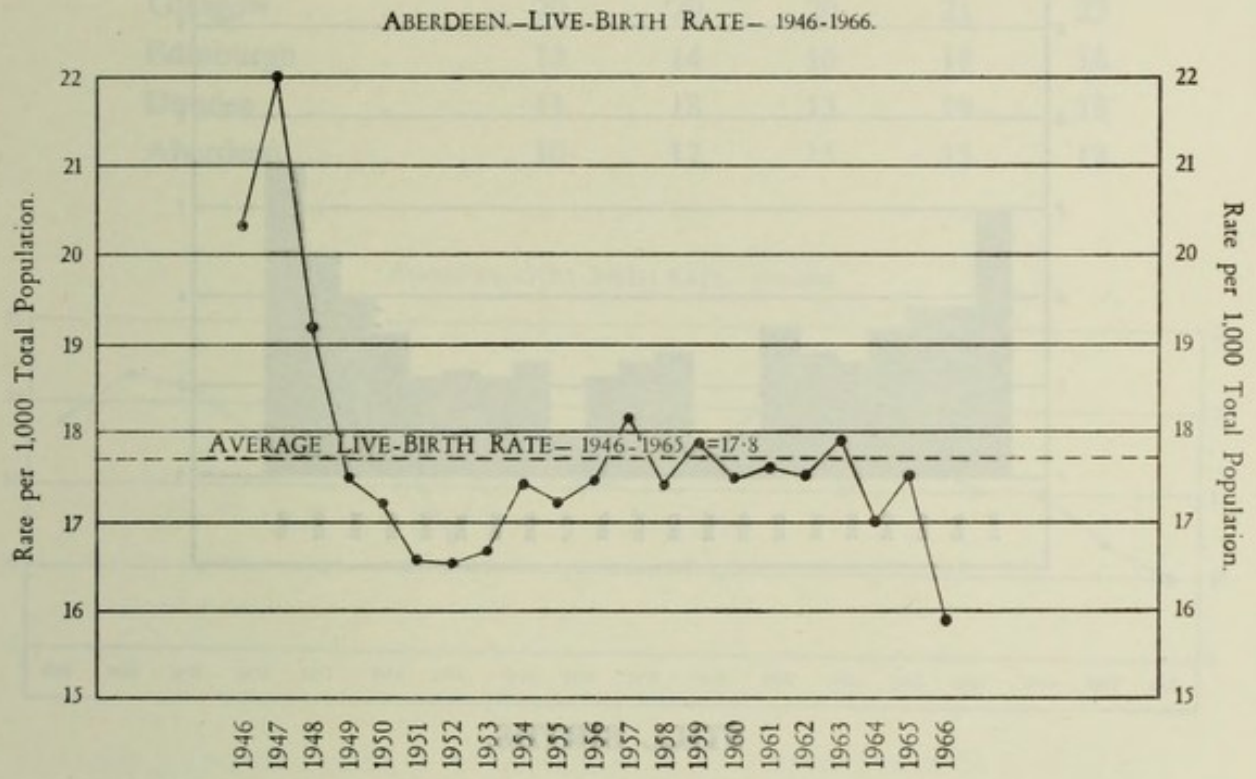
YEARS 1956-1966.

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. Rates.				Death-rates among Infants under 1 Year of Age from Various Causes per 1,000 Live Births.									
									Total under one Year.	Under 4 Weeks (Neo-natal Rate).	4 Weeks and under SixMonths.	Six Months and under One Year.	Tuberculosis.	Common Zymotic Diseases.	*Pneumonia and Bronchitis.	Diarrhœa and Enteritis.	Congenital Malformations.	Injury at Birth.	Atelectasis.	Immaturity.	Accidents.	Other causes.
1966 .	2908	15·9	7·5	29	10	43	28	65	14·8	9·6	4·5	0·7	0	0	1	0	2.4	1	3·8	1	1·7	3·8
1965 .	3227	17·5	6·5	39	12	62	47	76	19·2	14·6	2·8	1·9	0	0	2	0·6	4	1	5·6	2	1·5	2·5
1964 .	3138	17·0	6·0	47	15	60	44	73	19·1	14·0	4·5	0.6	0	0	4	0	3	0·6	4·5	4	0·6	3
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	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

*Including under 4 Weeks

LIVE BIRTHS.

The total number of live births in Aberdeen during 1966, corrected for "transfers" was 2,908, of which 2,691 were legitimate and 217 illegitimate. The live birth rate was 15.9 per thousand of population.



The natural increase for the year (i.e. the excess of births over deaths) was 653, as compared with 1,073 in 1965 and 994 in 1964.

In 1966 the birth rates in the other principal cities were:—Glasgow, 20.2; Edinburgh, 16.7; and Dundee, 18.2. The birth rate in Scotland was 18.6.

Sex-ratio of births.—Of the total 2,908 live births, 1,559 were males and 1,349 were females, giving a ratio of 1.16 (i.e. 116 males per 100 females).

ILLEGITIMATE BIRTH RATE.

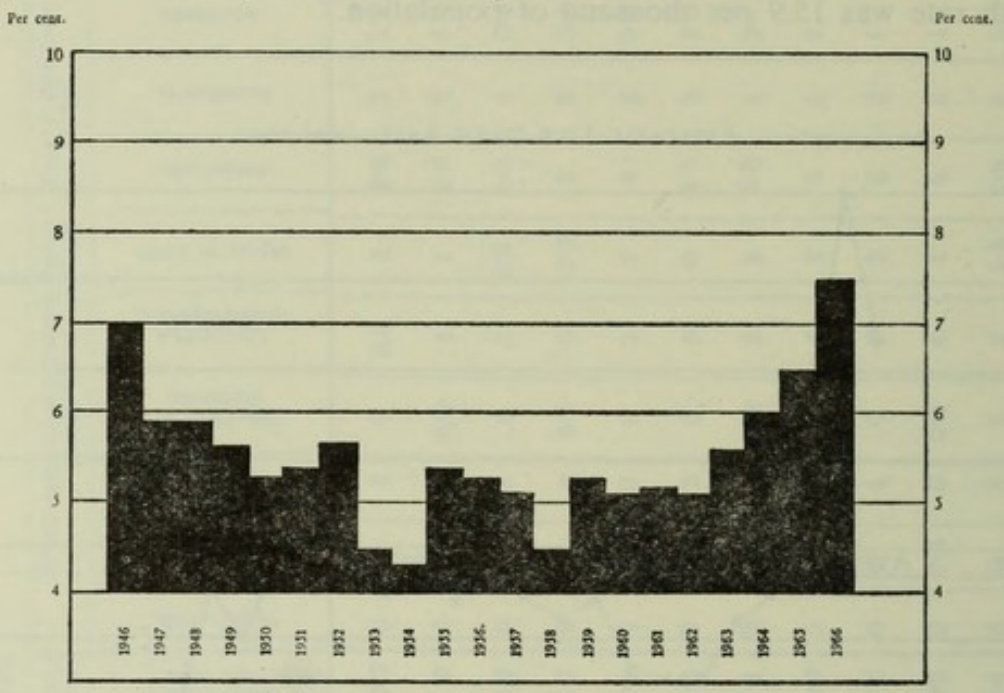
In 1966 there were 217 illegitimate live births, a rate of 7.5 per cent. of the total live births as compared with 6.5 per cent. in 1965.

For further comparison, the illegitimate birth rate in the Scottish cities in 1966 was 8.7, and for the whole of Scotland it was 6.4 per cent.

The diagram illustrates how the illegitimate birth rate in Aberdeen has changed over the years. The rising trend is parallelled in most areas.

ABERDEEN.

Illegitimate Births as Percentage of Live Births, 1946-1966.



STILL BIRTHS.

There were 29 still births in 1966. This is equivalent to a still-birth rate of 10 per thousand total births, the lowest rate ever recorded in the city. The rates in 1965 and 1964 were 12 and 15 respectively.

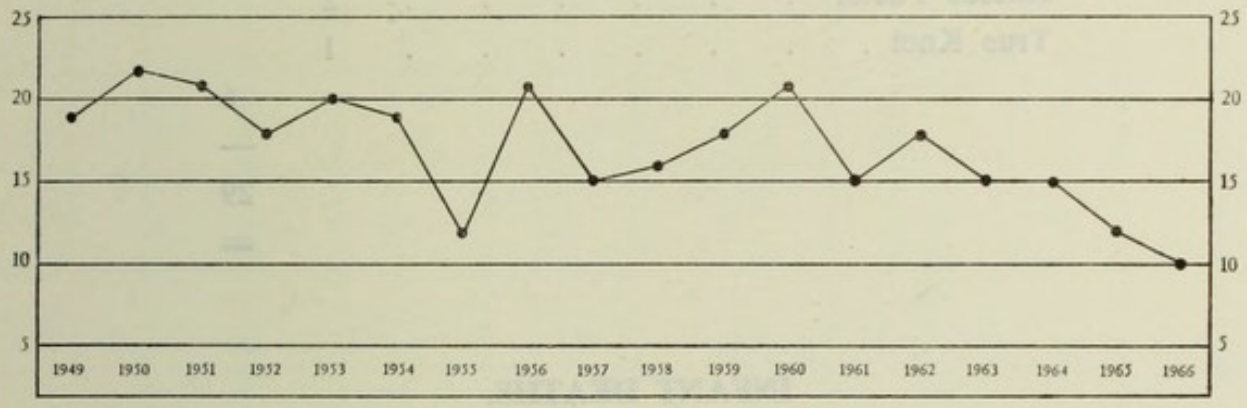
During the 1950's the still-birth rate in Aberdeen had been consistently lower than the rates obtaining in other Scottish cities and in Scotland as a whole. In 1960 and 1962, Aberdeen was not quite so favourably placed in this respect. But until 1962, no other Scottish city had recorded a rate below 18, and only once in the past nine 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 MacGillivray, the high standards of ante-natal care and health visiting services, and the development and expansion of group teaching at the ante-natal clinics and elsewhere.

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				
	1966	1965	1964	1963	1962
All Scotland . .	16	18	18	19	20
Glasgow . . .	20	20	20	21	23
Edinburgh . .	13	14	16	18	16
Dundee . . .	11	18	13	19	18
Aberdeen . . .	10	12	15	15	18

ABERDEEN.–STILL-BIRTH RATE– 1949-1966.



Analysis of Still Births.—Of the 29 still births 41 per cent. were first pregnancies, 35 per cent. were second pregnancies, 17 per cent. were third pregnancies and 7 per cent. were subsequent pregnancies. The following summary shows the ages of the mothers:—

	TOTAL	AGE OF MOTHER					
		Under 20 years	20 - 24	25 - 29	30 - 34	35 - 39	40+
1st Pregnancy . . .	12	1	4	5	—	2	—
2nd Pregnancy . . .	10	—	1	6	2	—	1
3rd Pregnancy . . .	5	—	1	3	1	—	—
Subsequent Pregnancies .	2	—	1	—	—	1	—
TOTAL . .	29	1	7	14	3	3	1

The causes of the still births were as follows:—

Prematurity—		
Unknown	10	
Toxaemia	7	
Congenital abnormalities	4	
Accidental haemorrhage (Not Toxaemia)	2	
	—	23
Full-time—		
Unknown	1	
Toxaemia	1	
Congenital abnormalities	1	
Rhesus Factor	2	
True Knot	1	
	—	6
		—
		29
		=

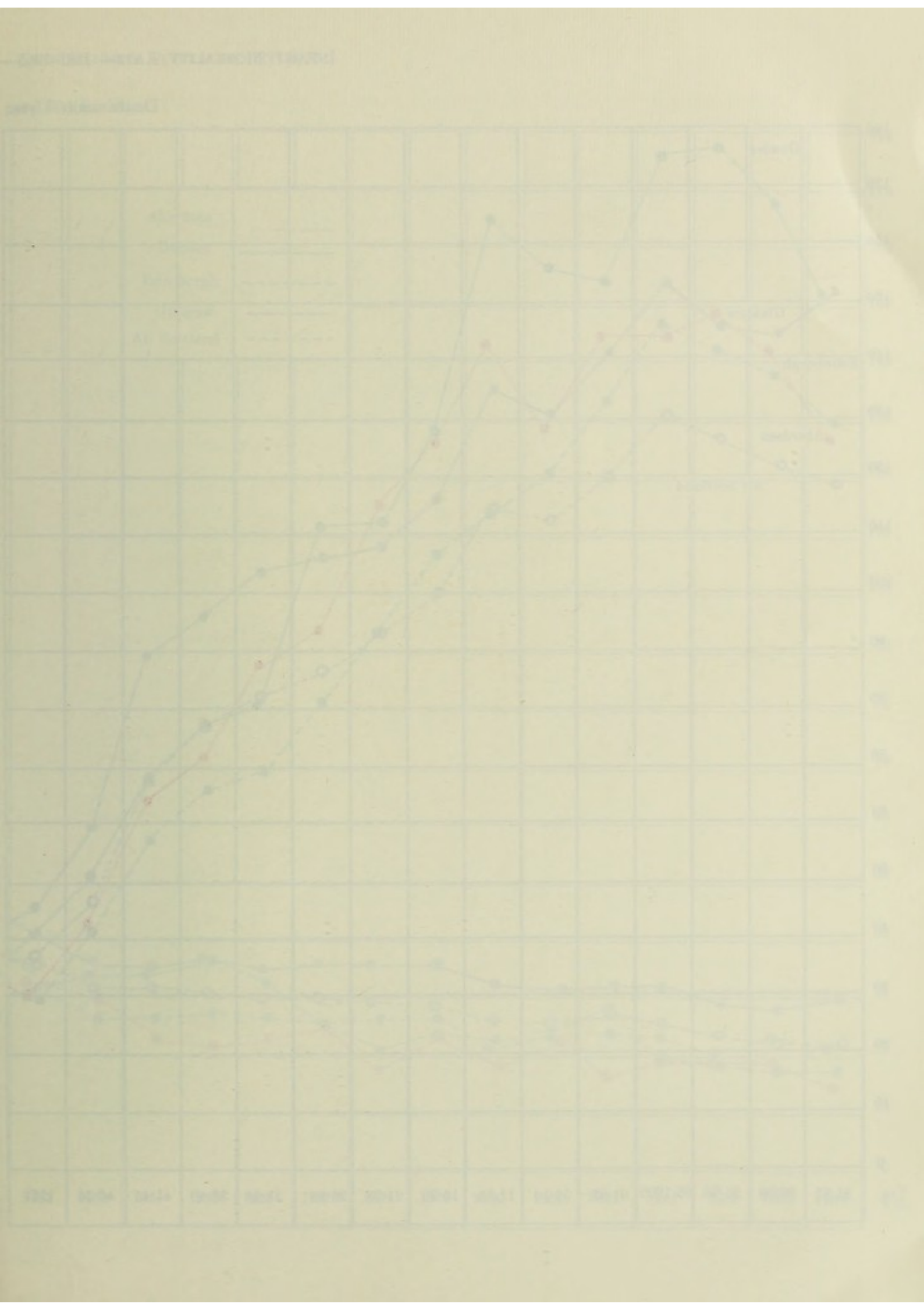
INFANT DEATHS.

There were 43 infant deaths in Aberdeen in 1966 giving an infant mortality rate of 15 per thousand live births, the lowest rate ever recorded in the city. In 1965, Aberdeen's proud record of being unbeaten in respect of Infant Mortality by any other Scottish city was lost—Dundee recorded an Infant Mortality rate of 18. In 1966 Aberdeen has regained its leadership.

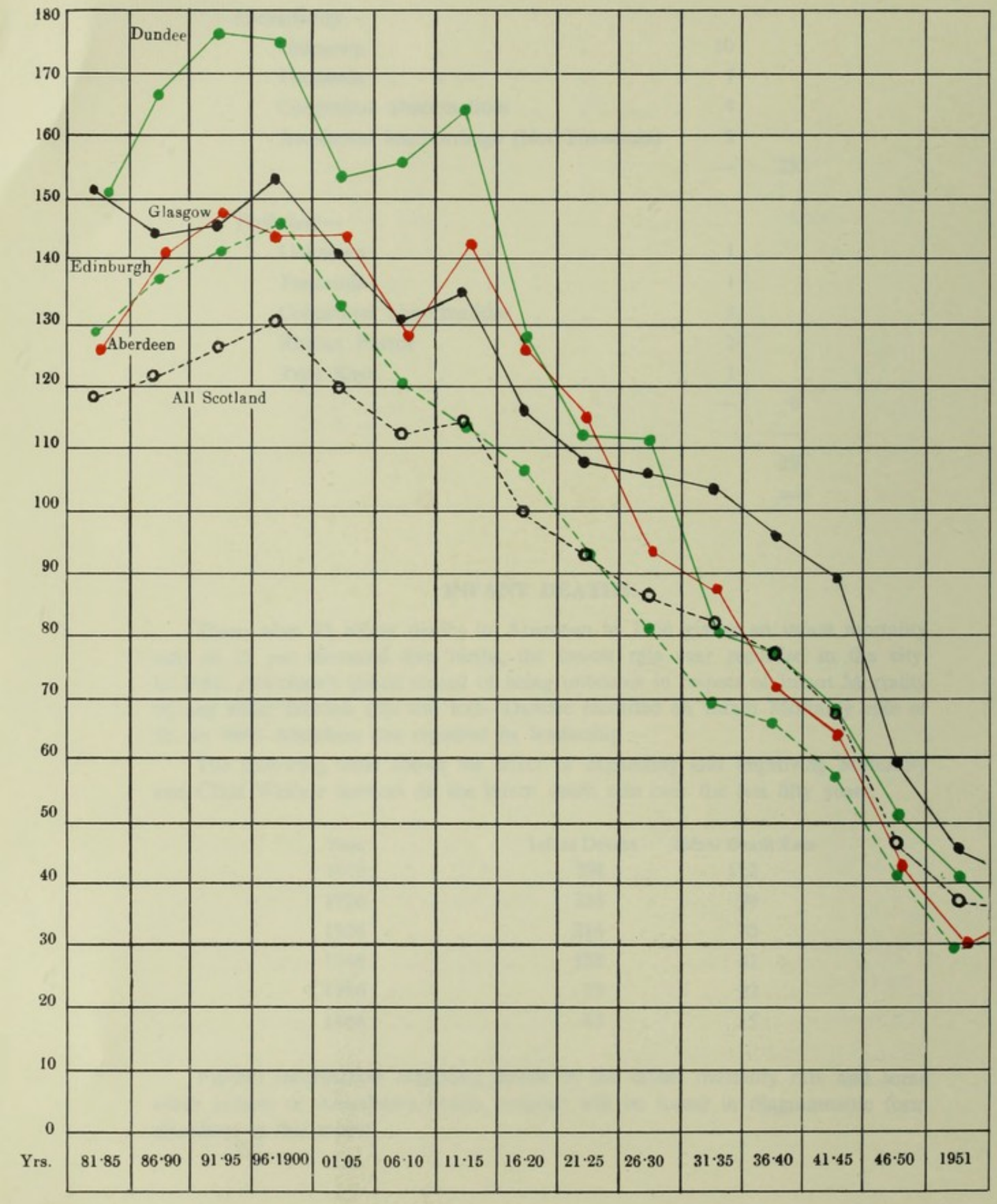
The following table shows the effect of expanding and improving Maternity and Child Welfare services on the infant death rate over the last fifty years.

Year	Infant Deaths	Infant Death Rate
1916	398	112
1926	328	96
1936	214	70
1946	158	42
1956	73	22
1966	43	15

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

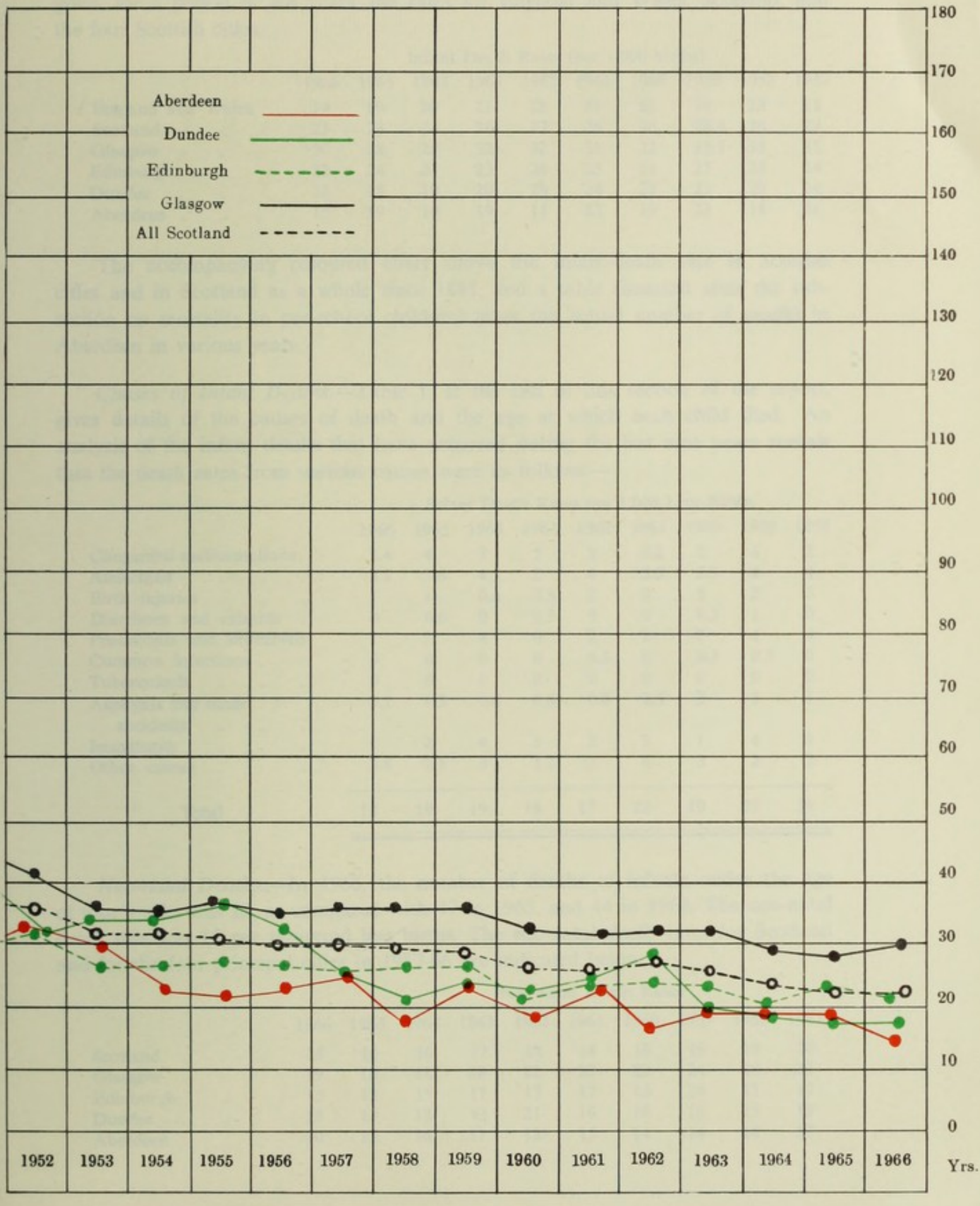


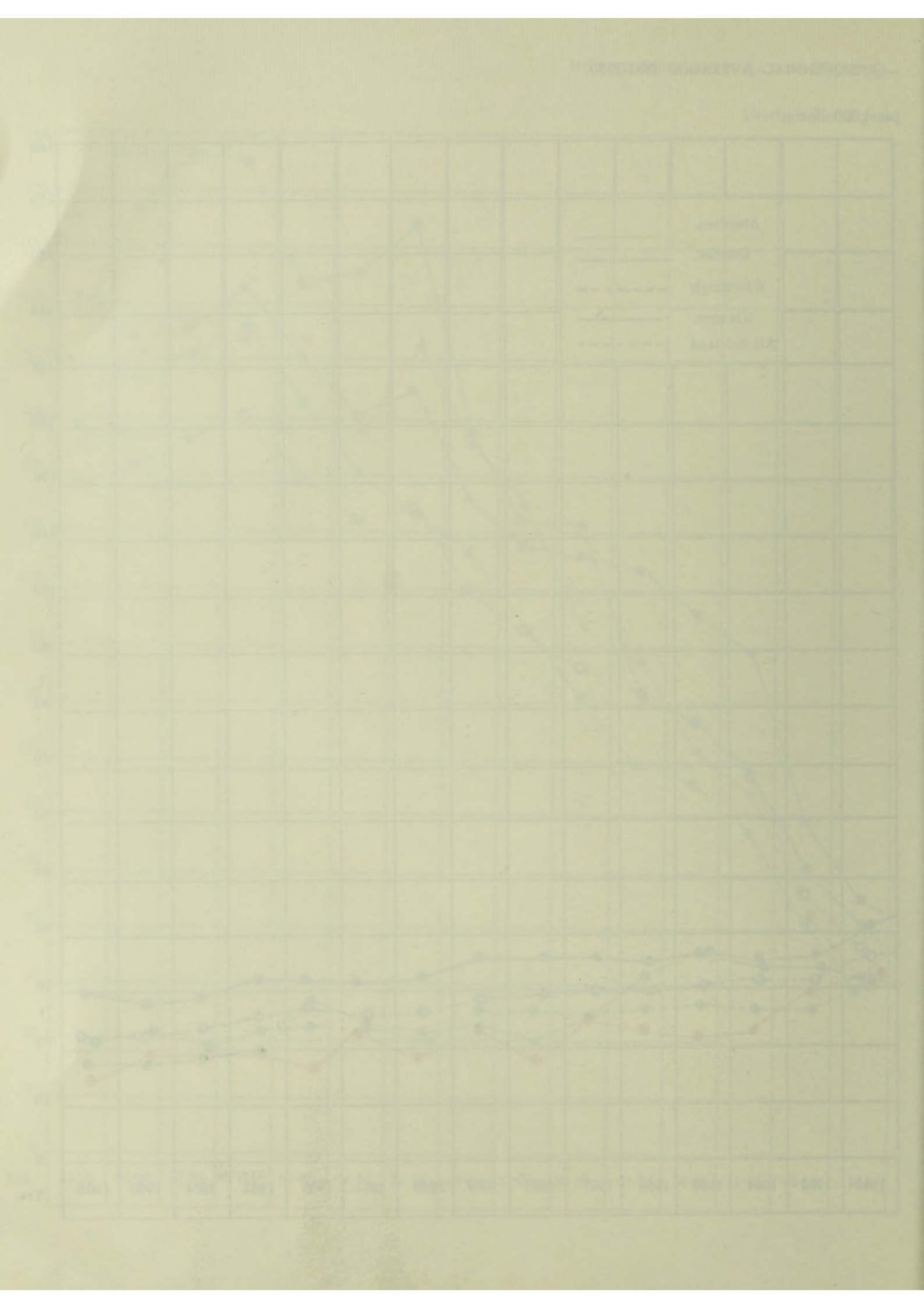
Infant Mortality Rate— 1881-1966 —



—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)									
	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957
England and Wales	19	19	20	21	22	21	22	22	23	23
Scotland . .	23	23	24	26	27	26	26	28.4	28	29
Glasgow . .	30	28	29	32	32	31	32	35.5	35	35
Edinburgh .	22	24	21	23	24	23	21	25	25	24
Dundee . .	18	18	19	20	28	24	22	23	20	24
Aberdeen . .	15	19	19	19	17	22	19	23	18	24

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 rates from various causes were as follows:—

	Infant Death Rates per 1,000 Live Births								
	1966	1965	1964	1963	1962	1961	1960	1959	1958
Congenital malformations .	2.4	4	3	5	3	5.2	2	4	2
Atelectasis . . .	3.8	5.6	4.5	2	4	5.5	5.5	4	4
Birth injuries . . .	1	1	0.6	0.3	2	0	3	2	2
Diarrhoea and enteritis .	0	0.6	0	0.3	0	0	0.3	1	0
Pneumonia and Bronchitis	1	2	4	6	2	2	2	4	4
Common infections . .	0	0	0	0	0.3	0	0.3	0.3	0
Tuberculosis . . .	0	0	0	0	0	0	0	0	0
Asphyxia and other accidents . . .	1.7	1.5	0.6	0.6	0.6	2.5	2	2	1
Immaturity . . .	1	2	4	3	2	3	1	4	3
Other causes . . .	3.8	2.5	3	1.2	3	4	3	2	2
Total . .	15	19	19	19	17	22	19	23	18

Neo-natal Deaths.—In 1966, the number of deaths of infants under the age of four weeks was 28, as compared with 47 in 1965, and 44 in 1964. The neo-natal death rate was 15 per thousand live births. The neo-natal death rates for Scotland and for the four principal cities in 1957-66 are indicated below.

	Neo-natal Death Rates									
	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957
Scotland . .	15	16	16	17	18	18	18	19	19	20
Glasgow . .	19	18	18	19	22	22	22	24	26	23
Edinburgh .	15	17	15	17	17	17	16	18	17	17
Dundee . .	13	13	13	13	21	16	16	16	15	18
Aberdeen	10	15	14	11	12	15	14	14	14	17

Post-Neonatal Deaths.—In 1966 there were 15 deaths of infants aged 4 weeks to 12 months as compared with 15 in 1965 and 16 in 1964. 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-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 only time in the last ten 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) was 19. The perinatal mortality rates in the other principal cities were:—Glasgow 36; Edinburgh 26; and Dundee 22. The perinatal mortality rate in Scotland was 29.

INFANT DEATHS—ANALYSIS OF CASE HISTORIES.

A careful analysis of the individual case histories of the infants who died in 1966 indicates that factors predisposing the infants to die may be classified as follows:—

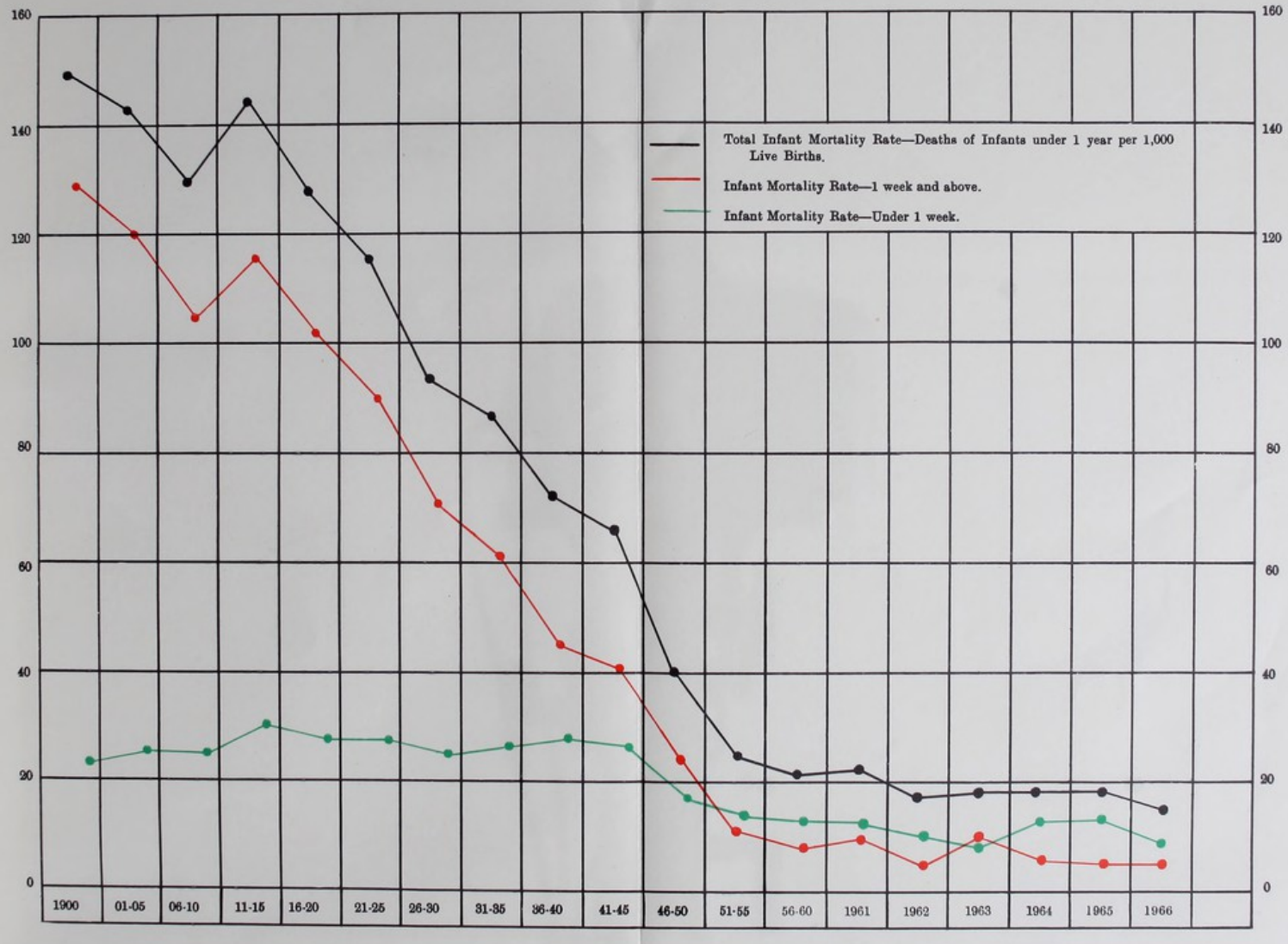
Neonatal Deaths—

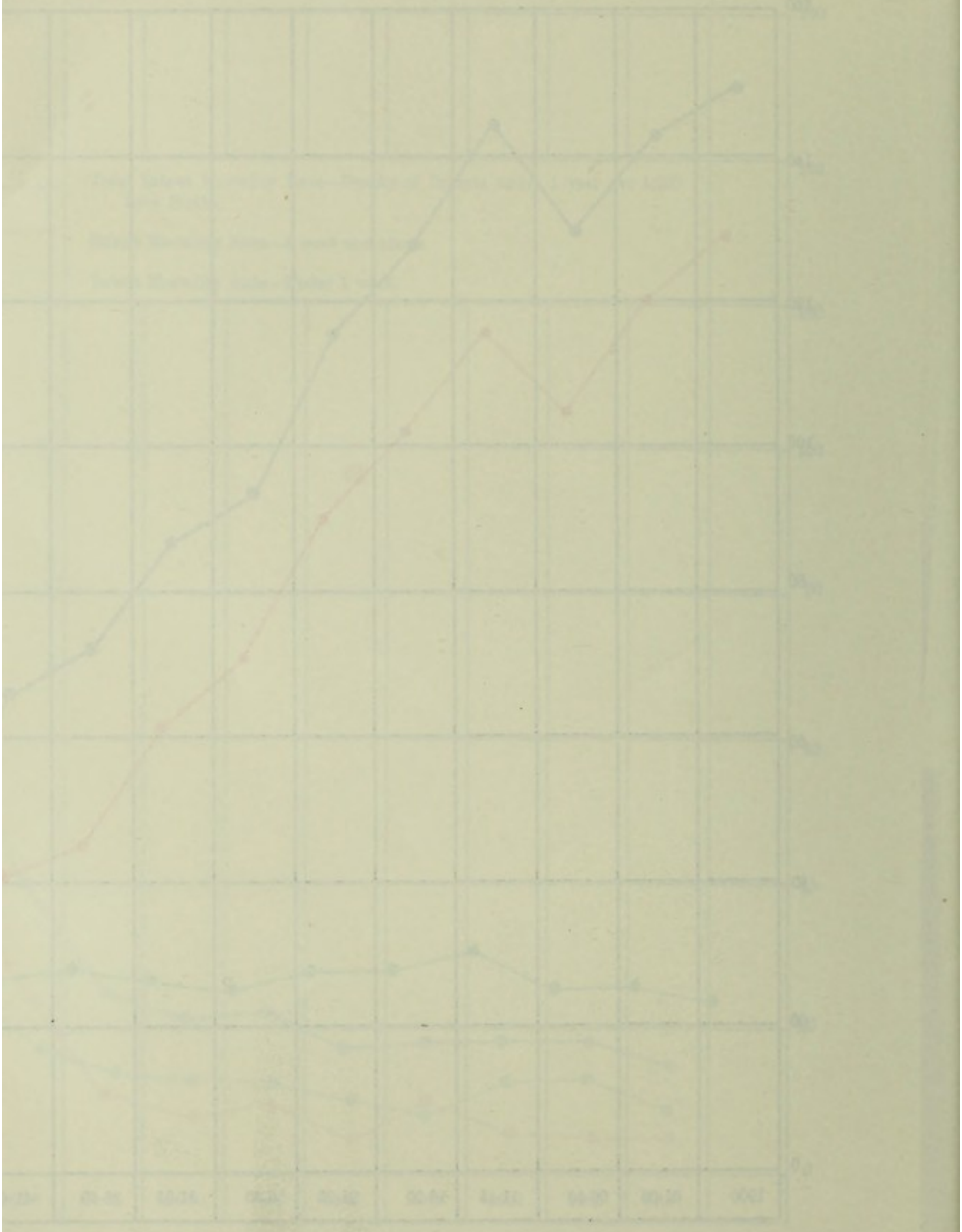
Prematurity (No Apparent Reason)	17
Congenital Abnormalities	7
Disease of Mother	2
Birth Trauma	1
Infection	1
	28

Post-Neonatal Deaths—

Congenital Abnormalities	3
Unknown	3
Aspiration of Gastric Contents	3
Pneumonia	3
Tumour	1
Intestinal Obstruction	1
Infanticide	1
	15

CITY OF ABERDEEN—INFANT MORTALITY—1900-1966.





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

During 1966, 8 children, aged 1-5 years died. Comparative figures are—

	1966	1965	1964	1963	1962	1961	1960	1959	1958
1 - 2 years . . .	2	1	7	5	7	1	3	3	2
2 - 3 years . . .	5	1	1	—	2	2	3	—	3
3 - 4 years . . .	1	1	2	1	5	—	1	5	1
4 - 5 years . . .	—	—	4	1	1	1	2	2	—
	8	3	14	7	15	4	9	10	6

Of the 8 deaths in 1966, 4 were due to violence, 1 to malignant disease, 2 to diseases of nervous system and 1 to congenital malformations.

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	1954 .	22	70	8	78
1912 .	127	530	232	762	1955 .	21	66	13	79
1921 .	108	460	80	540	1956 .	22	73	9	82
1922 .	133	527	284	811	1957 .	24	82	7	89
1931 .	90	292	69	361	1958 .	18	57	6	63
1932 .	93	296	98	394	1959 .	23	76	10	86
1941 .	77	224	39	263	1960 .	19	63	9	72
1942 .	67	194	39	233	1961 .	22	72	4	76
1948 .	34	121	14	135	1962 .	17	55	15	70
1949 .	30	100	23	123	1963 .	19	62	7	69
1950 .	29	92	19	111	1964 .	19	60	14	74
1951 .	27	82	16	98	1965 .	19	62	3	65
1952 .	30	90	13	103	1966 .	15	43	8	51
1953 .	27	84	19	103					

MORTALITY IN SCHOOL PERIOD.

In 1966 there were 17 deaths of children of school age (as compared with 10 in 1965 and 9 in 1964). The causes were as follows:—violence 11 (including 3 road accidents); malignant diseases 2; congenital malformations 1; diseases of circulatory system 1; diseases of digestive system 1; diseases of genito-urinary system 1.

MARRIAGES.

During 1966 there were 1,746 marriages within the City. This is equivalent to a rate 9.5 per thousand of the population. The rates in previous years were 1965, 9.2; 1964, 9.1; 1963, 9.1; 1962, 9.3; 1961, 9.5; 1960, 9.0; 1959, 9.5; 1958, 9.9; 1957, 10.6; and 1956, 10.5.

MATERNAL MORTALITY.

In 1966 there was (as in 1965) 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 1957:—

Rates per 1,000 live and still births

Year	Maternal Mortality		Puerperal Sepsis		Other Puerperal Conditions	
	Scotland	Aberdeen	Scotland	Aberdeen	Scotland	Aberdeen
1966	**0·2**	**0·3**	*	**0·0**	*	**0·3**
1965	0·4	0·3	*	0·0	*	0·3
1964	0·2	0·0	*	0·0	*	0·0
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
Average 1957-1966	0·37	0·30		0·03		0·27

* No breakdown published this year.

DEATHS.

The total deaths, the death rate per 1,000 of population, and the average age at death for each of the years 1957-66 are given in the following table:—

Year	Number	Rate per 1,000 of Population	Average age at Death
1966	2,255	12.3	68.0
1965	2,156	11.7	67.8
1964	2,144	11.6	67.2
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

For all Scotland, the death rate was 12.3 in 1966, 12.1 in 1965, 11.7 in 1964, 12.6 in 1963, 12.2 in 1962, 12.3 in 1961, 11.9 in 1960 and 12.1 in 1959.

AGE AT DEATH.

The average age at death of all persons dying during 1966 was 68.0 years as compared with 67.8 in 1965; 67.2 in 1964; 67.3 in 1963; 67.5 in 1962; and 67.5 in 1961. 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 twenty two years ago (1944), it was 58.4 years.

Of the 2,255 deaths, 168 (or 7 per cent.) were in persons below the age of 45 years. In 1965 the figure was 167 (or 8 per cent); in 1964, 163 (or 8 per cent.); in 1963, 182 (or 8 per cent.); in 1962, 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.); and in 1958, 162 (or 8 per cent.). An analysis of these 168 young deaths by cause is as follows:—

Malformations (under 1 year) and diseases of early infancy	29
Violence	54
Malignant neoplasms	24
Diseases of the circulatory system	17
Pneumonia and bronchitis	3
Diseases of nervous system	9
Diseases of digestive system	9
Tuberculosis	—
Diseases of the genito-urinary system	3
Infectious and parasitic diseases	—
Miscellaneous	20

The steady 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—in respect of the main causes, are we as yet doing all that we can to prevent them?

554 deaths (or 25 per cent. of all deaths) occurred in the age period 45-64 years so that a total of 722 fatalities (or 32 per cent.) occurred before the age of 65 years. 601 deaths (or 27 per cent.) occurred in the age period 65-74 years and 932 (or 41 per cent.) occurred at ages 75 and over. The percentages of all deaths occurring at ages 75 and over was 41 in 1966; 42 in 1965; 39 in 1964; 40 in 1963; 41 in 1962; 40 in 1961; 39 in 1960; 40 in 1959; 40 in 1958; 39 in 1957; and 40 in 1956.

The World Health Organisation's "Health Indicator".

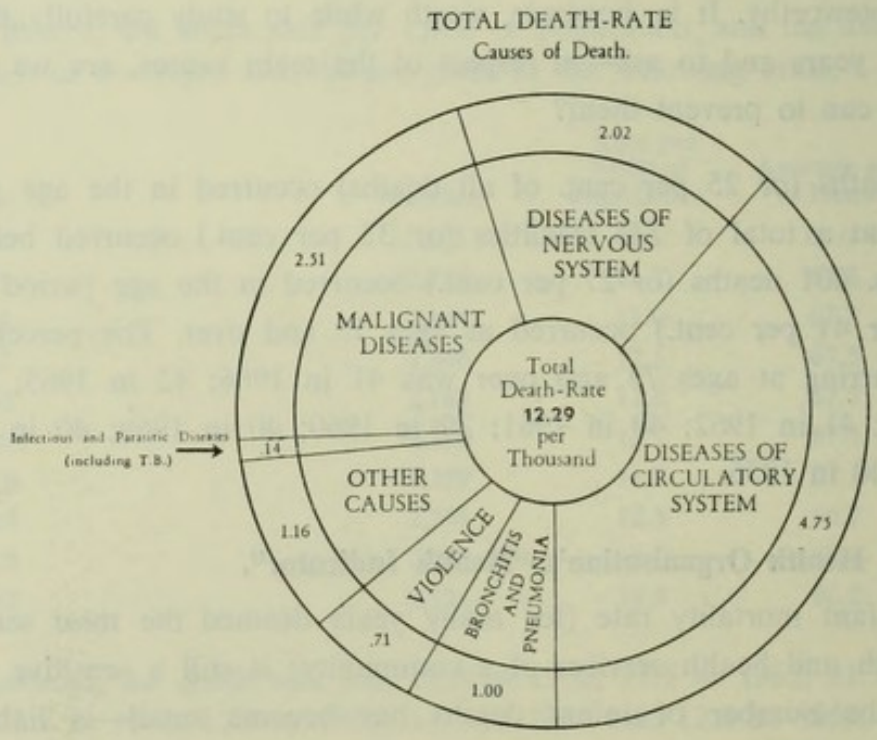
The infant mortality rate (for many years deemed the most sensitive index of the health and health services of a community) is still a sensitive index but—now that the number of infant deaths has become small—is liable to some

distortion from chance events. Efforts have therefore been made to devise an alternative index. About the beginning of 1957, the World Health Organisation tentatively suggested as 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 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:—

1948 . .	79.4	1958 . .	89.1
1949 . .	83.6	1959 . .	88.5
1950 . .	84.2	1960 . .	89.1
1951 . .	85.8	1961 . .	89.3
1952 . .	84.1	1962 . .	89.5
1953 . .	85.9	1963 . .	89.7
1954 . .	87.2	1964 . .	89.6
1955 . .	88.6	1965 . .	89.7
1956 . .	87.9	1966 . .	90.7
1957 . .	87.4		

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 1965, 1964, 1963, 1962, 1961, 1960 and 1959 were 77, 79, 75, 77, 77, 75 and 75 per cent. respectively.



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 stress on the first.

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 1966:—

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	3	1	4
Diseases of nervous system—i. Cerebral haemorrhage, &c.	1	—	1
ii. Other diseases of nervous system	1	—	1
Diseases of circulatory system	1	—	1
Respiratory diseases—i. Pneumonia	1	—	1
ii. Bronchitis	1	—	1
iii. Other respiratory diseases	1	—	1
Diseases of digestive system	2	—	2
Diseases of genito-urinary system	1	1	2
Congenital malformations and diseases of early childhood	21	10	31
Violence	17	3	20
Miscellaneous	2	1	3
	52	16	68
Comparable figures for 1965	47	28	75
Comparable figures for 1964	46	37	83

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	150	45	195
Diseases of nervous system—i. Cerebral haemorrhage, &c.	50	—	50
ii. Other diseases of nervous system	50	—	50
Diseases of circulatory system	50	—	50
Respiratory diseases—i. Pneumonia	50	—	50
ii. Bronchitis	50	—	50
iii. Other respiratory diseases	50	—	50
Diseases of digestive system	100	—	100
Diseases of genito-urinary system	50	45	95
Congenital malformations and diseases of early childhood	1,050	450	1,500
Violence	850	135	985
Miscellaneous	100	45	145
	2,600	720	3,320
Comparable figures for 1965	2,350	1,260	3,610
Comparable figures for 1964	2,300	1,665	3,965

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

Cause	15-24 M.	15-24 F.	25-34 M.	25-34 F.	35-44 M.	35-44 F.	45-54 M.	45-54 F.	55-64 M.	55-64 F.
Infectious and parasitic diseases (excluding T.B.)	—	—	—	—	—	—	—	1	3	1
Tuberculosis—i. Respiratory	—	—	—	—	—	—	—	—	2	—
ii. Other forms	—	—	—	—	—	—	—	—	—	1
Malignant diseases	2	2	1	2	4	9	29	23	76	45
Diseases of nervous system—										
i. Cerebral haemorrhage, etc.	—	—	—	1	2	2	6	6	13	22
ii. Other diseases of nervous system	—	1	1	—	—	—	1	1	1	2
Diseases of circulatory system	1	1	1	2	9	2	34	9	97	58
Respiratory diseases—										
i. Pneumonia	—	—	—	—	—	—	1	3	8	—
ii. Bronchitis	—	—	—	—	—	1	3	1	24	4
iii. Other respiratory diseases	—	—	—	—	—	1	1	1	3	—
Diseases of digestive system	2	1	—	—	—	4	3	—	5	8
Diseases of genito-urinary system	—	1	—	—	—	—	—	1	4	4
Diseases of pregnancy and childbirth (excluding puerperal sepsis)	—	—	—	—	—	1	—	—	—	—
Violence	7	3	12	3	5	4	9	5	10	9
Miscellaneous	2	2	—	2	2	4	4	2	5	5
	14	11	15	10	22	28	91	53	251	159
	25		25		50		144		410	
Comparable figures for 1965	11		24		57		141		372	
Comparable figures for 1964	15		17		48		163		410	

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

Cause	Working Years Lost Male	Female	Total
Infectious and parasitic diseases (excluding T.B.)	15	10	25
Tuberculosis—i. Respiratory	10	—	10
ii. Other forms	—	—	—
Malignant Diseases	1,040	550	1,590
Diseases of nervous system—i. Cerebral haemorrhage, &c.	205	130	335
ii. Other diseases of nervous system	55	50	105
Diseases of circulatory system	1,300	230	1,530
Respiratory diseases—i. Pneumonia	55	30	85
ii. Bronchitis	165	30	195
iii. Other respiratory diseases	30	30	60
Diseases of digestive system	160	120	280
Diseases of genito-urinary system	20	50	70
Diseases of pregnancy and childbirth (excl. puerperal sepsis)	—	20	20
Violence	1,045	340	1,385
Miscellaneous	225	240	465
	4,325	1,830	6,155
Comparable figures for 1965	3,775	1,760	5,535
Comparable figures for 1964	4,075	1,540	5,615

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 1966—9,475 Total working years lost in 1965—9,145
Total working years lost in 1964—9,580 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

TABLE I.—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS OF AGE.
YEAR 1966.

CAUSES OF DEATH	AGE																	Average for preceding 5 years (1961-1965)	
	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	..	..	...	...	..	..	..	..	..	...	..	..	..	..	...	...	...	...	...
Tuberculosis { Other Forms	...	...	..	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Diphtheria	...	...	..	...	...	..	...	...	...	..	..	...	...	...	...	...	...	...	...
Dysentery	...	...	..	...	..	...	...	...	...	...	...	...	..	...	...	...	...	...	...
Measles	...	...	..	..	...	...	..	...	...	...	...	...	...	...	..	...	...	...	...
Meningococcal Infections	...	...	..	...	...	...	...	...	...	...	...	..	..	...	..	...	...	0·2	0·4
Poliomyelitis, Acute	...	..	...	...	...	...	...	...	..	..	..	..	..	..	...	...	...	...	..
Scarlet Fever	..	..	...	...	..	...	...	...	..	...	...	..	..	...	..	...	...	..	..
Whooping Cough	..	...	...	...	..	...	...	...	...	...	...	..	...	...	...	...	..	..	...
Other Infective and Parasitic Diseases	..	...	..	..	...	...	..	...	...	...	...	...	..	...	...	...	..	...	...
Pneumonia	..	...	..	...	...	..	1	1	...	...	...	1	..	...	...	...	...	8·0	2·4
Bronchitis	...	...	..	...	...	...	...	...	1	...	..	1	..	...	...	...	...	0·4	...
Diarrhœa and Enteritis	...	...	...	..	...	...	...	...	...	...	..	..	...	...	...	...	...	0·6	..
Other Digestive Diseases	1	...	...	...	1	..	..	1	..	..	..	1	...	...	..	...	...	2·2	0·2
Congenital Malformations	4	1	...	...	5	1	...	6	...	..	1	7	...	1	...	..	1	12·8	0·8
Injury at Birth	3	..	..	...	3	...	...	3	...	...	...	3	...	..	...	..	..	3·0	...
Post-natal Asphyxia and Atelectasis	11	...	...	..	11	...	...	11	...	...	...	11	...	..	...	...	...	14.4	...
Pneumonia of New Born	1	...	...	..	1	...	...	1	..	...	...	1	...	..	...	...	...	2·8	...
Other Infections of New Born	1	..	..	..	1	..	...	1	...	...	...	1	...	...	...	...	...	0·4	...
Other Diseases peculiar to Early Infancy	3	...	...	...	3	..	...	3	..	...	..	3	..	...	...	...	...	3·4	..
Prematurity	3	.	...	...	3	...	...	3	..	...	...	3	..	..	.	...	...	8 0	...
Accidents or other Violence	..	...	...	...	...	2	1	3	2	...	...	5	1	2	1	...	4	3·8	2·8
Other Causes	.	...	...	...	...	..	1	1	4	1	...	6	1	2	...	...	3	2·2	2·0
ALL CAUSES	27	1	..	...	28	3	3	34	7	1	1	43	2	5	1	..	8	62·2	8·6
Average for preceding 5 years, 1961-1965	37	3	3	...	44	3	4	52	5	3	3	62	4	1	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).		Tuberculous 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 1966.																				
Under 1 year . . .	43	—	—	—	—	1	—	—	—	1	1	1	1	1	—	—	29	—	5	3
1-4 years . . .	8	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	4	1
5-14 „ . . .	17	—	—	—	—	2	—	—	1	—	—	—	1	1	—	—	—	—	11	1
15-24 „ . . .	25	—	—	—	—	4	—	1	2	—	—	—	3	1	—	—	—	—	10	4
25-34 „ . . .	25	—	—	—	—	3	1	1	3	—	—	—	—	—	—	—	—	—	15	2
35-44 „ . . .	50	—	—	—	—	13	4	—	11	—	1	1	4	—	—	1	—	—	9	6
45-54 „ . . .	144	1	—	—	—	52	12	2	43	4	4	2	3	1	—	—	—	—	14	6
55-64 „ . . .	410	4	—	2	1	121	35	3	155	8	28	3	13	8	—	—	—	—	19	10
65-74 „ . . .	601	5	2	—	—	158	83	8	240	12	34	7	13	7	—	—	—	—	12	20
75-84 „ . . .	634	2	1	1	—	86	131	8	283	30	35	5	11	15	—	—	—	—	17	9
85 + „ . . .	298	5	1	—	—	19	77	1	134	21	6	—	8	5	—	—	—	2	14	5
All Ages . . .	2,255	17	4	3	1	460	344	25	872	76	109	19	57	39	—	1	29	2	130	67
B.—DEATH-RATE PER 100,000.																				
1966	1,229	9	2	2	1	251	188	14	475	41	59	10	31	21	—	1	16	1	71	37

TABLE III.—ABERDEEN—DEATHS AT ALL AGES FROM SELECTED CAUSES. (per 100,000 population). Years 1856-1966*

Year.	Smallpox.	Scarlet Fever.	Diphtheria and Croup.	Measles.	Whooping Cough.	Influenza.	Typhus Fever.	Typhoid and Paratyphoid Fever.	Tubere. Dis. Respiratory.	Tubere. Dis. Other Tuberculosis.	Dis. of Digestive System (inc. Diarrhœa).	Cancer and other Malignant Diseases.	Bronchitis.	Pneumonia.	Diseases of the Circulatory System.
1966 . . .	**0**	**0**	**0**	**0**	**0**	**9**	**0**	**0**	**2**	**1**	**31**	**251**	**59**	**41**	**475**
1965 . . .	0	0	0	0	0	0	0	0	3	1	40	248	42	42	442
1964 . . .	0	0	0	0	0	1	0	1	1	1	30	251	51	28	438
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
Mean of 1961-65 .	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**0·2**	**3**	**1**	**37**	**239**	**41**	**40**	**462**
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
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
Mean of 1956-60 .	**0**	**0**	**0**	**0·4**	**0**	**4**	**0**	**0**	**7**	**1**	**37**	**222**	**35**	**40**	**454**
†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**	**158**
,, ,, 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**	**128**	**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—1856-1966

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
1966	**183,463**	**1,746**	**9·5**	**2,908**	**15·9**	**7.5**	**2,255**	**12·3**	**68·0**	**653**	**15**
1965	184,414	1,701	9·2	3,227	17·5	6·5	2,154	11·7	67·8	1,073	19
1964	185,034	1,685	9·1	3,138	17·0	6·0	2,144	11·6	67·2	994	19
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
Mean of 1961-1965	**185,260**	**1,710**		**3,242**	**17·5**	**5·7**	**2,185**	**11·8**	**67·5**	**1,057**	**19**
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
1957	186,190	1,975	10·6	3,379	18·1	5·1	2,121	11·4	66·2	1,258	24
1956	186,396	1,965	10·5	3,271	17·5	5·3	2,155	11·6	65·9	1,116	22
Mean of 1956-1960	**186,616**	**1,851**	**9·9**	**3,304**	**17·7**	**5·1**	**2,175**	**11·7**	**66·6**	**1,129**	**21**
1951-1955	184,839	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.

TABLE V.—ABERDEEN—ANALYSIS OF BIRTHS, STILL BIRTHS, NEONATAL, POST-NEONATAL AND INFANT DEATHS BY CITY WARDS.

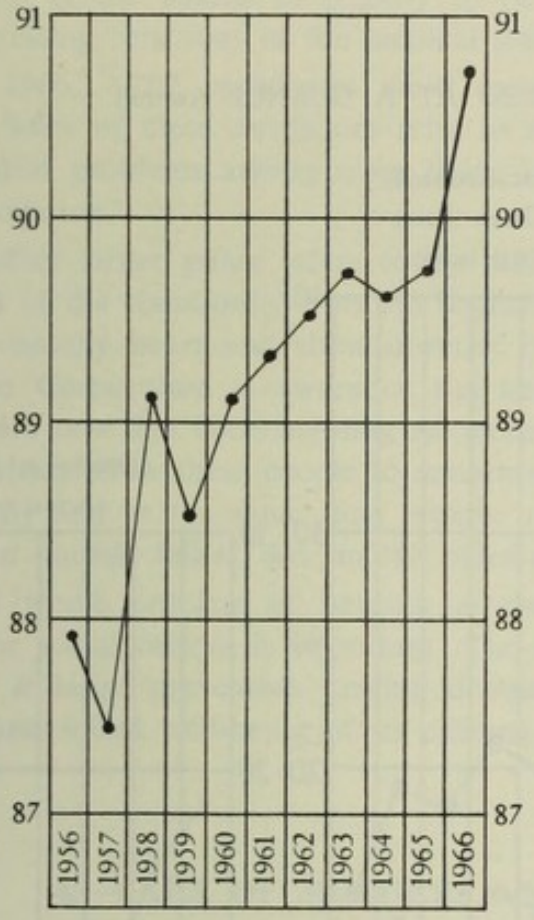
	St. Clements	St. Nicholas	St. Machar	Woodside	Northfield	Mastrick	Rosemount	Rubislaw	Holburn	Ruthrieston	Ferryhill	Torry	Aberdeen, County of City
Live Births . .	304	222	258	198	299	246	229	195	184	230	311	232	2908
Still Births . .	1	1	2	3	1	3	5	3	1	1	5	3	29
Still-Birth Rate .	3	4	8	15	3	12	21	15	5	4	16	13	10
Neonatal Deaths .	3	2	1	6	3	3	2	1	1	3	1	2	28
Neonatal Death Rate . .	10	9	4	30	10	12	9	5	5	13	3	9	10
Post-neonatal Deaths . .	2	—	—	2	3	4	—	—	2	2	—	—	15
Post-neonatal Death Rate .	7	—	—	10	10	16	—	—	11	9	—	—	5
Infant Deaths .	5	2	1	8	6	7	2	1	3	5	1	2	43
Infant Death Rate	16	9	4	40	20	28	9	5	16	22	3	9	15

3.—MEDICAL ASPECTS OF HOUSING.

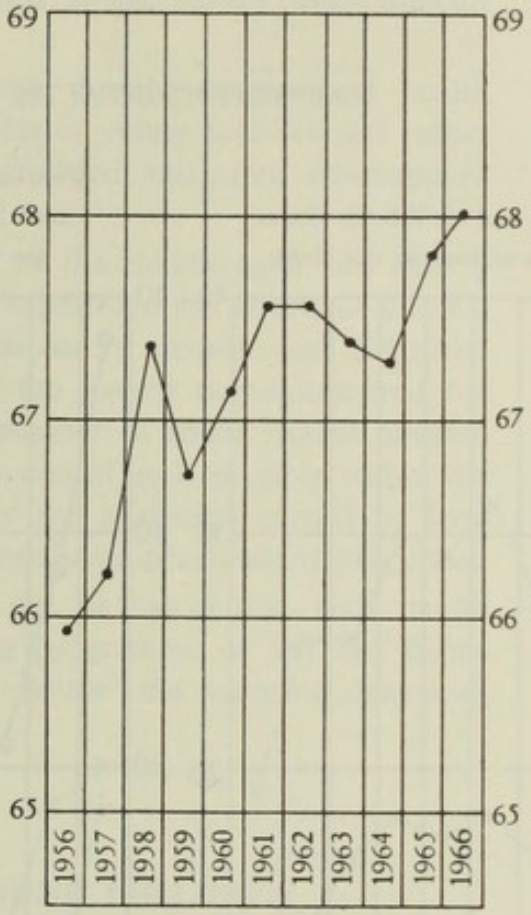
Of the 59,341 inhabited houses in Aberdeen, rather more than 24,000 are now Corporation owned and about another 4,000 are owned by the Scottish Special Housing Association and by public bodies. With the year-by-year increase both in publicly owned houses and in owner-occupied houses, the Health and Welfare Department is less heavily involved than in the past with problems of overcrowding, difficulties of compelling absentee owners to execute necessary structural repairs, complaints about dampness, closure of unfit houses, &c. Nevertheless these and similar problems still occupy a considerable amount of the time both of sanitary inspectors and of medical officers, health visitors and other officers. The present chapter deals, however, not with these aspects but with the equally difficult question of allocation of medical points towards rehousing—an inevitably complex question, since to allocate any considerable priority to every person suffering from long-term illness would be a dysgenic policy quite unfair to ordinary citizens and to allocate little priority to people whose health is being seriously impaired by adverse housing circumstances would be utterly inhumane. The complexity is increased, too, by the inevitable variation in medical certificates: in identical clinical and housing circumstances one general practitioner may write that rehousing is absolutely essential, another that it is urgently required and a third that it is desirable. Consequently considerable time has to be spent by health visitors in visiting houses and reporting on the families and conditions, and much of the time of one medical officer is devoted to the difficult task of trying to allocate points on a fair and rational basis.

ABERDEEN'S HEALTH PROGRESS AT A GLANCE

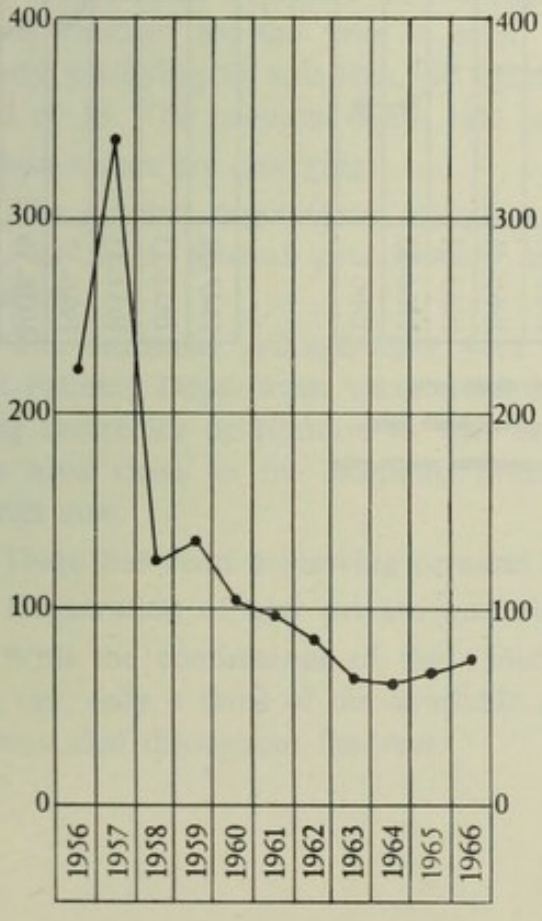
World Health Organisation
Health Indicator
(Percentage of deaths above 50 years)



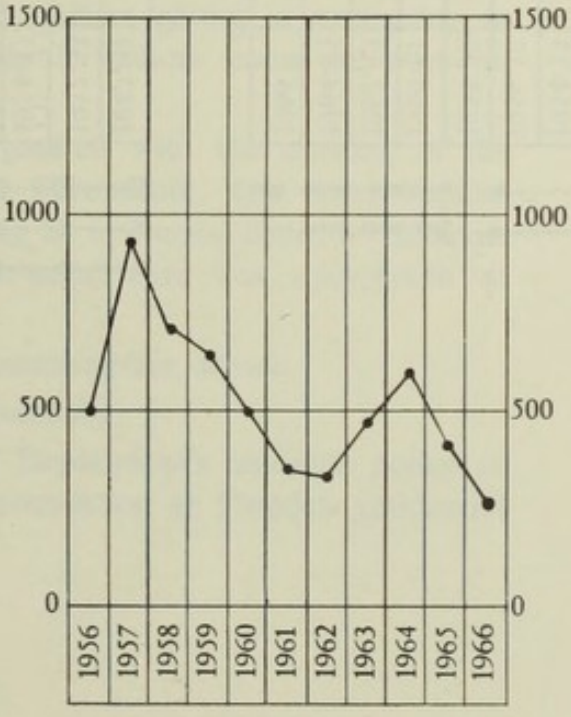
Average age at death



Notified cases of
Tuberculosis

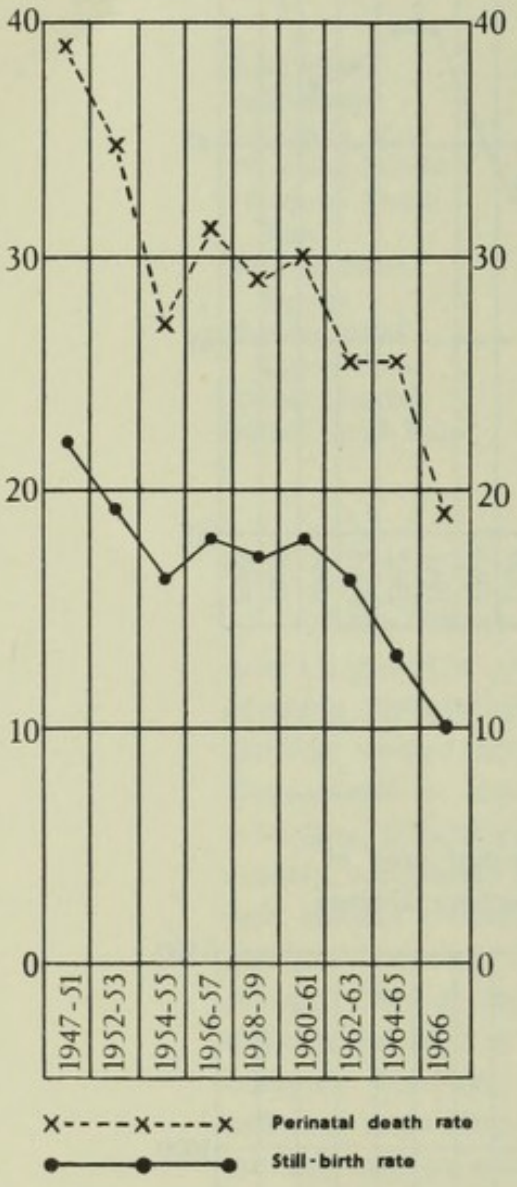


Notified cases of
Infectious Diseases

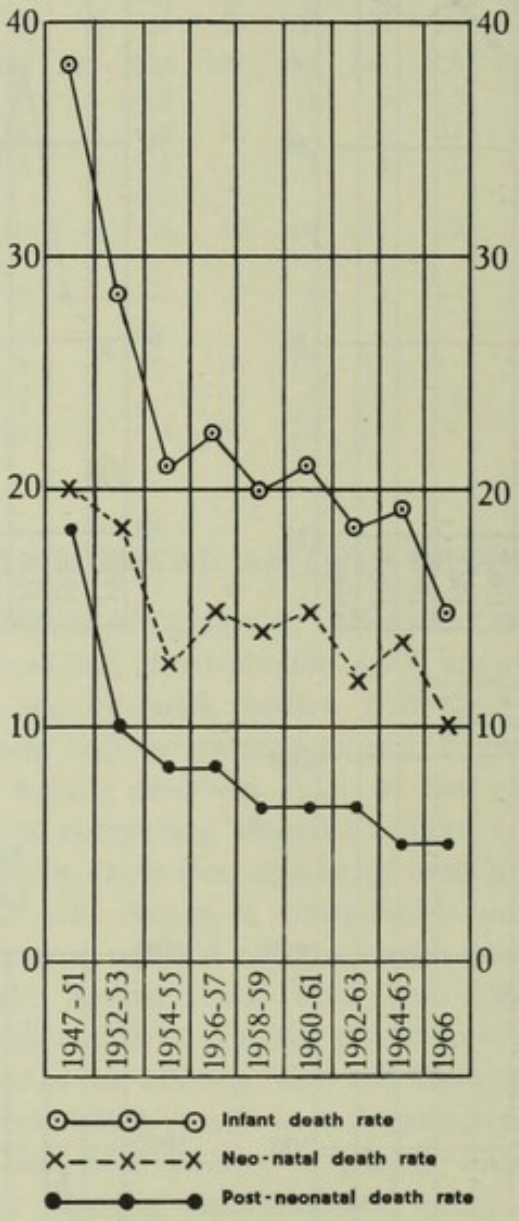


ABERDEEN'S HEALTH PROGRESS AT A GLANCE (contd.)

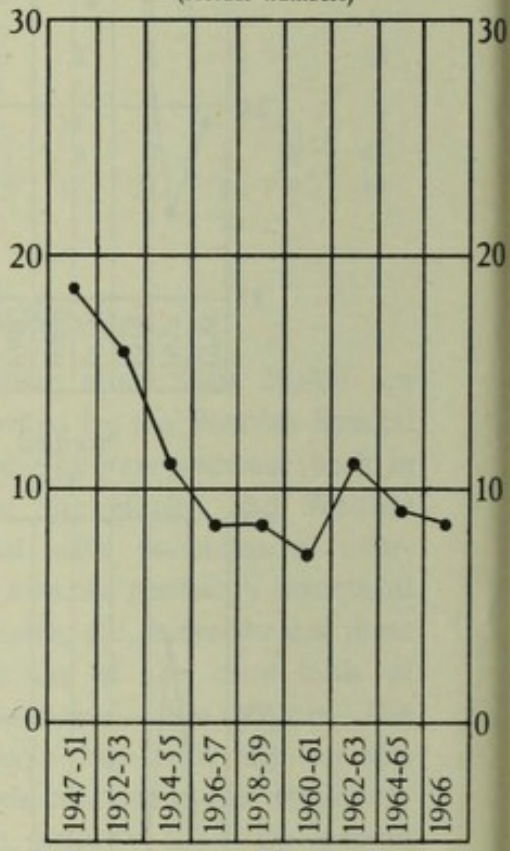
Perinatal and Still-birth Rates
(per thousand live and still births)



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



Deaths at 1-5 years
(Actual numbers)



During the last few years there has been a steadily increasing number of medical certificates furnished by applicants in support of their housing claims. The assessment of the degree of priority to be awarded is one of the most difficult and distressing functions of the medical staff.

In 1966, 2,202 certificates were received from family doctors and health visitors. Some of these certificates refer to the health of young families and reflect the medical problems arising from living in overcrowded and often sub-standard accommodation.

Another larger group refers to the difficulties of the middle-aged and elderly members of the community who are beginning to experience the effects of chronic disease—usually heart and chest disorder or locomotor or neurological disorders. Aberdeen Corporation is aware of the needs of the ageing population and for some years now has been building an increasing number of small special purpose houses which allow these people to remain as independent as is possible within the community and at the same time remove many of the hardships caused by long stairs and outside toilets, &c., in the older and sometimes sub-standard properties.

The whole problem of housing is complex but its association with health and other social factors is important. The housing programme of any city forms part of a large preventive service designed to ensure the complete physical, mental and social well-being of its citizens.

4.—CARE OF MOTHERS AND YOUNG CHILDREN.

Features of the Year.

The comprehensive picture of the high standard of care offered to mothers and young children for the year is much as in immediate previous years. It is particularly gratifying to note that the Infant Mortality Rate for 1966 reached the low level of 15. The neonatal death rate and still birth rate also show decreases.

Certain trends are emerging:

(a) The number of children attending child welfare clinics is continuing to decrease, as more general practitioners and health visitors come to work in collaboration.

(b) The antenatal arrangements were re-organised with the opening of the new Out-Patients Department accommodation at Foresterhill. The latter became the sifting centre for distribution as well as acting as a routine clinic for patients from an area close to the hospital. More post-natal care was undertaken at Foresterhill also.

(c) There has been a growing demand for contraceptive advice.

(d) Registration of new private nurseries continues.

(e) With the continuance of the Children's Department's laudable policy of fostering out, only a third of the available accommodation at Pitfodels residential nursery was used throughout the year.

(f) The waiting list for Day Nursery places continues to lengthen.

(g) Domiciliary midwifery shows a fast decline; and there is little compensatory rise in numbers requiring maternity nursing following discharge early in the puerperium.

Our services to mothers and young children are varied and extensive. There is a small gap however—lack of provision for certain unmarried mothers and widows and their children, and perhaps also a lack of provision for a very limited number of multi-problem families. In an era when case work emphasises the family as a unit, to be split up only as a last resort, provision for such cases would make a more comprehensive service.

(a) EXPECTANT AND NURSING MOTHERS.

Ante-Natal Care.

Fully 90% of all expectant mothers attended ante-natal clinics.

Staffing and Sessions.

The peripheral clinics continued to play a very large part in ante-natal and post-natal care. The new arrangement at Foresterhill brought in its wake several administrative teething troubles, which were precipitated by a variety of factors: the large numbers of patients involved, poor design in layout of the new clinic, increase in the number of ante-natal visits required routinely, and various research projects.

Close collaboration was maintained throughout between the Obstetric staff and Health staff. Local Authority doctors consulted at Foresterhill each afternoon; a reciprocal arrangement was made with the Obstetric staff at the peripheral clinics. Six weekly ante-natal peripheral clinic sessions were undertaken by Local Authority staff. A permanent liaison Health Visitor was appointed at Foresterhill. Health Education (group-teaching) of expectant mothers became established on a sessional basis, expansion here being limited by paucity of rooms. Some patients receive most of their care from their own doctors in the Combined Care Scheme.

ATTENDANCES AT CORPORATION ANTE-NATAL CLINICS.

Year	Number of New Clients	Total Attendances	Average Number of Attendances per Client
1966	653	5,371	8.2
1965	3,336	23,751	7.0
1964	3,737	24,148	6.4
1963	3,529	24,303	6.9

Post-Natal Care.

ATTENDANCES AT CORPORATION POST-NATAL CLINICS.

Year	No. of Clients	No. of Attendances
1966	633	799
1965	2,001	2,486
1964	1,892	2,449
1963	2,103	2,803

The inconsistency in the figures above illustrates the work-load assumed by the Foresterhill ante-natal unit (formerly undertaken by Castle Terrace as the main centre and not separately shown in these figures).

ATTENDANCES AT THE FAMILY PLANNING CLINIC
(formerly the Gynaecological Advisory Clinic.)

Year	No. of Clients	No. of Attendances
1966	1,896	4,594
1965	1,540	3,721
1964	1,382	2,621
1963	1,348	2,496

The consultative sessions were increased to five sessions per week, one evening session per fortnight continuing. The Intra-Uterine Device is offered, where suitable, at several of these sessions. It is interesting to speculate how much this clinic has contributed to the fall in the birth rate. This, of course, is not its primary aim but rather to engender good family spacing with curtailment as a corollary.

Associated Services.

A. *Local Authority.*

(1) *Home visits by health visitors* continue to play a large part in the ante-natal service. While these are discussed in another part of this report, their importance—for good ante-natal care and for the inculcating of sound views on child management and children's development can hardly be over-rated.

(2) *Health education at clinics by health visitors.*—Total attendances amounted to 5,502. Here again, though health education is considered elsewhere the role of group teaching of parentcraft is of great importance in ante-natal care.

(3) *Relaxation Exercises.*—These were provided at eight centres, and there were 4,803 attendances (4,713 for combined parentcraft classes and relaxation exercises and 90 for relaxation alone).

(4) *Poliomyelitis immunisation and dental treatment.*—Immunisation against poliomyelitis has been continued for expectant mothers, and also dental treatment as far as the service permitted.

(5) *Dietetic advice.*—This is a slowly expanding service. 214 new patients were seen and there were 917 return visits. In addition 502 appointments made were not kept. More than half the number of patients were referred for weight control, and these were frequently found to be on a very poor diet.

B. *Regional Hospital Board.*

Appropriate specialist services are available for individual patients as required in addition to the routine blood and urine examinations. A closer liaison between the Department and the Cervical Cytology Services was established.

Arrangements for care of unmarried mothers.

Arrangements for the care of unmarried mothers remained as before. The total number of illegitimate births was 217. In 1965, 1964 and 1963, the totals were 202, 189 and 188 respectively. During 1966 the Corporation undertook payment on behalf of 3 girls receiving care at the Home and 7 girls receiving care at Homes outwith the City.

The rising illegitimacy rate in Aberdeen is reflecting the national trend.

(b) CARE OF YOUNG CHILDREN.

Child Welfare clinics originated as education centres to combat gross ignorance of infant feeding and hygiene. An enlightened society has emerged in infant care, and today only rarely does a child die of gastro-enteritis. In 1966 there were no deaths from this disease. Child Welfare clinics, while expanding their teaching role to include the social and psychological aspects of child rearing, have also been focussing more attention on check-ups of babies and young children who are well with a view to the early detection and treatment of handicap. Infants are routinely screened for phenylketonuria; this has been done with phenistix but towards the end of the year a pilot study, undertaken by two health visitors, involving the Guthrie test, was progressing satisfactorily and is likely to be introduced generally, in collaboration with Stobhill Hospital, Glasgow. Routine screening techniques for early detection of hearing and/or visual loss are carried out by clinic doctors and health visitors.

The Special Follow Up Resister, having got off to a very slow start, eventually became established on a proper basis towards the end of the year. The progress of children on this Register is reported at frequent intervals by health visitors. Any apparent deviation is noted and carefully watched. If necessary, a child is referred to his own doctor or to the clinic doctor.

The immunisation rate of about 70% (polio, diphtheria, whooping cough and tetanus) compares favourably with many areas, but is still capable of improvement.

The smallpox vaccination rate of 63% is much lower than is desirable. It is often difficult to persuade parents that a disease not presently current in the community is one which nevertheless necessitates preventive measures.

The number of children attending Local Authority Child Welfare clinics continues to decline. This is due to the greater number attending general practitioners' Child Welfare clinics, especially those with health visitor attachments. This pattern is likely to expand as more general practitioners become interested in preventive paediatrics and as more health visitor attachments are made.

The number of neo-natal deaths in 1966 was 28, a most encouraging drop. About two-thirds of these were due to prematurity of unknown cause. Congenital abnormality accounted for nearly a quarter.

The number of post-neonatal infant deaths was 15. Four-fifths of these were caused by congenital abnormality, natural causes, aspiration of gastric contents and pneumonia in equal proportions.

There were 29 still births; in these the main causes were prematurity, congenital abnormality and pre-eclampsia.

In the 1-5 year old age group there were 8 deaths, five of whom were two years old. Half the deaths were due to accident.

Child Health Centres.

1. *Staffing and Sessions.*

Eight full-time health centres were maintained at the Beach Boulevard, Charlotte Street, Hilton, Torry, View Terrace, Holburn, Northfield and Mastrick respectively. These centres were open daily, Monday to Friday from 9 a.m. to 12.30 p.m. and from 2 p.m. to 5.30 p.m. Doctors consulted 27 sessions weekly, 6 of which were for Special Appointments. In addition, clinics were held at Hayton, Summerfield Church Hall, Craigiebuckler Church Hall, Kincorth Church Hall and at Kaimhill, Seaton and Powis Community Centres.

2. *Attendances at Child Health Centres.*

Year of Birth	Number of first attendances	Estimated population	Percentage	Number of subsequent attendances	Total attendances
1966 . . .	1,993	2,865	69.6	10,702	12,695
1965 . . .	2,346	3,165	74.1	13,122	15,468
1964 . . .	2,400	3,078	78.0	14,094	16,494
Total . .	6,739	9,108	74.0	37,918	44,657

3. *Referrals by Clinic Medical Officers.*

Number of Children referred	Born 1966	Born 1965	Born 1961-1964	Total
To General Practitioners	204	147	169	520
For Specialist Treatment or Advice . . .	19	36	142	197
Total . .	223	183	311	717

Special Clinics.

(a) *Deafness Diagnostic Clinic.*

It is only at this clinic, which is staffed jointly by the Regional Hospital Board and Local Authority and held in Local Authority premises, that the overall picture of a suspected hearing disability in the pre-school population can be accurately assessed. All pre-school children referred to the consultant on account of suspected hearing loss are seen at this clinic which is held weekly, in specially equipped premises at View Terrace, and at which all records on the children are available. 44 pre-school children attended the clinic for examinations on 62 occasions in 1966, 7 hearing-aids were issued, in addition to the other medical and surgical treatment instituted.

(b) *Ophthalmic Clinic.*

49 pre-school children were referred to the clinic for school children during the year. This number does not include pre-school children who are referred directly to the Children's Hospital.

(c) *Ultra Violet Radiation Clinics.*

During 1966, 71 children received ultra violet radiation at three of the Child Health Centres with a total of 734 attendances.

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

Supplies of Welfare Foods.

Year	National Dried Milk		Cod Liver Oil	Vitamins A and D (Expectant Mothers)	Orange Juice
	Full Cream	Half Cream			
1966	37,554	1,481	5,224	3,283	72,245
1965	40,791	2,746	6,113	4,559	70,297
1964	37,169	2,681	5,861	4,297	58,677
1963	44,537	3,598	4,923	3,295	50,022

National Dried Milk sales have reverted to the 1964 level. The Special Nursery policy at Aberdeen Maternity Hospital has been changed, advocating another form of dried milk. The fall in the birth rate this year may also have had its influence.

Dental Care.

The amount of dental work performed is shown in the following table. Comparisons with the previous two years are given.

	Expectant Mothers			Nursing Mothers			Pre-school Children		
	1966	1965	1964	1966	1965	1964	1966	1965	1964
Number examined .	20	523	814	14	16	15	405	278	219
Number with defects	19	302	453	14	15	15	164	193	104
Accepting treatment	18	78	75	14	14	14	113	103	75
Treated . . .	16	67	67	12	14	14	101	89	67

Nursery Service.

(a) *Residential Nursery.*

With the continuation of the Children's Department's policy of fostering out rather than placement in the nursery, the number of children in Pitfodels continued to fall, the average number being 28. About two-thirds of these children have been in Pitfodels for a long time (six months or more) and are difficult to foster out, many being mongols or mentally backward children. Fewer children were admitted for health reasons and these for very short periods only. Parents are encouraged to visit their children as often as possible and visiting times have been waived; conformity with the child's routine is all that is asked.

(b) *Day Nurseries.*

These continued to play their vital part in the life of the underprivileged section of the community. There is mounting pressure for more nursery places. The waiting list at 31st December was 300, of whom 83 were in the priority category (253 in 1965). The day nurseries have not been able to function at full capacity all year because of restrictive admissions following outbreaks of sonne dysentery and streptococcal throat infections in the nurseries. The following tables indicate the reasons for placement.

BREAK-DOWN OF REASONS FOR PLACEMENT OF CHILDREN IN DAY NURSERIES.

Total Number of Day Nursery Places			179
Unmarried Mothers	91	=	50.9%
Widows and Widowers	5	=	2.8%
Health (including Confinement)	8	=	4.5%
Separated Parents	67	=	37.4%
Father in Prison	4	=	2.2%
Financial	4	=	2.2%
	179	=	100.0%

The standard charge in the day nurseries is 4/- per day per child. 17 children were admitted at a reduced rate.

(c) *Training of Nursery Nurses.*

There were 21 new recruits to the Nursery Service. Of the 15 nursery nurses presenting for final examination, 13 gained pass awards, 3 with merit.

(d) *Private Day Nurseries.*

There were 7 new private nurseries registered under the Nurseries and Child Minders Act, 1948, in 1966. Of the total registered, 3 relinquished registration. The number of places available was 303. The total private nurseries registered at the end of December, 1966, was 17.

As more multi-storied flats are built, the more insular family life becomes and the greater is the need for the children of such families to find companionship, interest and stimulation among other children in a nursery.

5.—HEALTH EDUCATION.

Features of the Year.

Health education should be a living and dynamic force changing with the changing needs of individuals and communities. As such it is difficult to measure accurately, and totals of meetings and numbers attending can often be misinterpreted. A captive and passive audience of 300 may well distort overall figures and spell success to the unwary while a few lively groups of a dozen individuals, all actively participating, may hardly cause an increase in a percentage. To the health educator hoping to instigate behaviour change the one might far excel the other and in such activities can be seen the shadows of much larger enterprises.

It would nevertheless be foolish to deny the value of quantity as well as quality—a developing service should be achieving both.

In 1966 there have been interesting changes qualitatively and quantitatively. In Ante-Natal Teaching traditional methods of preparation for childbirth are giving place to the newer method of psychoprophylaxis, and there has been a dramatic increase in the number of evening sessions for wives and husbands together (from 60 meetings with 1,242 attendances in 1965 to 76 with 1,735 attendances in 1966).

School Health teaching has developed considerably without the comparatively artificial inflation of sessions and numbers associated with a special campaign as in 1965. The necessary building up of stocks of visual materials and the re-organisation of distribution which must accompany developments of teaching programmes have proceeded at pace.

The grand total of all meetings reached the new record level of 2,122.

I. Ante-Natal Teaching.

Analysis of the attendance records show an increase in attendances of husbands and wives at evening sessions but a diminution of overall figures for day and evening teaching programmes. Probably this reflects the changes inevitable on removal of ante-natal teaching to the new Maternity Hospital Clinic and possibly re-deployment or even shortages of staff. Administrative teething troubles, small in themselves, having been ironed out, the attendances began to climb in the late summer and autumn.

13 ante-natal teaching programmes are in operation each week: all provide Health Teaching and either relaxation or psychoprophylaxis by a Health Visitor or Health Education Lecturer:—

5 classes at Aberdeen Maternity Hospital.
1 class at Castle Terrace.
6 classes at Peripheral Clinics.
1 class at Richmondhill House.

Each class follows an eight week Course and these are attended mainly by primiparae. Plans are afoot to provide shorter additional Courses for multiparae at a more advanced level since the participants will have experience of childbirth. (8 of these classes teach psychoprophylaxis and the others follow traditional teaching programmes of relaxation).

Evening classes for both parents are held weekly at Castle Terrace in preference to the Maternity Hospital because of the accessibility of the former. The length of these Courses has been extended experimentally and the numbers attending; and the participation by wives and husbands has been encouraging.

In-Service Courses for Health Visitors.

4 Courses of preparation for teaching psychoprophylaxis have been organised by Mrs. M. Abbot at Castle Terrace and Hilton Clinics. 27 members of staff have received this training.

II. Evening Clubs for Parents.

Interest has been maintained and evening groups continue to meet weekly throughout the Autumn and Spring at Northfield, Mastrick, Charlotte Street and Holburn Clinics. The original Club at Holburn, now run by mothers themselves, also continues to flourish. Discussion is lively and suggestions for the weekly programmes arise readily at most of the groups. This sometimes accounts for the rather patchwork appearance of the syllabus. Health visitor students participate in these sessions and gain experience in "live" discussion with young wives.

There was no inter-clinic competition during 1966 but it is hoped that some new form of competition will replace the Quiz in future years.

In 1966 there were 2,143 attendances and 106 meetings.

III. Afternoon Clinic Groups.

Every clinic provides a programme for the mothers of pre-school children on relevant topics supported by films and other visual materials. Hayton Clinic has shown a notable increase in attendances as young families move into new housing in this area.

IV. Health Education in Schools.

(a) **Infant and Primary.**

The development of planned programmes of Health Teaching in Primary Schools in addition to the informal discussions by Health Visitors at Health Surveys is probably the most notable feature of 1966. During the year Miss A. M. G. Hay, Principal Health Visitor Tutor and Health Education Lecturer, attended regular meetings of the Co-ordinating Committee responsible for re-planning the whole of the Primary School curriculum in Aberdeen. The new syllabus for Primary Schools has a section on Health Education designed to provide basic health teaching at progressively greater depths. The main part of this teaching will be carried out by the class teacher but the School Health Visitor will be actively involved also. Her task will be the provision of information about visual materials on health matters, about the beliefs and culture of the area and about the home influences which affect health. In many instances she herself will be responsible for the health teaching of a number of classes where it is felt that she will be the most effective.

Nine Health Visitors had such programmes under way in 1966 (in addition to the informal teaching which has been normal practice). Many of these sessions involve 10-11 year olds and this offers an opportunity for teaching about the hazards of smoking and a chance to deal with questions related to puberty.

Health Visitors, too, are increasingly asked to speak at Parent/Teacher Association Meetings and one Infant School has invited all the mothers of children about to enter school to a class at which the School's Health Visitor talks on "Preparing Your Child for School."

In-Service Support.

The success of a new development such as this depends on sound basic preparation of the personnel and high morale, and this in turn involves the provision of consultation for day to day problems, shared ideas and adequate supporting materials e.g. films, flannelgraphs. The Health Education Lecturers, Mrs. M. Abbot and Mr. E. McMillan, have worked to provide this support in 1966 with commensurate results.

(b) **Secondary Schools.**

Informal health teaching has been reinforced by planned programmes on health in the classroom with girls at Frederick Street and Northfield Schools. For boys of this age Leavers' Courses at Powis, Torry, Kaimhill and Beechwood Schools (over 275 sessions) dealt with adolescence, personal relationships, leisure activities and relevant health hazards. Again, maximum involvement in discussion, appropriate film material and experienced leadership make these sessions by male health visitors worthwhile.

(c) **Youth Clubs.**

Two of the Senior Youth Clubs in the city have had teaching, films and very lively discussion sessions on personal relationships, venereal disease and family roles. These sessions (14 in number) were taken by Mr. E. McMillan, Health Education Lecturer and formerly a Health Visiting Officer.

V. Broadcasts and Miscellaneous Meetings.

Four broadcasts were given during the year on health topics, and Guilds and organisations were provided with speakers for afternoon and evening sessions.

VI. Visual Aids.

Considerable re-organisation of visual aids and the building up of stocks of flannelgraphs, film strips, &c. continued during the year.

The cataloguing of posters and leaflets allow for a more discriminating distribution service related to seasonal health hazards.

The Single Concept Cassette Viewer has been in great demand in clinics and schools, and cassettes are available on topics as widely ranging as Food Hygiene and Exercises for the Over 60's. This aid is particularly useful since it does not require a darkened room for showing.

The Film Library is still embryonic but is developing slowly and has acquired new films on adolescence, menstrual hygiene, nutrition and dental health for distribution within the Department. An increasingly wide range of people consult the Staff of the Health Education Section on the provision and suitability of visual

aids. Regular pre-viewing of such materials adds to their expertise and will increase the demands made by outsiders as well as members of the Health Department Staff on them.

The post of Artist to the Section was again vacant in December, 1966.

It was once suggested that 1965 could be termed "the Year of Happy Auguries". In turn 1966 may well be remembered in the Health Education Section as "the Year of Successful Beginnings".

6.—HEALTH VISITING.

Features of the Year.

(1) Heavy staff losses continued, so that there were 14½ unfilled vacancies at the end of 1966, and actually fewer health visitors and male health visiting officers in post than a couple of years earlier. Moreover, since it is young, moderately experienced health visitors who move to posts overseas or to promotion posts in Britain, the staff has become rather unbalanced in respect of age—roughly 25% aged over 51 years, 25% aged 45-51 years, and 25% very recently qualified.

(2) Perhaps because of the vacancies and the age structure of the staff the amount of staff sickness was very high indeed.

(3) Despite the features mentioned above, the total number of home visits was higher than even in 1965 which established a new high record. Increases were particularly marked in visits to the elderly and to older pre-school children. Additionally (and not counted in the total of health visitor visits) a considerable number of routine visits to old people was delegated by health visitors to health assistants. With steadily increasing stress on emotional health (e.g. prevention of maladjustment in children), on psycho-social problems and on counselling, visits are tending to become of longer duration. The increase in the number of visits is therefore the more remarkable, and is a reflection both of minor reorganisations from time to time to improve efficiency and of increased use of motor cars.

(4) The number of sessions devoted to health education also increased, while the sessions devoted to ordinary clinic work fell.

(5) General practice attachment continued to extend. By the end of the year 13½ health visitors were working from practices; but shortage of staff made it impossible to meet requests from various doctors seeking to join in attachment schemes.

(6) Specialisation also continued. At the end of 1966 there were 40 family health visitors on districts, 13½ family health visitors working from practices and 23 specialist health visitors, four of the latter being graded as Group Advisers.

Staffing position.

The annual report for 1965 pointed out that 15 health visitors or male health visiting officers had left during the year (including 4 to posts overseas, 3 to promotion posts in Britain and 3 to other posts in Britain), partially balanced numerically by 11 full-time staff and 1 part-timer joining the staff. In 1966, reckoning each part-time worker as ½, the losses were 9½ (including 1 retirement) and the gains 12½.

The continued loss, year after year, of about 9-15 health visitors and health visiting officers annually has two results:—

(a) Vacancies persist. At the end of 1966 there were 14½ unfilled posts.

(b) Since it is mostly young health visitors with two to five years of experience who move to posts overseas or to other posts in Britain, there is an uneven age distribution of the staff remaining. At the close of 1966 about one-quarter of the staff were aged 51 and upwards, another quarter were aged 45-51 years, fully another quarter were persons qualified for either 6 months or 18 months, and only barely a quarter were experienced officers under the age of 45 years.

Distribution of staff.

	Total H.V. Staff	District or Practice Work	Specialised Work
December, 1966 . . .	76½	53½	23
December, 1965 . . .	73½	49½	24
December, 1964 . . .	77	54	23
December, 1963 . . .	73	50	23
December, 1962 . . .	72½	51	21½

Of the 53½ working on districts or attached to general practices, 49½ also acted as school health visitors.

Staff Sickness.

During the year 1,036 working days were lost through sickness among the health visiting staff (as compared with 740 days in 1965 and 325 in 1964) and 12 days compassionate leave were granted. In addition one health visitor was given (because of domestic reasons) six months' unpaid leave of absence. The large increase in working days lost through sickness is disquieting and is in part a reflection of the age distribution mentioned above, and in part perhaps an indication of excess work through numerous unfilled vacancies.

Health Visitors' Home Visits.

Despite the high sickness rate among staff the total number of home visits paid in 1966 has increased slightly: 145,427 as compared with 145,190 in 1965, which was higher than in any previous year.

The final follow-up visits to the homes of patients who had suffered from typhoid fever are not recorded in the above figures as the routine follow-up has been carried out latterly by a clinic nurse.

Ante-Natal Visits.

The number of ante-natal mothers referred to the health visiting staff for visits has again decreased from 3,280 in 1965 to 3,126 in 1966. The total number of visits to ante-natal mothers in 1966 was 9,686 as compared with 10,184 in 1965.

Visits to the Elderly.

The total number of home visits was 19,391 as compared with 18,883 in 1965, an increase of 508 visits. Of these 317 visits were at the request of general practitioners or hospital doctors. Additionally, 3,465 visits were paid to the elderly by health assistants, bringing the total number of visits paid to the elderly by health visitors and health assistants to 22,856.

VISITATION BY HEALTH VISITORS.

	No. of 1st Home Visits in 1966	Total Visits 1966	1965	1964	1963	1962
Expectant mothers . .	3,126	9,686	10,184	10,191	10,959	10,907
Children under 1 year . .	2,957	23,929	25,736	23,725	24,842	
Children 1 - 2 years . .	3,507	24,719	23,419	23,622	28,825	86,755
Children 2 - 5 years . .	9,865	41,334	39,769	38,764	38,779	
Cases of Tuberculosis . .	1,012	4,959	5,214	5,989	6,440	5,451
Elderly + Home Help Organisers' visits to the elderly	3,565	19,391	18,833	15,832	17,105	14,697
Other domestic help visits .	—	929	1,011	1,090	1,013	1,168
Mental Health care and after-care	796	4,525	5,062	4,525	3,538	—
Other hospital after-care .	923	4,588	4,042	3,654	3,304	—

Total Visits . . 134,060

It will be noted that the total visits enumerated in the table comes to 134,060, whereas the grand total of visits is stated elsewhere to be 145,427.

The difference is explained as follows:—

(a) Visits to the homes of school children, 8,368 in 1966, are not included (since they are mentioned in the Report of the School Health Service).

(b) 2,999 visits were paid in connection with infectious disease (apart from Typhoid follow-up), housing, nursery investigations, special problems, &c., and are not included in the table.

Liaison Services.

H.V./G.P. Attachment.

During 1966 there has been a further slight increase in the number of health visitors working with general practitioners. There are now thirteen full-time health visitors and one part-time officer attached to eleven general practices, and one other health visitor spends a session per week at the ante-natal clinic held in a group practice. In the latter part of 1966 further requests by general practitioners for health visitor attachment were made, but owing to the lack of available staff any expansion of such schemes is at present impossible.

Royal Hospital for Sick Children.

One health visitor continues to spend several hours each week visiting the Sick Children's Hospital. She acts as a liaison between the hospital ward sisters and the health visitors by interchange of information about children admitted and discharged from the hospital. Such information is important to the district health visitor if she is to encourage mothers to continue in the home the measures started in hospital.

The Aged in Hospital.

Similar liaison is carried out in respect of the after-care of the elderly discharged from Woodend Hospital. The Group Adviser's work with elderly citizens and the difficulties of rehabilitation is increasing rapidly and she is now assisted by a male health visiting officer and a part-time health visitor. The district health visitors find that their visits to the elderly in the community are increasing and are time consuming. In order to cover the wide variety of home visits, selection in visits is most essential and some of the more routine visits are delegated to health assistants under the supervision of the health visitors.

Diabetic After-care.

The scope of the work of the health visitor carrying out the after-care of diabetics continues to increase. Home visits are done on a more selective basis, where the need is greatest in teaching the rudiments of achieving good diabetic control. The routine follow-up of clinic defaulters continues and they are encouraged to continue clinic surveillance whereby control of diabetes is maintained effectively. In 1966 there were 1,618 home visits as compared with 1,616 in 1965.

Mental After-care.

During the year three after-care officers—two at Kingseat and one at the Ross Clinic—cared for a number of patients discharged from these Units. Requests for the after-care service were received from the Royal Cornhill 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 Cornhill Hospital.

Two other mental after-care officers and a health visitor carry out duties in connection with the follow-up of mentally handicapped persons over the age of 14 years.

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 1966 FOR MENTAL HEALTH CARE AND AFTER-CARE.

	No. of 1st Visits 1966	Total Visits 1966	Total Visits 1965	Total Visits 1964	Total Visits 1963
Mentally Ill . . .	279	2,123	2,089	2,127	1,619
Mental Handicap .	466	2,402	2,515	1,966	1,628
District H.V. visits to mentally ill . .	90	498	458	432	291
Total . .	835	5,023	5,062	4,525	3,538

One of the male health visitors carrying out after-care of the mentally handicapped left the Department in September, 1966, and has not yet been replaced.

Special Clinic—Woolmanhill.

As in previous years, follow-up visits by the specialist health visitor from this clinic were to patients who failed to keep their appointments.

The health visitor attends the clinic every Tuesday and, following discussion with the doctors, she visits the homes of clients in special need of advice.

School Health Service.

The employment of seven health assistants (S.E.N.'s) in December, 1965, to assist the health visitor in schools, has greatly improved the time and opportunity available for the health visitor to expand her health education programmes and projects in schools. In co-operation with the headmasters of the various schools more organised health teaching is being given to various age groups in the primary schools.

Unfortunately at present there are not enough male health visiting officers in the Department to attend all secondary schools in the City for the purpose of teaching boys different aspects of health in adolescence. At the moment one health education lecturer and two male health visiting officers carry out these duties in certain schools but the demand for their services is increasing considerably.

The School Health Service is, of course, discussed elsewhere in this report.

Refresher Courses and In-Service Training.

Twenty health visitors attended approved refresher courses arranged by the Scottish Health Visitors' Association, Royal College of Nursing, Central and Scottish Council for Health Education and the Mental Health Associations.

Lectures and discussions pertinent to health visiting took place for all health visitors at staff meetings during the year.

Visit to the Department of Overseas and other Post-Graduate Students.

Twelve 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 sectional heads of the Health and Welfare Department for general discussion. A number of these students were from overseas and the entire staff benefited from the exchange of ideas and knowledge of working conditions in other countries.

Field-work of student health visitors.

The field work instruction of student health visitors and student male health visiting officers is mentioned elsewhere.

Observation Visits by Medical, Nursing and Domestic Science Students.

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

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

Medical Students	77
Royal Infirmary Student Nurses	351
Sick Children's Hospital Student Nurses	19
Student District Nurses	6
Institute of Technology Students	6
House Parents Training Course Students	16
College of Domestic Science Students	35

The total—510 exclusive of overseas visitors and student health visitors—represents quite a load of work.

Because of the wider knowledge of school pupils concerning community services, several requests have been received from headmasters of secondary schools to allow senior girls to visit our clinics. The enthusiasm of these young schoolgirls in the work done at the clinic is refreshing and thoroughly enjoyed by the health visiting staff.

Students from the Pre-Nursing College continue to visit the clinics weekly during the school term. The purpose of their visit is not formal instruction but rather that they may assist the clinic attendant in care of children at Mothers' Clubs, &c. This allows them to meet the mothers and children and so gain an insight into functions of the clinic and remove in part their self-consciousness when speaking to different people.

7.—THE HEALTH VISITOR TRAINING SCHOOL— DEVELOPMENTS AND ACTIVITIES.

1965-66 was nationally the first year in which examination, syllabus, theoretical and fieldwork arrangements were based on the requirements of the Council for the Training of Health Visitors.

If one were to seek for a comparison between the building of a ship and Courses in health visiting, then 1964-1965 could be considered as the period from blue print to launching and 1965-1966 as the sea trials and testing on a maiden voyage. In fact the analogy is inaccurate for this City since the Aberdeen Health Visitor Training School had put into practice many of the requirements laid down by the Council for the Training of Health Visitors in advance of these being obligatory, and 1965 did not see an entirely new Course come off the stocks.

In particular the School has long been fortunate in being able to select the health visitors it would use as fieldwork teachers, and past students as well as those in the 1965-1966 Course have benefited from the close relationships that exist between the service side of health visiting in the Health and Welfare Department and the tutorial staff.

1965-1966, however, will be remembered for its new examination pattern which tested more stringently than ever before the results of the curriculum and fieldwork arrangements.

The new pattern of examination demands more specialised written papers, marked by an approved panel of internal examiners and the submission of four Family Studies and an original project or study by every student which forms the basis for the oral examination.

The Internal Examiners were as follows:—

Dr. William Brown, B.Sc., B.Ed.—Senior Lecturer, Department of Psychology, University of Aberdeen.

Miss Agnes Coleman, S.R.N., Diploma of Nursing, H.V., H.V. Tutor's Cert.—Health Visitor Tutor.

Miss Alice M. G. Hay, R.F.N., R.G.N., S.C.M., H.V., H.V. Tutor's Cert. —Principal Health Visitor Tutor.

Mr. James Kincaid, M.A., B.Sc.—Lecturer, Department of Sociology, University of Aberdeen.

Miss D. Joan Lamont, S.R.N., S.C.M., H.V., H.V. Tutor's Cert.— Director.

Miss Agnes W. Maxwell, R.F.N., R.G.N., S.C.M., H.V., H.V. Tutor's Cert.—Health Visitor Tutor.

Miss Madeline McIver, M.A., Ed.B.—Lecturer, Aberdeen College of Education.

Mr. Kenneth McKay, B.Sc., M.Ed.—Lecturer, Department of Psychology, Aberdeen University.

Dr. I. A. G. MacQueen, O.B.E., M.A., M.D., D.P.H.—Medical Officer of Health, and Lecturer in Social Medicine, University of Aberdeen.

Dr. Ian Richardson, J.P., M.D., Ph.D., F.R.C.P., D.P.H.—Senior Lecturer, Department of Social Medicine, University of Aberdeen.

Mr. Geoffrey Sharpe, M.A., Dip.Ed. (Edin.).—Lecturer, Department of Sociology, University of Aberdeen.

The appointed External Examiner was—

Miss Patricia E. O'Connell, S.R.N., H.V., H.V. Tutor's Cert.—Principal Health Visitor Tutor, School of Social Studies, Southampton University.

All twenty-five students were successful in the Final Examination and Distinctions were gained by Miss Dorothy J. Harris, Miss Betty A. Rollock, Miss Helen Alexander and Miss Margaret Graham.

Health Visiting Officers.

No decision has yet been reached by the Ministry of Health and the Scottish Department of Home and Health on the official recognition of health visiting officers as male health visitors. The four male students however followed the same syllabus of training and sat the same examination and were assessed by the same examiners.

The four successful candidates were awarded the certificate of the Aberdeen School.

Prizewinners.

At the completion of the Course the Prizegiving was held at Thorngrove and was attended by many lecturers and members of staff from various Departments of the Corporation and other institutions. The Fieldwork Instructors were also present.

The prizes were presented by Miss Elaine Wilkie, B.A., S.R.N., H.V. Tutor's Cert., Chief Professional Adviser to the Council for the Training of Health Visitors.

The Prizewinners were:—

(1) *City of Aberdeen Prize for the Best All Round Student of the Year*—
Miss Dorothy J. Harris, S.R.N., S.C.M.

(2) *Proxime Accessit*—
Miss Helen E. Alexander, R.G.N., S.C.M.

(3) *Tutors' Prize for Health Teaching*—
Miss Margaret Nelson, R.G.N., S.C.M., Q.N.

(4) *Baillie Violet Roberton Prize for Health Teaching*—
Miss Dorothy J. Harris.

(5) *Medical Officer of Health's Prize for Family Studies and Project*—
Miss Betty A. Rollock, S.R.N., S.C.M.

(6) *Special Prize for Family Studies and Projects*—
Miss Sandra Whatmough, S.R.N., S.C.M.

Distinctions in Health Teaching.

Miss Dorothy J. Harris.	Mr. Geoffrey Lomas.
Miss Margaret Nelson.	Mr. Leslie Roberts.
Miss Denise Laming.	Miss Betty Rollock.

Staffing.

The number of fieldwork instructors remained at the 1964-65 figure. The number of Health Visitor Tutors remained at four.

Other Training School Activities.

Secondment of Student Nurses began in September, 1965. After some initial difficulty over accommodation and equipment the Courses of one week for first year nurses and two weeks for more senior students ran smoothly at Balnagask Clubrooms. During the first few months Miss Coleman was assisted by Mrs. Abbot, Health Education Lecturer, but was later replaced by Miss Ann Aitken, Group Adviser. As had been envisaged programmes involved much discussion work and considerable variation of teaching method. Students of both groups worked at group projects which were of extremely high standard in presentation and content. Senior hospital and public health staff attended the presentation of group work. Students were seconded in groups of 23 - 30 and Course ran continuously for the Autumn and Spring Terms with a break in the Summer Term. From January to December 351 nurses were involved.

Extra-Mural Activities.

Health Visitor Tutors continued to serve on relevant Professional Committees. Miss Hay was appointed a member of the General Nursing Council for Scotland in September, 1965. Miss Lamont continued as a member of the Council for the Training of Health Visitors and Chairman of the Scottish Advisory Committee to the Council. Miss Maxwell attended the Fieldwork Instructors' Course at St. Andrews in March, 1966, as one of the resident Tutors.

Miss Lamont presented a paper at the Royal Society of Health Congress in Blackpool on the Training of the Male Health Visitor and the discussion was opened by Mr. E. McMillan, Health Visiting Officer, a former student of the School and now specialising in Health Education.

Visitors to the School.

Professional discussions offer two-way benefits. During the year the Health Visitor Training School staff discussed problems and trends of mutual interest with visitors from Burma and India, the United States of America and Greece, South Africa and France, and were accordingly enriched. The Royal College of Nursing also placed a Health Visitor Tutor Student at the School for experience in teaching and administration.

8.—DOMICILIARY MIDWIFERY.

Sixty-six women were confined at home during 1966 which shows a marked decrease from 130 in 1965. Other 8 women were confined at home but no arrangements were made for home confinement. These were transferred to hospital. 30 cases for whom arrangements were made for home confinement and who had either part or all of their ante-natal care from their general practitioners and domiciliary midwives were transferred to hospital for delivery.

Maternity nursing by the domiciliary midwives was less than in 1965. 281 women as compared with 308 in 1965 confined in hospital, were discharged home to the care of the domiciliary midwives either on the day of delivery, or at a time up to and including the 4th day following delivery. Medical aid was requested by the midwives in 15 cases. Only 1 baby born at home weighed 5 lb. 8 ozs. or less. This baby was transferred to hospital and lived. Trilene Analgesia was used for 37 cases delivered at home. The use of Trilene will be discontinued. Pethedine was used for 21 cases delivered at home. In July, one Entonox apparatus was put in use, and in September, a second apparatus was acquired. Since July, 12 cases have had Entonox (50% Nitrous Oxide, 50% Oxygen) analgesia. This is proving very satisfactory to both mothers and midwives.

All domiciliary midwives continue to work in the local authority ante-natal clinics.

All municipal midwives were again recognised as approved teachers of pupil midwives.

All municipal midwives continue to help in the teaching of general nurse students during their obstetric course by instructing them on district midwifery for one day to each student nurse.

Staff.

(a) Corporation—1 Supervisor, 7 Midwives.

During 1966 1 midwife retired after working as a municipal midwife in Aberdeen from 1946. Another resigned because of pregnancy.

(b) Allocated from Regional Hospital Board—1 midwife.

(c) Other practising midwives—1 private, 75 in hospital.

Midwifery Districts.

The City is now divided into 8 districts. Part II pupil midwives continue to be trained in all aspects of domiciliary midwifery. Because of the continued decrease in the number of women confined at home the satisfactory training of pupil midwives in district work is becoming extremely difficult.

TOTAL NUMBER OF BIRTHS OCCURRING AT HOME.

Live=74 Still=0 Total=74

TOTAL DELIVERIES AT HOME.

	Doctor Engaged	No Doctor Engaged	Total
Municipal Midwives . . .	58	3	61
Hospital Midwives (on District) .	5	—	5
Private Practising Midwives . .	—	—	—
No Midwife Engaged . . .	—	8	8
Total	63	11	74

Transport.

During the year 5 midwives received mileage allowance for their cars.

Refresher Course for Midwives.

1 Midwife attended a refresher course in Edinburgh, October, 8th-15th.

9.—HOME NURSING.

Features of the Year.

(1) This year the numbers of patients under the age of 65 years visited by the Day Nursing Service increased, a total of 1,630 in 1966 as compared with 1,574 in 1965: the rise, although slight, is interesting because the total has hitherto fallen year by year.

(2) The number of elderly patients visited by the Day Nursing Service increased slightly, to a total of 2,532 in 1966 as compared with 2,413 in 1965.

(3) The total number of visits decreased from 117,947 in 1965 to 117,349 in 1966, i.e. a decrease of 598 visits from last year's figures.

Day Service.

In 1966 there was an increase of 56 patients under 65 years of age, and an increase of 119 patients over 65 years requiring nursing care. This is a total increase of 175 patients, but despite this, the number of visits has decreased by 598.

There was very little change in the overall pattern of visitation except for a decrease of 3,000 visits to patients suffering from cardiac disease, and an increase of over 4,000 visits to patients suffering from anaemia, a number of whom were referred from ante-natal and post-natal clinics for iron injection therapy.

The number of patients suffering from cancer remained almost unchanged, but there was a slight rise in the over 65 age group.

Night Service.

There was an increase of 51 patients (13 under and 38 over 65 years); visits were also increased by 170.

There were no spectacular changes in the night nursing service and as usual the majority of cases were referred by general practitioners.

District Nurse/G.P. Co-operation.

In response to requests from general practitioners, it was decided in July to attach two full-time and one part-time district nursing sisters to an eight-doctor group practice. This venture proved very successful, and in December further attachments were made. There are now five whole-time and two part-time nursing sisters attached to group practices. Medical and nursing staffs favour this scheme because of the advantages of better communication and co-operation.

The Staff of the District Nursing Association.

At the end of 1966, the staff on day duty was as follows:—

1 Superintendent.
1 Assistant Superintendent.
29 Full-time R.G.N. or S.R.N.
1 Full-time male R.G.N.
8 Part-time R.G.N. or S.R.N.
2 Full-time S.E.N.
2 Part-time nursing auxiliaries.

The staff on night duty was:—

6 Part-time R.G.N. or S.R.N.

2 Part-time S.E.N.

2 Part-time nursing auxiliaries.

Training.

Six nurses (including one male nurse) completed the district nurse training course in 1966.

Five members of staff attended refresher courses in Glasgow and Edinburgh.

The Marie Curie Memorial Foundation (Nursing Service).

This service for nursing cancer patients in their own homes has been working satisfactorily since November, 1964, and at present there are 8 Marie Curie Nurses 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 year 126 patients had been recommended for nursing care and of these 93 died; 6 were convalescent; 19 were transferred to hospital; and 8 continue at 31st December, 1966, to be nursed at home.

Number of Patients and Visits.

NUMBER OF PATIENTS AND VISITS.

	1962	1963	1964	1965	1966
DAY NURSING SERVICE					
Patients under 65 yrs.	1,221	1,800	1,737	1,574	1,630
Patients over 65 yrs.	2,619	2,323	2,384	2,413	2,532
Total Patients . .	3,840	4,123	4,121	3,987	4,162
Total Visits . .	104,012	113,107	115,673	117,947	117,349
NIGHT NURSING SERVICE					
Patients under 65 yrs	76	62	18	19	32
Patients over 65 yrs.	225	262	209	178	216
Total Patients . .	301	324	227	197	248
Total Visits . .	3,046	3,034	2,633	2,742	2,912

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.
bdominal .	261	315	576	4,399	5,362	9,761	314	262	441	52	13	70
ccidents . .	49	164	213	1,310	3,471	4,781	70	143	127	32	11	43
mputations .	10	16	26	290	1,424	1,714	6	20	4	7	1	14
næmia . .	73	588	661	1,006	10,788	11,794	290	371	288	66	21	286
ncer . .	163	202	365	4,510	7,023	11,533	155	210	84	70	136	57
rdiac . .	162	258	420	4,303	9,966	14,269	80	340	103	99	76	142
rebral Hæm. .	123	253	376	5,081	10,533	15,614	46	330	67	102	71	136
abetes . .	13	53	66	1,274	6,147	7,421	16	50	23	13	5	25
ynæcological & Obstetrical .	—	70	70	—	992	992	56	14	57	3	—	10
iscellaneous .	138	302	440	2,000	5,231	7,231	252	188	325	67	6	60
ervous . .	59	120	179	2,493	5,586	8,079	99	80	70	33	10	66
espiratory .	154	230	384	2,554	4,080	6,634	147	237	255	48	29	52
heumatism .	21	162	183	951	8,540	9,491	39	144	51	38	14	80
nility . .	6	33	39	241	1,214	1,455	—	39	3	9	7	20
aricose Ulcers	23	109	132	749	4,395	5,144	37	95	75	17	2	38
iberculosis .	16	16	32	579	857	1,436	23	9	18	4	1	9
Total .	1,271	2,891	4,162	31,740	85,609	117.349	1,630	2,532	1,991	660	403	1,108

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	Continuing at 31st Dec.
bdominal . .	6	9	15	111	426	537	2	13	6	1	—	7	1
ccidents . .	3	6	9	9	26	35	—	9	3	2	—	4	—
ncer . .	—	1	1	—	10	10	1	—	—	—	—	1	—
rdiac . .	22	48	70	210	542	752	7	63	22	13	—	29	3
rebral Hæm .	24	44	68	184	507	691	3	65	20	10	—	32	3
iscellaneous .	6	9	15	58	56	114	—	15	11	5	—	4	1
ervous . .	10	10	20	128	230	358	14	6	4	7	—	7	2
espiratory .	13	14	27	166	54	220	4	23	16	5	—	5	1
heumatism .	2	8	10	5	124	129	—	10	3	2	—	4	1
nility . .	1	7	8	2	44	46	—	8	3	3	—	2	—
iabetes . .	1	3	4	7	12	19	—	4	1	1	—	2	—
ynæcological .	—	1	1	—	1	1	1	—	1	—	—	—	—
Total . .	88	160	248	880	2,032	2,912	32	216	90	49	—	97	12
rie Curie Scheme	56	70	126	645	851	1,496	55	71	6	19	—	93	8

10.—CONTROL OF INFECTIOUS DISEASES.

Features of the Year.

(1) The total of all infectious diseases notified dropped to 258—the lowest figure ever recorded in the City—as compared with 431 in 1965; 587 in 1964; 469 in 1963; and over 2,000 fourteen years ago.

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

(3) There were substantial decreases in the prevalence of dysentery—140 cases—and whooping cough—2 cases.

(4) There were increases in notifications of acute influenzal pneumonia—17 cases—and acute primary pneumonia—29 cases.

(5) There were slight decreases in notifications of infective jaundice—9 cases—and scarlet fever—24 cases.

(6) There was a slight increase in notifications of food poisoning—12 cases.

(7) For the fourth successive year, there were no cases of poliomyelitis. Vaccination against this disease is dealt with elsewhere in this report.

The following table shows the prevalence of infectious diseases during the year.

	No. of Cases			
	1966	1965	Increase	Decrease
Cerebro-Spinal Fever	1	1	—	—
Chickenpox	—	1	—	1
Diphtheria	—	—	—	—
Dysentery	140	273	—	133
Erysipelas	3	2	1	—
Infective Jaundice	9	12	—	3
Malaria	—	1	—	1
Ophthalmia Neonatorum	—	—	—	—
Acute Influenzal Pneumonia	17	5	12	—
Acute Primary Pneumonia	29	24	5	—
Poliomyelitis	—	—	—	—
Puerperal Fever	—	—	—	—
Puerperal Pyrexia	—	1	—	1
Scarlet Fever	24	29	—	5
Paratyphoid Fever	2	—	2	—
Typhoid Fever	—	—	—	—
Whooping Cough	2	26	—	24
Food Poisoning	12	8	4	—

Cerebro-spinal Fever.

One case was notified in 1966 as compared with one in 1965; two in 1964; two in 1963; six in 1962; and three in 1961. There were no deaths in 1966.

Chickenpox.

In 1966 no cases of chickenpox 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 and none has been reported since 1957.

Diphtheria.

For the 11th successive year, no cases were notified. A tabular statement of cases and deaths in recent years may be of interest.

Year	Cases	Deaths
1966 . . .	0	0
1961-1965 . .	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, 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.

Dysentery.

In 1966 140 cases were notified as compared with 273 cases in 1965; 2 in 1964; 164 in 1963; 116 in 1962; and 26 in 1961. There were no deaths in 1966.

Encephalitis Lethargica.

No cases were notified in 1966. The last cases reported in the City were one in 1961 and two in 1960.

Erysipelas.

There were three cases of erysipelas in 1966 as compared with two in 1965; nine in 1964; one in 1963; seven in 1962; and 15 in 1961. It is interesting to recall that twenty-five years ago the annual number of cases normally exceeded one hundred.

Infective Jaundice.

In 1966 9 cases were notified as compared with 12 in 1965; 35 in 1964; 31 in 1963; 18 in 1962; and 24 in 1961.

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 being notified. 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 yet been reported in this area.

Malaria.

In 1966 no cases were notified. The only cases reported in the past seven years occurred in 1965 and 1960.

Measles.

19 cases were notified in 1966; but, like chickenpox, measles is not compulsorily notifiable.

Ophthalmia Neonatorum.

No cases were notified in 1966. One case was notified in 1964, one in 1959 and one in 1958; these were the only cases reported in the last thirteen 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.

17 cases were notified in 1966 as compared with 5 cases in 1965; 1 case in 1964; 11 in 1963; 1 in 1962; 16 in 1961; and 4 in 1960. There were 12 deaths from influenzal pneumonia in 1966; none in 1965; none in 1964; 6 in 1963; none in 1962; and 7 in 1961.

Pneumonia, Acute Primary.

There were 29 cases and 3 deaths in 1966 as compared with 24 cases and 7 deaths in 1965; 49 cases and 5 deaths in 1964; 52 cases and 12 deaths in 1963; 62 cases and 7 deaths in 1962; and 114 cases and 11 deaths in 1961.

During the ten years 1956 - 1965 the annual average number of cases was 140 and the annual average number of deaths was 16. Of the 29 cases in 1966, 8 or 28 per cent. received institutional treatment.

Poliomyelitis.

No case was notified in 1966. The only cases notified in the last six years were three in 1962. There has been one death—in 1958—from this disease in the last twelve years.

Vaccination against poliomyelitis is mentioned elsewhere in this report.

Puerperal Fever and Puerperal Pyrexia.

In 1966 no cases of puerperal fever were notified as compared with none in 1965; 2 in 1964; 1 in 1963; none in 1962 and 1961.

There was one death in 1959.

No cases of puerperal pyrexia were notified in 1966 as compared with 1 in 1965; none in 1964; 4 in 1963; none in 1962; and 3 in 1961.

Scarlet Fever.

In 1966, 24 cases of Scarlet Fever were notified as compared with 29 cases in 1965; 14 cases in 1964; 4 cases in 1963; 10 in 1962; 13 in 1961; and an annual average of 37 in the decennium 1956-65.

There were no deaths for the eighteenth consecutive year.

Smallpox.

Aberdeen has remained free from smallpox since 1930.

Analysis of vaccinations carried out in 1966 is given elsewhere.

Typhoid and Paratyphoid Fevers.

No cases of Typhoid Fever were notified in 1966.

During the Typhoid Fever Outbreak of 1964, 419 cases were notified; there was one death.

Two cases of Paratyphoid B were notified in 1966, none in 1965, two in 1964, two in 1963, one in 1962 and none in 1961, 1960 and 1959. In 1958 there was an outbreak of Paratyphoid B and 25 cases were notified.

Whooping Cough.

Two cases of whooping cough were notified in 1966 as compared with 26 cases in 1965; 22 in 1964; 43 in 1963; 36 in 1962; and 42 in 1961. No deaths occurred in the last 11 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.

In 1966 12 cases were reported as compared with 8 in 1965; 13 in 1964; 5 in 1963; 6 in 1962; and 29 in 1961.

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 1956 to 1966.

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 1966.

Disease.		1966. Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Whole Year.
Cerebro-spinal Fever	Cases	—	1	—	—	—	—	—	—	—	—	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
*Chickenpox	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	Cases	56	37	26	1	9	1	—	2	—	1	3	4	140
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases	1	—	—	1	—	—	—	—	—	—	1	—	3
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute Infective	Cases	—	1	—	—	—	1	4	3	—	—	—	—	9
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Leprosy	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
*Measles	Cases	—	2	—	—	2	—	2	5	—	2	—	6	19
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia Acute Influenzal	Cases	—	10	5	—	—	—	—	1	—	1	—	—	17
	Deaths	—	*5*	*7*	—	—	—	—	—	—	—	—	—	*12*
Pneumonia, Acute Primary	Cases	7	7	1	2	5	3	2	—	—	—	—	2	29
	Deaths	—	*1*	—	*1*	—	—	*1*	—	—	—	—	—	*3*
Poliomyelitis, Acute	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	Cases	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	Cases	9	1	4	1	—	4	—	2	—	—	2	1	24
	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	1	—	—	—	—	—	—	—	—	—	1	—	2
	Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	Cases	—	2	—	—	—	—	—	4	2	4	—	—	12
Total	Cases	74	61	37	5	17	9	8	17	2	8	7	13	258
	Deaths	—	*6*	*7*	*1*	—	—	*1*	—	—	—	—	—	*15*
Influenza, excl. Influenzal Pneumonia	*Deaths*	—	*4*	*1*	—	—	—	—	—	—	—	—	—	*5*

*Not Compulsorily Notifiable.

TABLE II.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) DURING 1966.

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	1	—	—	1	—	—	—	—	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—		—	—	—	—	—	—	—	—	—
Cholera	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Dysentery	Cases	140	5	39	39	18	14	12	10	3	9	131
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—		—	—	—	—	—	—	—	—	—
Erysipelas	Cases	3	—	—	—	1	—	—	1	1	—	3
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute Infective	Cases	9	—	2	4	1	1	1	—	—	4	5
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Leprosy	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Malaria	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Measles	Cases	19	—	10	9	—	—	—	—	—	—	19
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	Cases	—	—	—	—	—	—	—	—	—	—	—
Plague	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	Cases	17	—	—	—	—	1	—	6	10	4	13
	Deaths	*12*	—	—	—	—	—	—	*4*	*8*	*4*	*8*
Pneumonia, Acute Primary	Cases	29	4	2	3	1	—	2	7	10	8	21
	Deaths	*3*	*1*	—	—	—	—	—	*1*	*1*	*3*	—
Poliomyelitis, Acute	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	Cases	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	Cases	24	—	10	13	—	—	—	1	—	—	24
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Smallpox	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid A	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—		—	—	—	—	—	—	—	—
Paratyphoid B	Cases	2	—	—	—	—	—	—	—	2	—	2
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	Cases	2	1	1	—	—	—	—	—	—	1	1
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	Cases	12	—	2	4	3	2	—	1	—	1	11
Total	Cases	258	10	66	73	24	18	15	26	26	27	231
	Deaths	*15*	*1*	—	—	—	—	—	*5*	*9*	*7*	*8*

TABLE III.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES, INCLUDING TUBERCULOSIS, DURING EACH YEAR FROM 1956 TO 1966.

Disease.		1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	ANNUAL AVERAGE 1956 to 1965.
Cerebro-Spinal Fever	Cases	1	1	2	2	6	3	3	5	9	5	4	4·0
	Deaths	*0*	*0*	*0*	*0*	*2*	*0*	*2*	*1*	*0*	*0*	*0*	*0·5*
Chickenpox	Cases	0	1	3	2	6	5	0	0	8	7	8	4·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Continued Fever (Undulant)	Cases	0	0	0	0	0	0	0	0	0	1	0	0·1
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Diphtheria	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*
Dysentery	Cases	140	273	2	164	116	26	186	57	41	328	100	129·3
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0·1*
Encephalitis Lethargica	Cases	0	0	0	0	0	1	2	0	0	0	0	0·3
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0·1*
Erysipelas	Cases	3	2	9	1	7	15	11	14	12	18	22	11·1
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0·1*
Infective Jaundice Acute	Cases	9	12	35	31	18	24	16	8	0	0	0	14·4
	Deaths	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·1*
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	1	0	0	0	0	1	2	3	0	1	0·8
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0·1*
Measles	Cases	19	48	14	147	52	57	38	39	0	64	53	51·2
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*1*	*0*	*0·2*
Ophth. Neonatorum	Cases	0	0	1	0	0	0	0	1	1	0	0	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	17	5	1	11	1	16	4	152	2	169	17	37·8
	Deaths	*12*	*0*	*0*	*6*	*0*	*7*	*0*	*11*	*1*	*12*	*4*	*4·1*
Pneumonia, Acute Primary	Cases	29	24	49	52	62	114	181	236	241	221	217	139·7
	Deaths	*3*	*7*	*5*	*12*	*7*	*11*	*16*	*54*	*15*	*20*	*12*	*15·9*
Poliomyelitis, Acute	Cases	0	0	0	0	3	0	0	1	10	5	5	2·4
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0·1*
Puerperal Fever	Cases	0	0	2	1	0	0	0	3	7	9	8	3·0
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0·1*
Puerperal Pyrexia	Cases	0	1	0	4	0	3	0	0	0	2	2	1·2
Scarlet Fever	Cases	24	29	14	4	10	13	38	84	88	42	44	36·6
	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	63	58	48	48	68	86	89	118	99	318	205	113·7
	Deaths	*3*	*6*	*1*	*7*	*4*	*9*	*9*	*12*	*13*	*10*	*18*	*8·9*
Tuberculosis, Non-Respiratory	Cases	13	9	12	14	14	10	12	15	22	20	15	14·3
	Deaths	*1*	*1*	*1*	*2*	*1*	*2*	*0*	*2*	*1*	*2*	*0*	*1·2*
Typhoid and Para-typhoid Fevers	Cases	2	0	420	2	1	0	0	0	25	0	4	45·2
	Deaths	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·1*
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	2	26	22	43	36	42	10	31	234	28	9	48·1
	Deaths	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0·0*
Influenza, excl. Influenzal Pneumonia	*Deaths*	*5*	*0*	*2*	*0*	*2*	*2*	*0*	*2*	*0*	*6*	*0*	*1·4*

11.—MENTAL HEALTH SERVICES.

Features of the Year.

(1) In December the Corporation's long-planned first Senior Occupation and Training Centre for 60 mentally handicapped adults was opened. The Centre is run on a three-tier system—that is, occupation and social training for the more severely handicapped; simple employment within the Centre and social training for medium grade handicapped persons; and training for employment in the community for the few high-grade mentally handicapped persons who qualify for such training.

(2) Development of Mental Health Services has been plagued for some years by shortage of staff and this problem loomed large again during the year as described elsewhere in this Report.

(3) At the end of the year advanced planning was in hand for the following:—

(i) A second Senior Occupation Centre which is urgently needed now for those who require admission to Senior Occupation and Training Centre facilities and who could not be accommodated in the first Centre at Park House. As anticipated, the long-overdue commencement of Centre facilities has created a strong demand from those who have cared for the adult mentally handicapped at home for many years.

(ii) A Day Care Centre for 36 ineducable and untrainable persons between the ages of 2 and 16 years. This service perhaps even more urgently needed than (i), will replace very limited part-time accommodation at the Queen's Cross Day Centre which is run by a voluntary organisation with a grant from the Corporation. The premises where the Queen's Cross Day Centre functions are unsatisfactory for the purpose and it is at present impossible to give attenders more than 2 half-day sessions each per week in the Centre. The Day Care Centre will be sited in an adapted, modern wing of Pitfodels Residential Nursery. This provision will greatly help a group of parents who, though relatively small in number, have to cope with children who are, in many cases, very severely handicapped.

(iii) On the whole the adult mentally handicapped who are discharged from hospital are best rehabilitated via the hospital night hostel facilities run by the Regional Hospital Board at Wellwood. For those mentally handicapped adults in the community whose social and home conditions change (e.g. by death or marriage of relatives) placement in a Local Authority Hostel for adult employable mentally handicapped persons—albeit after a short period of hospital training—would be preferable. For this purpose, for selected cases attending the Senior Occupation and Training Centre and for a number of handicapped children in the care of the Children's Officer, a Local Authority Hostel for adult handicapped persons will, as mentioned in previous Reports, soon be required. This facility can be quite simply provided by the purchase of a large family house, which may

be run by a small resident staff. A sick-room or emergency room could provide holiday accommodation for a number of the adult handicapped in the community, to give temporary respite to relatives who look after them at home. Residents who work in the community might be charged appropriate fees for accommodation in the Hostel.

The Corporation have built up an excellent care and after-care service for the mentally handicapped and their work and advice is now beginning to be backed up by increasing Health and Welfare Services for the Mentally handicapped. Many of these points have, of course, been mentioned in previous Annual Reports; and it is necessary once more to mention the need for the provision of an old people's home especially for elderly mentally infirm persons.

THE SERVICES.

Introduction:—

It is important to take into account—in addition to Corporation provisions—hospital and voluntary provisions which have grown in Aberdeen during the past few years. These, however, have been described in previous reports.

(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 sought to appoint any psychiatric social workers, because experience has shown that the specialist health visitor who has undergone an advanced seven-month course at Glasgow University is the most suitable worker in the Local Authority field for this type of work. These highly qualified professional workers (with nursing, midwifery, health visiting and mental training) are termed mental after-care officers. Male health visiting officers who underwent mental nursing training before becoming health visiting officers have also proved to be very valuable workers in the mental health field.

(c) *Mental After-Care Officers.*—5 Mental After-Care Officers are employed at present, and one health visitor also specialises in the Mental Health field, giving a total of 6 expert qualified staff. 2 of these workers are based full-time at Kingseat Hospital; 3 of them deal largely with the after-care of mentally handicapped

adolescents; 2 work part-time from Kingseat Hospital; and 1 mental after-care officer works full-time from the Ross Clinic on the care and after-care of mental out-patients, devoting a proportion of her time to Aberdeen cases discharged from the Royal Cornhill Hospital. 1 of the after-care officers visits Woodlands Hospital for purposes of liaison with the Regional Hospital Board service for the severely mentally handicapped. At present, there is one vacancy for one specialist health visitor in the mental health division.

(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. The promotion of mental health has, of course, been part of the health visitors' task for many years and this has been fully taken into account in the post basic professional education of student health visitors. Much valuable health and mental health promotive work continues to be carried out in the community care of the young and the old by district health visitors.

(e) *Other Mental Health Workers.*—As mentioned above one male health visiting officer is employed full-time on mental health duties.

(f) *Mental Health Officers.*—5 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.*—A Manager and a Deputy Manager, both suitably qualified, were employed during the year to supervise the first Senior Occupation and Training Centre.

(3) Co-ordination.

Co-ordination at field and policy level is satisfactory and constantly undergoes review and improvement.

(4) Duties delegated to Voluntary Associations.

No duties in relation to mental cases have been delegated to any voluntary associations, although the Corporation do in fact contribute financially to several voluntary and hospital causes which provide mental health services.

(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.

(6) Senior Occupation and Training Centres.

Although the first Senior Occupation and Training Centre was opened at the end of 1966, there is a very urgent need for a second Centre, as noted in previous Annual Reports. When these two Centres have been provided the provision will still fall below the Home and Health Department recommendation of 150 places per 100,000 total population but a third Centre has been mentioned in connection with future Corporation planning.

(7) Day Care Centres.

The Queen's Cross Day Care Centre which is provided by a local voluntary association has partially met the need for the care of ineducable and untrainable children in the City. The Corporation has contributed towards the cost of running this venture and plans for replacement of the voluntary provision by a Departmental Day Care Centre have already been mentioned.

(8) Residential Accommodation for the Elderly Mentally Infirm.

There is (as noted in previous reports) a need for the provision of an Old People's Home especially for elderly persons who are mentally infirm or who are confused—those who need a fair amount of care and supervision but who neither require nor would benefit from admission to a mental hospital. Segregation of such cases is necessary because of the upset which they cause to other residents in old people's homes; because of the necessary increase in staffing required to cope with such individuals; and because of the need for increased security measures to prevent wandering.

Consideration might be given by the Corporation to the allocation of one of the proposed future old people's homes for this purpose.

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.*

Education for mental health has for years constituted a considerable part of the Department's health education work. 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 or potential causes of disturbances before they actually arise.

The unique importance of the preventive and social role of the family health visitor (a medico-social worker with nursing background and social and preventive training, 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 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 work in value is group discussion. However, these matters are considered elsewhere.

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

Physical strain on parents is frequently relieved by the admission of young children to day or residential nurseries. Health visitors give much useful advice and guidance on family budgeting and on general domestic problems; and there is good liaison with the Ministry of Social Security and with various voluntary societies.

Another factor of assistance to families in situations of abnormal strain is the existence of a Joint Co-ordinating Committee to consider children neglected in their own homes. The work of this Committee is described elsewhere in this Report. Quite equally important are periodic Case Conferences of field workers—mentioned in the section on prevention of broken homes. For multi-problem families the Department uses a senior social worker.

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

After leaving hospital, ex-patients are visited by mental after-care officers. During 1966 some 5,023 visits were made to mentally ill and mentally handicapped persons by staff engaged on mental health duties. Of the 5,023 home visits made (5,062 visits in 1965), 1,445 visits were at the request of the hospital services or the patients' general practitioners. 498 of the visits were made by field health visitors.

Mental after-care officers had case loads of 156 mentally ill persons and 411 mentally handicapped persons—a total case load of 567 persons.

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

During the year 13 periodic statutory reviews were carried out on patients subject to guardianship under the 1960 legislation, and also two special reviews on patients approaching the age of 25 years.

All patients under guardianship are visited in accordance with the Mental Health (Guardianship) (Scotland) Regulations, 1962.

A pleasing feature of 1966 was the arranging of a holiday period for one patient in a recently opened Home at Alyth, Perthshire, which can accommodate mentally handicapped adults. This facility will be continued and expanded in 1967.

By the end of the year the Register of Mentally Handicapped persons contained 514 names. An article on this subject was published in "The Medical Officer" of 28th October, 1966 (page 239), by Dr. Wallace, Principal Assistant Medical Officer.

(c) *Early detection of Mental Handicap.*

Excellent co-operation between general practitioners and health visitors makes it difficult to say from which of these officers the identification of handicap more often arises. Where there is any suspicion of such handicap both local health authority and hospital clinic facilities are available for fuller investigation.

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

(i) 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; liaison with general 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 proper care and supervision of hospital patients boarded out under guardianship or leave of absence from hospital.

The number of Mental cases dealt with during 1966 in terms of the Mental Health (Scotland) Act, 1960 was:—

	Males	Females	Total
Recommended Cases where a Mental Health Officer had to act in the absence of, or on behalf of relatives	10	11	21
Recommended Cases where a Mental Health Officer had to assist relatives with the application to the Sheriff	19	26	45
	29	37	66

In addition many types of assistance have been given by the Mental Health Officers to Physician Superintendents, Consultant Psychiatrists and relatives of patients.

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, 1966 . .	9	4	13
Number of patients under guardianship as at 31st December, 1966:—			
In the City	10	3	13
In the County	8	3	11

12.—HOME AND ROAD SAFETY.

A study (relating to the autumn of 1965 but completed in 1966) showed that —perhaps in consequence of deflection of effort to typhoid control and typhoid follow-up and perhaps in consequence of shortage of health visitors, the incidence of home accidents—previously spectacularly reduced in Aberdeen—had risen greatly; and break-down of the figures showed a considerable increase in the incidence of accidents in the elderly (rising population without concomitant rise in staff), in ordinary adults, a slight increase in the incidence in pre-school children and a fall in the incidence in school pupils (possibly related to the development of health education in schools).

A third edition of the Home and Road Safety Handbook—completely re-written—was issued during 1966, and accident hazards were given considerable attention in parents' health clubs and in health education in schools by health visitors and male health visiting officers. Owing to shortage of staff, however, no particular attempt was made to invite the attention of family health visitors to accident prevention, because senior members of staff reluctantly found it necessary to allocate lower priority to safety work than to certain other items.

13.—PREVENTION OF BREAK-UP OF FAMILIES.

Many portions of the public health services, both preventive and supportive, help to prevent the break-up of families, and only certain specific matters relating to multi-problem families are here discussed.

The Co-ordinating Committee on Neglected Children continued to function as before, providing a forum for inter-departmental discussion by administrators on matters of policy. The Case Conferences on the other hand function at field-work level and bring together the various workers (again from various departments and services) immediately concerned with the individual cases under review.

The Co-ordinating Committee met on 2 occasions, a sharp decline from 1965.

Case Conferences were held on 31 occasions, with 63 separate discussions on the problems of 29 different families (comprising 16 cases under review from last year, 2 cases previously referred to the Co-ordinating Committee and 11 new cases). In the course of the year 7 cases were closed—these included 1 completely successful, 3 substantially improved, 2 with definite but slight improvement and 1 case where the children were taken into care. By the end of the year one case requiring policy decision had been referred to the Co-ordinating Committee and another case was still under discussion there, while the remaining 20 cases were under review at Case Conference level.

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.

14.—DOMESTIC HELP SERVICE.

Features of the Year.

(1) Miss Elizabeth Brown, the senior Home Help Organiser, retired in July, 1966, thus breaking a connection back to the very early days of the service. She had taken over from Mrs. Kemp, the second Home Help Organiser, in 1952. It is interesting to reflect that since then the total number of home helps actually employed, whether whole-time or part-time, has risen from 75 to 408, while the number of households given assistance during the year has almost trebled from 807 in 1952 to 2,369 in 1966.

(2) The year 1966 witnessed a general continuation of recent trends. There was again an increase, indeed quite a sharp rise, in the number of elderly persons requiring the assistance of Corporation home helps. The total of all cases other than the elderly remained about the same, a small increase in the number of cases of long-term illness under 65 years of age being offset by a fall in the number of maternity cases.

(3) In figures, these changes produced a new record total of 2,369 households assisted in the course of the year, and of these 1,825 (77%) were households with elderly persons. Further details will be found in the Table at the end of this Section.

(4) The establishment of home helps (which had been raised in two stages during the previous year) remained unchanged in 1966 at the equivalent of 245 full-time helps.

(5) The number of visits paid to households in connection with arranging and supervising the service was 2,513 by the two Home Help Organisers, 5,288 by the three Home Help Supervisors and 274 by District Health Visitors. With a view to promoting economies in the use of the service the system of visiting was changed during the year; hence, these figures are not strictly comparable with those for previous years.

(6) The informal list of persons available for work as private domestic helps was maintained by the Organisers, and still proves useful. During 1966 the names of 54 private helps were supplied to applicants under this scheme.

Number 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 .	1966	1965	1964	1963	1962	1961	1960
Whole-time	58	50	50	52	61	62	63
Part-time	350	350	310	300	259	251	233

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

Year .	1966	1965	1964	1963	1962	1961	1960
(1) Maternity Cases	66	108	92	114	119	127	130
(2) Long-term illness (under 65) .	203	182	167	149	133	106	125
(3) Short-term illness (under 65) .	275	262	270	264	280	347	357
Total of (1), (2) and (3) . . .	544	552	529	527	532	580	612
(4) Infirm and Elderly . . .	1,825	1,655	1,586	1,534	1,440	1,346	1,234
Grand Total	2,369	2,207	2,115	2,061	1,972	1,926	1,846

No sitter-in service has been established by the Corporation. Limited facilities for selected cases are however available through the Marie Curie Memorial Foundation.

15.—NURSERIES AND CHILD-MINDERS REGULATIONS ACT.

The Nurseries and Child-Minders Regulations Act, 1948, empowers local authorities to supervise (i) nurseries where children up to school age are looked after for a substantial part of the 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.

Thirteen private nurseries were registered at the end of last year and this year a further seven applications were granted although at the end of the year only seventeen nurseries were in operation. This fall is to be regretted as the nurseries make suitable provision for part of a day for groups of 10-30 children. There has been an increasing number of enquiries at the Health and Welfare Department about the availability of similar centres under the Corporation. No such provision is yet made and the demand from married students in training or at post-graduate level is likely to increase as more married women prepare themselves for whole-time or part-time employment in later years.

16.—NURSING HOMES REGISTRATION ACT.

There were no applications for registration during the year.

17.—PHYSIOTHERAPY SERVICE.

The domiciliary physiotherapy service (started in 1964) has been found to meet a need. The majority of cases are seen once a week.

Carried forward from 1965 . . .	18
New Patients—1966	51
No. of treatments	994
Patients discharged	19

The Clinic for pre-school children suffering from flat feet was well attended.

Carried forward from 1965 . . .	2
New Patients—1966	11
No. of treatments	71
Patients discharged	5

Categories of Patients—

Hemiplegias	24
Osteoarthritis	6
Disseminated Sclerosis	4
Parkinson's Disease	2
Spastic	4
Osteotomy	2
Miscellaneous	9

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

As in previous years this chapter is divided into two portions, dealing respectively with tuberculosis and other diseases.

(A) TUBERCULOSIS.

(a) Features of the Year.

In respect of notifications of Tuberculosis there was virtually no change from the previous year. In 1966 new notifications of all forms of tuberculosis numbered 71, comprising 59 respiratory and 12 non-respiratory as compared with 70 in 1965 when there were 61 respiratory and 9 non-respiratory notifications.

During 1966 there were four deaths from all forms of tuberculosis as compared with seven in 1965, two in 1964 and nine in 1963.

(b) General Outline.

The functions of the local health authority have been fully described in previous 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) *Operation 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 three 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 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.

Among its other tasks the Mobile Unit carried out during 1966 a special survey of Corporation Staff. This resulted in 2,452 persons attending for X-ray. Of these, 47 were recalled for a large film, and in 23 cases some chest or heart abnormality was found, including two cases of active pulmonary tuberculosis and one observation case.

For a number of years now the lodging houses have been subject to special attention and the annual visits made by the Unit are still considered very much

worth while. In 1966 out of 101 residents X-rayed two were found to have active pulmonary tuberculosis.

(e) Examination of Contacts.

The 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 552 new contacts were examined and 315 out of 406 other contacts kept under observation from previous years were also seen (90% acceptance rate). Seven of these contacts were found to have active pulmonary tuberculosis, and three others were given prophylactic chemotherapy.

(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 1966, 323 children in this category were examined, and of these two were found to have manifest tuberculosis.

(g) B.C.G. Vaccination.

The following is a copy of the return submitted to the Scottish Home and Health Department giving particulars of the B.C.G. vaccinations performed in 1966.

RETURN FOR PERIOD 1ST JANUARY, 1966, TO 31ST DECEMBER, 1966.

GROUP	Tuberculin Tested		Negative Re-actors		Vaccinated during 1966	
	M.	F.	M.	F.	M.	F.
(1) Nurses	10	213	7	26	3	19
(2) Medical Students	64	37	3	1	3	1
(3) Contacts	113	107	108	104	211	182
(4) Special Groups not included in (1) to (3) above:—						
(a) School leavers*	1,248	1,324	1,035	1,111	1,010	1,086
(b) New born babies*	—	—	—	—	—	—
(c) Students	—	2	—	—	—	—
(5) Others	7	21	1	4	1	4

*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 164 patients received milk free of charge at a cost to the Corporation of £1,907 10s. 8d.

(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 gives the number of tuberculosis cases notified during 1966 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 1966.

	AGE-GROUPS.								
	Under 1	1-5.	5-15.	15-25.	25-35.	35-45.	45-65.	65 upwards.	TOTAL
RESPIRATORY.									
1966 Males	—	2	1	4	7	3	16	6	**39**
1965 Males	—	—	*3*	*8*	*3*	*5*	*13*	*8*	*40*
1964 Males	—	*1*	*1*	*6*	*1*	*3*	*11*	*6*	*29*
1963 Males	—	—	*4*	*6*	*2*	*6*	*7*	*9*	*34*
1966 Females	—	—	3	6	2	2	5	2	**20**
1965 Females	—	—	*1*	—	*8*	*5*	*5*	*2*	*21*
1964 Females	—	*1*	*1*	*6*	*2*	—	*7*	*2*	*19*
1963 Females	—	—	*4*	*1*	*1*	*3*	*3*	*2*	*14*
NON-RESPIRATORY.									
1966 Males	—	—	—	—	1	2	—	—	**3**
1965 Males	—	—	—	*2*	—	—	*1*	—	*3*
1964 Males	—	—	—	*1*	—	—	*2*	*1*	*4*
1963 Males	—	*2*	—	—	—	*1*	*4*	—	*7*
1966 Females	—	—	—	—	4	1	—	4	**9**
1965 Females	—	—	—	*1*	*3*	—	—	*2*	*6*
1964 Females	—	—	—	*1*	*1*	*2*	*3*	*1*	*8*
1963 Females	—	—	—	*1*	*3*	—	*1*	*2*	*7*
RESPIRATORY AND NON RESPIRATORY.									
1966 Male and Female	—	2	4	10	14	8	21	12	**71**
1965 Male and Female	—	—	*4*	*11*	*14*	*10*	*19*	*12*	*70*
1964 Male and Female	—	*2*	*2*	*14*	*4*	*5*	*23*	*10*	*60*
1963 Male and Female	—	*2*	*8*	*8*	*6*	*10*	*15*	*13*	*62*

There were 59 cases of respiratory tuberculosis notified locally, plus four cases transferred-in from other authorities, and all were confirmed. The appended graph shows the number of notifications and the number of deaths in recent years.

As regards non-respiratory tuberculosis there were 12 confirmed local cases, plus one transfer. The local cases comprised seven with tuberculosis of superficial glands, four who had genito-urinary disease and one with bone and joint disease.

The total number of persons residing in Aberdeen who, at 31st December, 1966, were known to be suffering from tuberculosis was 849, comprising 782

respiratory and 67 non-respiratory cases. The very large reduction from last year's total is accounted for by two main features: (a) by the elapse of the observation period for a large number of cases notified up to and around the time of the Mass X-ray Campaign in 1957; and (b) by the continuation of the special review of the register begun last year. It must also be remembered that modern drug therapy means that individual patients may be cured more quickly and therefore they are now not retained so long on the register.

(k) Mortality.

Table B gives particulars of those who died during 1966 (with the previous year's figures for comparison), as submitted to the Scottish Home and Health Department. It shows five deaths from respiratory tuberculosis, but two of these were later reclassified as non-tuberculous, so that there were in fact only three deaths, all males and all over 55 years of age. There was one death from non-respiratory tuberculosis.

TABLE B.—NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN ABERDEEN, WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH—YEAR 1966.

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

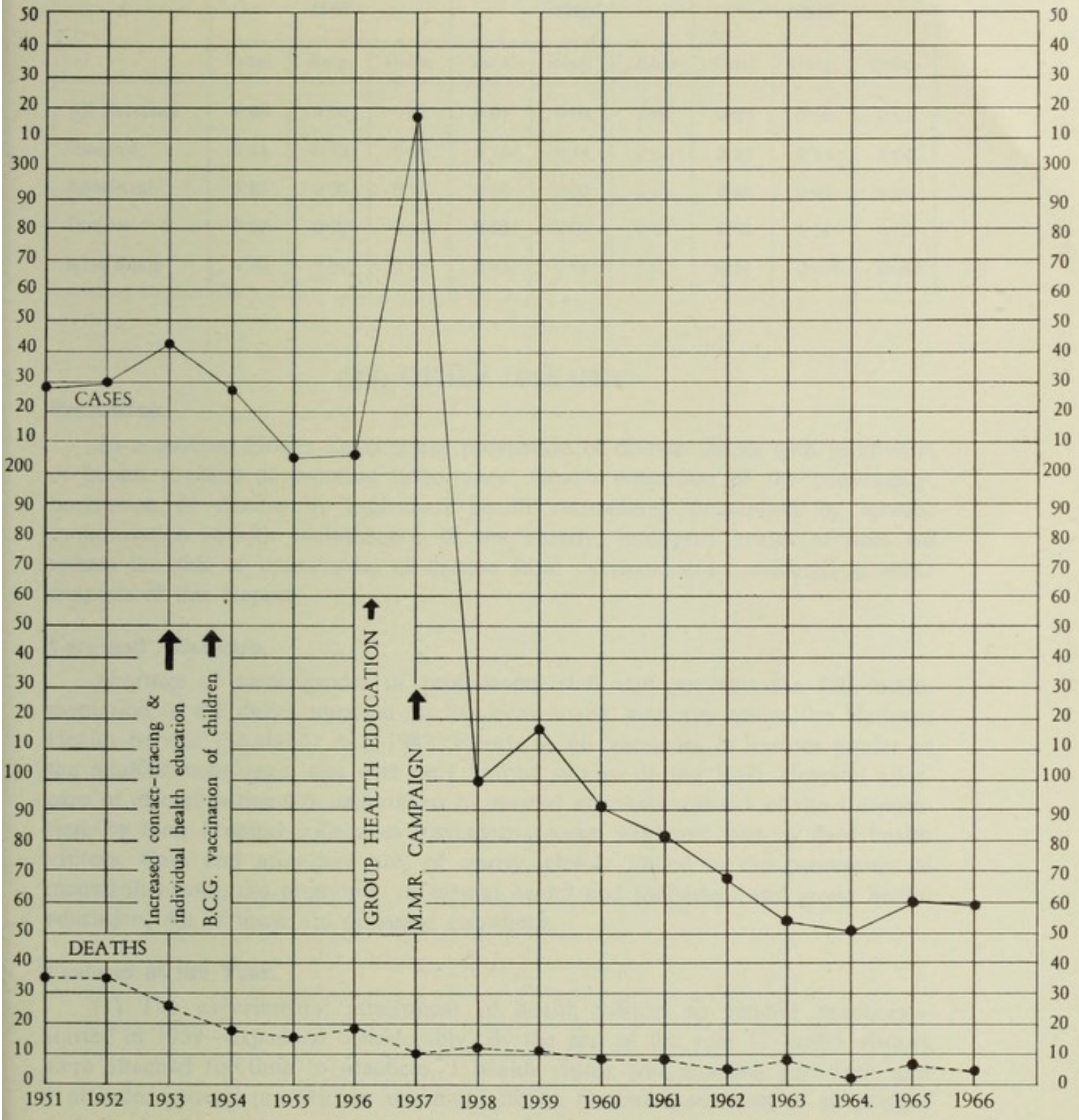
* 1965 figures in brackets.

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

	1959	1960	1961	1962	1963	1964	1965	1966
Respiratory . .	12	9	9	4	7	1	6	3
Non-Respiratory .	2	0	2	1	2	1	1	1

City of Aberdeen.

Cases and Deaths from Respiratory Tuberculosis, 1951-1966.



The death rates per 1,000 of population from tuberculosis in Scotland and in the four large cities for the years 1966, 1965 and 1964 are given in the following table:—

	1966			1965			1964		
	Total	Resp.	Other	Total	Resp.	Other	Total	Resp.	Other
All Scotland .	**0·06**	0·05	0·01	**0·07**	0·06	0·01	**0·07**	0·06	0·01
Glasgow . .	**0·11**	0·10	0·01	**0·15**	0·14	0·01	**0·15**	0·14	0·01
Edinburgh .	**0·03**	0·02	0·01	**0·04**	0·03	0·01	**0·02**	0·02	0.00
Dundee .	**0·03**	0·02	0·01	**0·03**	0·02	0·01	**0·06**	0·04	0·02
Aberdeen .	**0·02**	0·02	0·01	**0·04**	0·03	0·01	**0·01**	0·005	0·005

(B) OTHER DISEASES.

Prevention.

In a modern Health Department prevention of disease shares with promotion of health a place of supreme importance. Health education of the community, prevention of disease 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 other chapters of this Report.

Care and After-care.

Shortage of some grades of professional staff still prevents the full implementation of the duties imposed on the local health authority under the National Health Service (Scotland) Act, 1947. Efforts to fill vacancies in various grades in the establishment again met with only limited success during 1966. Hospital after-care of mental patients is undertaken by mental after-care officers of the Corporation, by their hospital colleagues (psychiatric social workers), and by field 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 of these are discussed elsewhere.

Features of the Year.

(1) The experimental attachment of health visitors to general practices—started in 1959—expanded considerably. By the end of the year 13 health visitors were attached full-time to practices, 1 health visitor was attached part-time, and 1 attended general practitioner ante-natal clinics. Careful assessment of advantages and disadvantages of attachment was made during the year, and it was concluded that—subject always to adequacy of practice accommodation for the health visitor's group and individual health teaching and to understanding by doctors and health

visitors of each other's skills and roles—planned extension of attachment should continue. It is fair to add, however, that there is a shortage of health visitors, that a due balance has to be kept between practice requirements and other commitments and responsibilities of health visitors and that it will not within the immediate future be possible to attach health visitors to every suitable practice in which the doctors desire attachment.

(2) Health visitors paid 19,391 visits (a new high record) to 3,565 old persons for care and after-care purposes during the year. This figure includes 317 visits made at the request of the old persons' general practitioners or by hospital authorities. (The comparable figures for 1965 were 18,833 visits to 3,927 old persons, with 318 special request visits.) The district health visitors' home visiting programme to the elderly is now being augmented by 6 health assistants to whom a health visitor can delegate the performance of some time-consuming tasks associated with visiting which do not require the training and skill of a health visitor. During 1966, health assistants paid 3,465 visits to 1,798 old people and, as a result, the total number of visits to old people showed a big increase for the year, viz:.—

Visits by H.Vs.	Visits by Health Assts.	Total Visits to O.P.
1965—18,833	—	18,833
1966—19,391	3,465	22,856

Hospital staff and district nurses 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. One group adviser, one male health visiting officer, and one health visitor (part-time) co-ordinate the work of district health visitors and act as a link with the geriatric hospital. Increase in the proportion of old people makes it difficult for the existing staff of health visitors to undertake as much after-care work as is desirable, but, as has been pointed out, the introduction of health assistants has eased this problem to some extent.

(3) A Specialist health visitor has continued to attend the Royal Aberdeen Hospital for Sick Children, providing a valuable link between district health visitors and the hospital.

(4) After-care services for patients discharged from mental hospitals continued, 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 (i.e. health visitors with further training) already based there. This scheme of part-time secondment of health visitors to Kingseat Hospital has been in operation for several years and 26 health visitors have each completed 6 months attendance at the hospital.

(5) One mental after-care officer is seconded to the Ross Clinic and part-time to the Royal Cornhill Hospital where she co-operates with psychiatrist and psychiatric social worker in the after-care of out-patients attending that clinic.

(6) One male and one female mental after-care officer, and one female specialist health visitor deal with the after-care and follow-up of mentally handicapped adolescents when they leave Beechwood Special School and Rubislaw Occupational Centre, continuing this task until satisfactory integration into the community has been achieved by these school leavers. This specialist care is also provided throughout attendance at the Occupational Centre and from the age of 14 years for Special School pupils. A mental after-care officer also provides a valuable liaison link between the Department and the Regional Hospital Board's facilities for handicapped children at Woodlands Hospital.

(7) A health visitor remains 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.

(8) A health visitor is attached (one day weekly) to the Venereal Diseases Clinic of the Regional Hospital Board.

(9) The provision of Local Authority domiciliary services has been found to reduce the need for the admission of patients to hospital to a marked extent. This forward-looking policy of providing preventive services has been followed for many years now and, although persistent staff shortages make full implementation of the policy difficult the services provided not only help to keep patients out of hospital, but also support discharged hospital patients with Departmental after-care domiciliary services. A notable example of this is the instance of elderly persons, many of whom are kept in the community and out of hospital by the local authority health visiting service, whose support and advice is backed up by the provision of such services as home-helps, district nurses, meals on wheels, and home and clinic chiropody. Such services undoubtedly not only help to keep the elderly in the community, but also help to delay admission to old people's homes.

19.—VACCINATION AND IMMUNISATION.

Routine Prophylaxis.

Routine protective measures against smallpox, diphtheria, whooping cough, poliomyelitis, tetanus and tuberculosis were continued. Approximately 70% of children under five years of age are completely immunised against poliomyelitis, diphtheria, whooping cough and tetanus. This rate while not unsatisfactory certainly warrants no complacency.

Incidence of Infection.

There were no cases or suspected cases of smallpox, diphtheria or poliomyelitis. Of the other notifiable diseases against which prophylactic measures of this nature are taken there were 2 notified cases of whooping-cough in children under school leaving age and 6 cases of tuberculosis in children.

Immunisation Programme.

The various procedures are undertaken by General Practitioners as well as by Local Authority staff as the following tables indicate.

(1) VACCINATION AGAINST SMALLPOX.

Primary Vaccinations 1966.

Year of Birth	Typical Reaction	No Local Reaction	Not Examined	Total
1966	65	3	2	70
1965	1,333	66	17	1,416
1964	605	42	8	655
1963	121	10	6	137
1962	61	2	2	65
1961	51	5	1	57
1960	19	2	3	24
1959 or earlier . . .	166	3	8	177
Totals for 1966 . . .	2,421	133	47	2,601
Totals for 1965 . . .	2,120	108	39	2,267
Totals for 1964 . . .	2,118	77	31	2,226
Totals for 1963 . . .	1,963	102	29	2,094
Totals for 1962 . . .	2,651	92	28	2,771

Revaccinations against smallpox during 1966 are shown below.

REVACCINATION.

Year of Birth	Typical Reaction	No Local Reaction	Not Examined	Total
1966	...	...	...	...
1965	6	...	...	6
1964	9	1	...	10
1963	10	2	2	14
1962	18	10	4	32
1961	21	2	2	25
1960	20	4	3	27
1959	24	4	1	29
1958	23	4	5	32
1957	23	1	3	27
1956 or earlier	2,297	190	279	2,766
TOTALS FOR 1966	2,451	218	299	2,968
TOTALS FOR 1965	977	75	237	1,289

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 1966 and 1965 are also shown.

VACCINATION AGAINST SMALLPOX.

Number Vaccinated—	Primary Vaccination				Revaccination	
	1966	1965	1964	1963	1966	1965
(a) By General Practitioners	1,279 (49%)	1,048 (46%)	1,020 (46%)	932 (45%)	2,939 (99%)	1,278 (99%)
(b) By Local Authority Medical Staff	1,322 (51%)	1,219 (54%)	1,206 (54%)	1,162 (55%)	29 (1%)	11 (1%)
Total . .	2,601	2,267	2,226	2,094	2,968	1,289

PROPORTIONS OF CHILDREN VACCINATED BY YEAR OF BIRTH.

Year of Birth	Percentage Vaccinated by		
	End of 1966	End of 1965	End of 1964
1965	47.7	2.9*	—
1964	67.6	46.2	2.3*
1963	67.0	62.8	46.3
1962	67.3	65.2	61.9
1961	68.8	66.9	65.8

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

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

PRIMARY IMMUNISATION.

Year of Birth	Number who have completed a full course of primary immunisation						
	Diphtheria, Pertussis, Tetanus & Polio*	Diphtheria, Pertussis & Tetanus	Diphtheria & Pertussis	Diphtheria & Tetanus	Diphtheria	Pertussis	Tetanus
1966	34	1,000	—	—	—	—	—
1965	100	1,373	—	9	—	—	—
1964	14	90	—	5	—	—	—
1963	8	52	—	9	—	—	—
1962	1	28	—	3	—	—	—
1961	3	17	—	15	—	—	—
1960	—	3	—	13	—	—	1
1959 or earlier	—	2	—	13	—	—	354
Total	160	2,565	—	67	—	—	355

*Also shown in poliomyelitis figures.

Reinforcing Doses.

Year of Birth	Number receiving maintenance injections						
	Diphtheria, Pertussis, Tetanus & Polio*	Diphtheria, Pertussis & Tetanus	Diphtheria & Pertussis	Diphtheria & Tetanus	Diphtheria	Pertussis	Tetanus
1966	—	—	—	—	—	—	—
1965	4	342	—	15	1	—	1
1964	62	878	—	23	—	—	9
1963	8	163	—	7	1	—	32
1962	2	49	—	29	—	—	50
1961	20	369	1	1,297	5	—	6
1960	10	49	3	1,362	23	—	1
1959	—	6	—	3	—	—	1
1958	1	15	—	7	—	—	—
1957	2	42	—	2,419	70	—	2
1956 or earlier	—	13	1	1	2	—	4
Total	109	1,926	5	5,163	102	—	106

*Also shown in poliomyelitis figures.

Diphtheria Immunisation.

Number of Children immunised each year since 1959.

Age n years on 31st December of the corresponding year.	1959	1960	1961	1962	1963	1964	1965	1966	Total Immunised at 31st December, 1966.
Under 1 Year . . .	1,101	1,122	1,056	1,017	1,199	1,103	1,193	1,034	
1 Year	1,530	1,430	1,473	1,471	1,480	1,415	1,423	1,482	Aged under
2 Years	196	247	145	120	120	106	96	109	5 Years
3 ,, ...	83	87	60	53	38	33	42	69	11,800 (75.78%)
4 ,, ...	50	49	52	35	21	14	28	32	
5 ,, ...	47	93	91	19	13	15	13	35	Aged 5 Years
6 ,, ...	133	219	197	161	173	135	131	16	and over
7 ,, ...	70	106	93	91	3	247	67	15	12,797
Immunisations	3,210	3,353	3,167	2,967	3,047	3,068	2,993	2,792	**Grand Total** 1959—1966 24,597
Reinforcing Injections . .	5,046	4,866	5,323	5,298	3,603	9,011	6,610	7,305	47,062

Diphtheria Immunisation.

	Primary Inoculations				Reinforcing Injections			
	1966	1965	1964	1963	1966	1965	1964	1963
Number Inoculated—								
(a) By General Practitioners	1,191 (43%)	1,129 (38%)	1,058 (35%)	1,132 (37%)	1,180 (16%)	908 (14%)	801 (9%)	583 (16%)
(b) At Child Welfare Clinics	1,577 (56%)	1,677 (56%)	1,700 (55%)	1,763 (58%)	2,380 (32%)	1,709 (26%)	1,473 (14%)	1,230 (34%)
(c) By School Health Service	24 (1%)	187 (6%)	310 (10%)	152 (5%)	3,817 (52%)	3,993 (60%)	6,737 (75%)	1,790 (50%)
Total . .	2,792	2,993	3,068	3,047	7,305	6,610	9,011	3,603

Whooping Cough Immunisation.

	Primary Inoculations				Reinforcing Injections			
	1966	1965	1964	1963	1966	1965	1964	1963
Number Inoculated—								
(a) By General Practitioners	1,185 (43%)	1,125 (41%)	1,058 (39%)	1,127 (39%)	905 (44%)	727 (37%)	652 (34%)	519 (33%)
(b) By Local Authority Staff	1,540 (57%)	1,647 (59%)	1,624 (61%)	1,729 (61%)	1,135 (56%)	1,236 (63%)	1,257 (66%)	1,047 (67%)
Total . .	2,725	2,772	2,682	2,856	2,040	1,963	1,909	1,566

Tetanus Immunisation.

	Primary Inoculations		Reinforcing Injections	
	1966	1965	1966	1965
Number Inoculated—				
(a) By General Practitioners .	1,203 (38%)	1,164 (21%)	1,279 (18%)	960 (18%)
(b) By Local Authority Staff .	1,944 (62%)	4,324 (79%)	6,025 (82%)	4,362 (82%)
Total . .	3,147	5,488	7,304	5,322

(3) VACCINATION AGAINST POLIOMYELITIS.

Primary Inoculation.

Year of Birth	Salk Vaccine 2nd Injection/ 3rd Quadruple	Oral Vaccine (Three Doses)	Total
1966	34	580	614
1965	100	1,697	1,797
1964	14	218	232
1963	8	111	119
1962	1	57	58
1961	3	61	64
1943 - 60	—	154	154
1933 - 42	—	144	144
Prior to 1933 and persons of unknown age	—	114	114
Total . .	160	3,136	3,296

Reinforcing Doses.

Year of Birth	Salk Vaccine		Oral Vaccine				Total
	Third Injection 4th Quadruple	Fourth Injection 5th Quadruple	Third dose Oral after two Salk	Fourth dose Oral after three salk	Fourth dose Oral after three Oral	Fifth dose Oral after mixed course	
1966 . .	—	—	—	—	10	—	10
1965 . .	4	—	—	—	111	—	115
1964 . .	62	—	—	—	35	2	99
1963 . .	8	—	—	—	29	—	37
1962 . .	2	—	—	5	31	2	40
1961 . .	20	—	12	528	1,312	6	1,878
1943-60 .	13	—	—	62	168	10	253
1933-42 .	—	—	—	8	21	—	29
Prior to 1933 and persons of unknown age . .	—	—	—	2	16	—	18
Total .	109	—	12	605	1,733	20	2,479

The relative numbers and proportions of primary inoculations and reinforcing doses of poliomyelitis vaccines given by General Practitioners and by Local Authority staff are shown below.

Poliomyelitis Immunisation.

	Primary Inoculation			Reinforcing Doses		
	1966	1965	1964	1966	1965	1964
Number Inoculated—						
(a) By General Practitioners	1,486 (45%)	1,071 (37%)	1,213 (40%)	1,114 (45%)	1,001 (41%)	831 (57%)
(b) By Local Authority Staff	1,810 (55%)	1,803 (63%)	1,827 (60%)	1,365 (55%)	1,417 (59%)	615 (43%)
Total . .	3,296	2,874	3,040	2,479	2,418	1,446

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
1966	1,432	614	42.88	10	0.70
1965	3,165	2,430	76.78	157	4.96
1964	3,078	2,228	72.38	274	8.90
1963	3,273	2,553	78.00	348	10.63
1962	3,190	2,538	79.56	189	5.92
1961	3,191	2,554	80.04	2,082	65.25
1943 - 60 . . .	57,421	43,080	75.02	23,799	41.45
1933 - 42 . . .	30,066	11,890	39.55	333	1.11
Total . .	104,816	67,887	64.77	27,192	25.94
Prior to 1933 . . .	Not Estimated	12,108	—	377	—
Grand Total .	—	79,995	—	27,569	—

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

(4) IMMUNISATION AGAINST TUBERCULOSIS.

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.

The protection of contacts of tuberculosis is carried out 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.

(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.

20.—PORT HEALTH ADMINISTRATION.

Features of the Year.

Ships from infected areas arrived in Aberdeen at an average of just under one per fortnight. As in past years work at the Port proceeded smoothly and there were no importations of disease. Since the absence of dramatic occurences not only indicates that services are efficient but also masks the very real work done, it may be worth while to give a very brief indication of the work undertaken. In 1966 there arrived at the port 472 vessels from overseas (including 20 from areas infected by plague, cholera, smallpox, &c.) and 1,655 vessels from Britain. (These figures are fairly normal, e.g. in the previous year 470 vessels arrived from overseas, including 27 from infected areas.) 1,024 vessels were inspected (compared with 810 the previous year), with medical examination of crews and passengers undertaken where appropriate.

There were 8,990 landings from British and foreign vessels, and the total quantity of fish condemned as unfit for human consumption was 49,490 pounds (as compared with 55,429 pounds in 1965 and 117,253 pounds in 1964).

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 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 Medical Officers of the Health and Welfare Department, Customs Authorities and Sanitary Inspectors.

Commercial Shipping.

	No. of Vessels entering Port	Tonnage
Foreign Arrivals	472	316,165
Coast-wise Arrivals	1,655	725,761
	2,127	1,041,926

In 1966 vessels arrived from ports appearing in the weekly infected area list, as follows, and medical examinations were carried out as appropriate:—

Bona	1	Kenitra	3
Sousse	3	Nemours	1
Ceuta	1	Nauru Island	3
Oran	2	Sfax	3
Constanza	2	Arzew	1

Fishing Vessels.

No. of landings from British fishing vessels	8,802
No. of landings from foreign fishing vessels	188

Particulars re Inspection of Vessels.

Inspections in respect of foreign arrivals	588
Inspections in respect of coast-wise arrivals . . .	348
Inspections in respect of British fishing vessels . . .	79
Inspections in respect of foreign fishing vessels . . .	9
	1,024

Particulars of De-ratting Certificates.

No. of De-ratting Certificates issued	Nil
No. of De-ratting Exemption Certificates issued . . .	59
No. of Rodent Control Certificates issued	11

Fish Inspection.

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

	1964	1965	1966
White fish and herring .	1,030¾ cwts.	465¾ cwts.	432¾ cwts.
Halibut	16 cwts. 1¼ sts.	19 cwts. 1¼ sts.	9 cwts. 1 st.

Medical Arrangements for Long-Stay Immigrants.

Special problems may arise in connection with the health and treatment of long-stay immigrants to this country. With a view to ensuring that they are fully aware of the scope and facilities of the National Health Service all such immigrants are now visited after arrival at destination and advised as to early registration with a general practitioner.

During 1966 a total of 25 long-stay immigrants was notified to this Department. Of these 23 were in fact contacted, but two could not be traced through the addresses given.

21.—ENVIRONMENTAL HYGIENE AND ANALYTICAL WORK.

804 samples were submitted for examination under the Food and Drugs Acts. 47 of these samples were the subject of adverse reports. Six samples of milk failed the test for effective pasteurisation.

Waters are examined for the Water Department when complaints arise and also to ensure that the high standard of purity of the City's water supply is maintained.

The City's public and school swimming baths are sampled once per week to assist in the maintenance of satisfactory bacteriological and chemical conditions.

Compared with previous years there was an increase in the number of urine specimens submitted by Police Authorities for the determination of alcohol in cases of offences under the Road Traffic Acts. There was also an increase in the number of specimens submitted by Procurators Fiscal and Police for analytical determinations which may prove helpful in establishing the cause of death.

Included in the category of miscellaneous specimens was an investigation to ascertain the source of an oily substance which had caused some pollution in the harbour. Analyses of specimens from the harbour water and from several sewers showed the source of the offending material; a successful prosecution followed.

Determination of atmospheric pollution at selected sites in the City has continued.

The total number of samples analysed was as follows:—

Food and Drugs Act	804
Milk tested for effective pasteurisation	204
Fertilisers and Feeding Stuffs	19
Rag Flock and Other Filling Materials	3
Waters and Effluents	36
Swimming Bath Waters	516
Urines for alcohol content	172
Toxicological specimens	144
Miscellaneous	20
	1,918

Atmospheric Pollution—

Sulphur Dioxide by Volumetric Method	620
Smoke Deposits	620
Lead Peroxide Cylinders	96
Deposit Gauge Rain Waters	24
	1,360

22.—FOOD HYGIENE.

Features of the Year.

(1) **Promotion of Food Hygiene.**—Efforts at personal level by members of staff continued. Staff involved included health education lecturers, health visitors, medical officers, sanitary inspectors and—as mentioned later—food hygiene officers. Unfortunately, pressure of other duties on members of staff and the existence of unfilled vacancies precluded the mounting of any large scale campaign.

(2) **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 inpector.

(3) **Food Hygiene Course for food handlers.**—A course of instruction for food handlers was again arranged as a Further Education project.

(4) **Food Hygiene Officers.**—During the year two new appointments were made of food hygiene officers with recognised certificates from domestic science colleges. It is believed that these were the first appointments in this grade in Scotland.

General.

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 were in operation either continuously or intermittently. In 1966 there was a decrease in the number of cattle and sheep slaughtered but a considerable increase in the number of calves and pigs slaughtered. The overall number of animals slaughtered was less than in 1965.

Class of Animal	Total Slaughtered	Carcases Totally Condemned	Carcases Partially Condemned	Weight (in lbs.) of Meat and Offal
Cattle . .	115,486	89	115	55,767
Sheep . .	87,815	379	77	25,190
Pigs . .	10,011	301	113	47,185
Calves . .	134	21	1	1,456
	213,446	790	306	129,598

In addition, there were 671 lots of offal with a total weight of 128,052 lbs. The total weight of condemned meat and offal is thus 257,650.

Once again there were no prosecutions under the Slaughter of Animals (Scotland) Act, 1928. Some 80 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 were no cases of notifiable disease.

Under the Public Health Meat Regulations, 1961, ante-mortem inspection of all animals had to be carried out. During 1966 the number of animals segregated under instruction for emergency slaughter was 20.

Export Licences.

During the year, 1,695 lbs of sirloin were exported to countries overseas. These figures are considerably lower than those of 1965. The Export Licences are granted by a veterinary surgeon of the Department of Agriculture acting for the Local Authority.

23.—OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

This Act came into force in 1964. The Corporation entrusted its functions to the Health and Welfare Department and duties were apportioned as follows:—

(a) **Tasks other than those related to investigation and control of accidents.**

These have been allocated to the Sanitary Section of the Department. At the end of the year staff employed comprised nine inspectors designated in terms of the Act and five other staff employed for most of their time on work in connection with the Act.

The total number of registered premises was 2,608 with 22,570 employees (10,461 male and 12,109 female). During the year 1,096 premises received a general inspection and a total of 2,704 visits was made by the inspectors to these premises. No summary applications were necessary under Section 22 in respect of dangerous conditions or practices, and no prosecutions were instituted.

(b) **Investigation of Accidents.**

This has been entrusted to a Principal Assistant Medical Officer. Accidents are notifiable if they cause death of an employee or disable him for more than three days and unless they are trivial they are normally investigated.

During 1966 26 notifiable accidents were reported and seven non-notifiable accidents were also dealt with. There were no deaths. Amongst these notifiable the main causes were falls of persons (10 accidents) and mishaps whilst handling goods (8 accidents); there were two accidents involving prescribed dangerous machines.

In 19 of the notified cases a detailed investigation of the circumstances leading up to the accident was deemed necessary. In two instances formal written notices were served and in other cases informal advice was given with a view to prevention of further accidents. Follow-up visits were made where required to ensure compliance with the provisions of the Act and proved satisfactory in all instances.

24.—CLEAN AIR ACT, 1956.

The amount of pollution in the atmosphere of the city continued to be monitored. The results refute the arguments of those who feel that the problem is simply a minor one. The final results of a survey of a representative sample of city dwellings were not available by the end of the year.

25.—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 1966 there were 1,397 factories registered in the City as compared with 1,442 in 1965, and 1,610 visits of inspection were paid by the Sanitary Inspectors as compared with 1,354 visits in 1965. The premises were, generally speaking, satisfactorily maintained. The majority of 661 defects found were not serious, and 604 of these were remedied in the course of the year. In 34 cases formal written notices had to be served, but in no case was it necessary to institute prosecution. Further particulars are given in the Appendix.

Under Section 133 of the Act, lists are kept of outworkers in certain trades. In August, 1965, the total number of outworkers was 44, comprising 28 employed in the net industry, and 16 in the making, &c. of wearing apparel. These figures tend to fluctuate. In no instances 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)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities . . .	103	135	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority . . .	1,197	1,331	29	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	97	144	—	—
Total . .	1,397	1,610	34	—

2. Cases in which defects were found:—

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	427	403	—	6	—
Overcrowding (S.2) .	—	—	—	—	—
Unreasonable temperature (S.3) .	3	2	—	1	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) . . .	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient .	42	36	—	4	—
(b) Unsuitable or defective .	116	93	—	1	—
(c) Not separate for sexes . .	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) . . .	73	70	—	—	—
Total . .	661	604	—	12	—

3. Number of defects found in the previous year and remedied in the current year=28.

4. Outworkers.

Nature of Work	Number in List	Cases of default	Unwholesome premises
Making, &c., of wearing apparel	16	—	—
Nets, other than wire . .	28	—	—
Others	—	—	—
Total . .	44	—	—

26.—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 in the relatively few complaints which arose. It would be a positive contribution to this problem if makers of machinery, when designing efficient machines, would also give attention to how they can be made to work without, or with minimum, noise. At the same time one would appeal to operators of machines in built-up areas to make every effort to operate these machines as noiselessly as is practicable.

27.—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 the elderly. 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) Demand for all services continued to increase during the year. It is satisfactory to record that there was a continued increase in the numbers assisted by the Home Help Service and Meals on Wheels Service, and a dramatic further increase in the numbers visited by Health Visitors and Health Assistants, though in each of these services the demand was greater than could be met.

(2) The peripheral chiropody clinics at Northfield and Seaton continued to be successful—cutting down patients' travel, and removing the need for some domiciliary visits. In all there was a dramatic increase in the amount of chiropody.

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

(4) The Scheme for Physically Handicapped Persons continued to thrive. The Occupational Therapy Workshop is of great benefit to the handicapped and the service has expanded. It was possible to carry out a certain amount of domiciliary Occupational Therapy.

(5) There were no major alterations in Services for the Blind and the Deaf.

(6) Meetings were held frequently between Geriatric Consultant, Medical Officer, Social Adviser and Specialist Health Visitor responsible for the Local Authority Services for the Aged. These meetings are useful to all concerned because they enable supportive services and visits by Health Visitors and Social Workers to be arranged for elderly people who are returning to their homes, and they facilitate transfers between Local Authority Old People's Homes and Hospitals.

(7) The Corporation's ninth Old People's Home—Westbank—was opened during the year.

SERVICES FOR THE ELDERLY.

Provision of Accommodation for Elderly, &c.

The Corporation provided 309 places in nine Old People's Homes, and was contributing at the end of the year to the maintenance of fifty-seven people in other Homes.

At 31st December, 1966, the number of aged and infirm in residential accommodation, in respect of whom the Corporation contributes towards the cost of maintenance, was as follows:—

Opened	Homes	Male	Female	Total
Local Authority Homes—				
1954	*Albyn Home	7	16	23
1950	*Balnagask House	10	13	23
1951-53	*Ferryhill Home	7	15	22
1955	Newhills Home	27	29	56
1953	*Northfield Lodge	7	29	36
1955	*Polmuir Home	11	16	27
1962	Rosewell House	8	26	34
1958	*Thorngrove Home	8	40	48
1966	Westbank Home	9	17	26
Voluntary Homes—				
	Aberdeen Old People's Welfare Council	6	16	22
	Balgownie Eventide Home	1	1	2
	Church of Scotland Homes	4	4	8
	St. Margaret's Home, Hawick	—	1	1
	Nazareth House, Claremont Street	3	17	20
Local Authority Homes in other areas		3	1	4
		111	241	352

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 limited period.

The total number of residents was 352 at the end of 1966, compared with 333 residents at the end of 1965. At the end of the year 12 residents were in hospital and there were 5 reserved places.

During the year there were 168 admissions to Local Authority Homes—109 new admissions, 3 transfers between Homes, 26 for holiday periods, and 30 re-admissions from hospital. There were 22 admissions to Voluntary Homes of which 2 were re-admissions from Hospital.

Waiting List for Old People's Homes.

At the end of the year, 171 old people (53 males and 118 females) were on the urgent waiting list for admission to a Home. 62 other applicants were in hospital (28 males and 34 females); and the non-urgent list totalled 156 old people (44 males and 112 females). The urgent figure of 171 compares with 154 at the close of 1965, 150 at the end of 1964 and 117 at the end of 1963. In other words there is urgent need for more homes.

Old People's Homes.

An interesting new development of a combined Home and associated cottages at "Westbank" was completed and filled in the latter part of the year.

Cottages for the Elderly.

The Corporation provides special purpose houses for elderly couples as a feature of its housing schemes. In the grounds of Balnagask, Thorngrove and Westbank Old People's Homes, 14, 12 and 9 special purpose houses respectively are centrally heated from the adjoining Old People's Homes, and a warden service is available to help the old people in emergency. Emergency bells have been fitted between these special purpose houses and the Homes.

A similar type of scheme—Bede House Court—of 23 special purpose houses for pensioners was opened in 1964. Instead of being connected to an Old People's Home the houses are linked by an emergency bell system to a warden's house.

Supportive and Preventive Services for the Elderly (under other Acts).

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

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

The health visitor is now recognised as medico-social adviser and teacher of the whole family on physical, mental and emotional health; and an increasing proportion of her time is 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 health visitor assesses the need and initiates any necessary action. During 1966, health visitors and health assistants paid a total of 22,856 visits to 5,363 elderly persons—a figure the more startling when it is recalled that the 1965 figure of 18,833 visits to 3,927 old people was termed "a dramatic and highly satisfactory increase".

2. *Home Help Service.*

1,825 households of persons of pensionable age received assistance from the Home Help Service, compared with 1,655 households in 1965 and 1,586 in 1964. With the increase in the number of elderly citizens in the community has come a rise in the number of frail elderly persons. Further expansion of the Home Help Service is now required.

3. *Home Nursing Service.*

Details of Home Nursing in 1966 are as follows:—

	Total All Ages	Total of Pensionable Age	Total of Pensionable Age (1965)
No. of patients attended—Day Nursing Service .	4,162	2,532	2,413
No. of patients attended—Night Nursing Service	248	216	178
Total No. of patients attended—Day and Night Nursing Service	4,410	2,748	2,591

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. 150 old people received 14,587 meals during 1966 (12,743 meals were supplied during 1965). Ten physically handicapped persons received meals during 1966.

5. *Chiropody Services.*

There was a gratifying increase in chiropody. A total of 4,417 old persons (3,744 in 1965) living at home received treatment—2,888 of them at the clinics and 1,529 in their own homes. In addition 364 persons (369 in 1965) were treated while resident in Old People's Homes.

6. *Register of Old Persons.*

As 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 1966, 1,470 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 6,640 elderly persons, compared with 5,814 in 1965, 5,226 in 1964 and 4,755 in 1963.

Physically Handicapped Adults.

(i) *Domiciliary Arrangements.*

The scheme for physically handicapped adults has been in operation for thirteen years. At the end of the year there were 731 persons on the register (compared with 649 at the end of 1965)—quite a large increase. Patients were referred from many sources. In addition to the 731, 59 people who died or removed in the course of the year were also helped. The pattern of visiting changed little and intensive visiting was undertaken in special cases of need. The advisory and liaison service was maintained for those registered as well as any members of the community who wished help in this way. Every effort was made to assess the needs of the disabled and to help them to live more effective and satisfying lives.

The Corporation's holiday scheme, which began in 1959, again proved most beneficial and the help received was appreciated by the patients and their families. Local Voluntary Associations also financed holidays in 1966 for severely disabled people who were recommended by the Local Authority.

Although the general housing situation has eased over the years in Aberdeen, the problems connected with it for the disabled continue to occupy a large part of the workers' time. Many people referred during the year, as well as some already on the register, needed rehousing. Houses hitherto suitable became unsuitable on the disablement of a member of the household or with the worsening in the condition of an already physically handicapped person. As well as rehousing people, the Corporation supplies aids to them and makes adaptations to disabled people's homes. During 1966 several single registered physically handicapped persons benefitted by being rehoused in special accommodation. The building of this type of dwelling was accelerated during the year.

Arrangements with the Royal Aberdeen Workshops for the Blind, whereby a number of severely disabled sighted persons receive training and later employment continued, and at the end of 1966 twenty-two people were either in training or employed under this scheme. During the year proposals for extension of the scheme were discussed as part of both local and national plans.

(ii) *Occupational Therapy Workshop.*

During the year 1966 the number of patients attending the Occupational Therapy Workshop increased from 72 to 79, and the number of attendances from 7,328 to 7,456.

The staff potential remains the same despite the departure in November of one Senior Occupational Therapist. An appointment was made that month thus keeping the establishment at—

2 Senior Occupational Therapists—one Domiciliary Therapist.
2 Assistant Occupational Therapists—one part-time.

Disablement Week in March saw the Workshop open daily to the public and also one evening during that week. Articles made in the Workshop were on sale in the Information Bureau. A sale of Christmas goods was also held there at the end of November. The high standard of work and the number of saleable articles made has been maintained thus controlling and limiting residual stock and wastage. Cookery classes, held twice weekly, continue to encourage both male and female patients in food preparation and good diet.

Transport.

The taxi service for the homebound disabled provided for four sessions weekly was used to capacity.

Work.

Sub-contract work, initiated in 1965 in the form of Aberdeen granite souvenirs, has seen a remarkable and splendid increase in demand. There are now two established markets for this product locally. Further contract work, suitable for women patients of a nature which enabled team work and co-operation, was also forthcoming, and, with it, the promise of future contracts. Several small contracts—locally and in Edinburgh and Glasgow, have also helped to increase production and carried with them a promise of further work.

Socially.

The annual bus run and Burns Supper were well attended and enjoyed. The Friday night social continues to provide a necessary component in the lives of the patients.

Domiciliary Occupational Therapy.

With the appointment in November of a full-time therapist to this field, 23 patients have been referred and 51 visits made. The service is much appreciated by the housebound.

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 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 supply vocational training) 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 1966, 48 blind and 2 partially sighted workers were so employed.

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

Grant and Donation.—During 1966 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.—

Holiday Home of the Dundee Society for the Blind, Newtile, Angus.—

No applications were received by the Corporation during 1966 for holiday arrangements in these Homes.

Register of the Blind.—The number of blind persons on the register of the Blind on 31st December, 1966, was 366. 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	Grand Total
Male	—	—	—	1	4	6	10	15	24	16	18	26	12	9	2	143	366
Female	—	1	—	2	1	4	5	8	33	30	26	51	35	21	6	223	

Blind Persons' Clinic—

Examinations—1966	Clinic	Own Home	Total
First Examination . . .	7	29	36
Re-examination . . .	3	1	4
	10	30	40

The total number of persons examined was 40 as compared with 65 in 1965.

Of the 36 persons examined for the first time, 33 (92 per cent.) were certified blind within the meaning of the Blind Persons Act, 1920.

The following statement gives the number of blind persons of 16 years and upwards who were employed at 31st December, 1966:—

	Male	Female
(a) In Institutions for the Blind undergoing industrial training	1	—
In workshops	37	6
*(b) Outwith Institutions for the Blind	11	2

(*Including 3 Home Workers—2 males and 1 female in Local Unofficial Scheme)

Deaf and Dumb Persons.

Under the National Assistance Act, the Corporation can provide 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 1966, temporary accommodation was provided for 4 women with 3 children in urgent need, arising in circumstances which could not reasonably have been foreseen. Accommodation was provided at Newhills Home, where six "Fire and Flood" beds are maintained.

In addition, 58 families (involving 94 children) with acute housing needs, were dealt with and required general welfare services to meet their needs and to overcome their specific difficulties.

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

Cases now 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. The Homes registered in Aberdeen are as follows:—Fountville and the St. Aubins Group; The Hostel of St. Margaret; Mitchell's Hospital; Nazareth House; Ashley Lodge and Forestgait.

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

It was not found necessary during 1966 to invoke the powers of this Section. The last occasion on which the powers were invoked was in 1961.

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

Care, protection and storage was provided in 110 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. In addition 389 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 general personal commitments while under care or treatment.

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

During 1966 burial or cremation of 35 persons—20 men, 9 women and 6 children—was arranged. 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 on an increasing number of occasions to relatives of deceased persons, especially where funds were limited.

Apart from deaths in hospitals, 29 residents died in Old People's Homes during 1966.

Relief for Persons Caring for the Elderly in their Own Homes.

A limited number of places in the Sick Rooms of the Old Peoples 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.

28.—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.

29.—SUPERANNUATION EXAMINATIONS.

In 1966 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 1,405—an increase of 222. Of those examined 801 were males and 604 were females.

30.—SCHOOL HEALTH SERVICE.

Introduction.

In recent years, the School Health Service has undergone vigorous self-analysis —nationally and locally—with the realisation that a Service of many years standing must alter, streamline and progress forward to keep up with the vast medical, social and educational changes of the "with-it" sixties, and to cope with such diverse factors as changing needs and staff availability.

The outcome of this modernisation process has been described in recent annual reports, and the session 1965/1966 saw the completion of the third year in which full systematic medical examinations were confined to 5-year-old entrants and 14-year-old school "leavers". Routine pure-tone audiometry was provided for all pupils aged 5, 11 and 15 years and for other selected groups; specific eye testing was carried out at 7 years and at 11 years (when colour vision was also tested); and B.C.G. screening was undertaken at around 13 years. Apart from these examinations, selective and follow-up examinations were carried out by the School Health Service at monthly visits to all schools.

This new system has been praised in two previous reports and, at the end of three years, it is still acclaimed as a greatly improved Service—for the child, for the teacher, for the health visitor/school nurse and for the school doctor.

The year saw slow but steady progress in the programme of health education for school children; the submission of advice on modernisation of school health education programmes to the Education Authority by a committee composed of senior members of the Health and Welfare Department and senior school teachers; and the setting up by the Director of Education of a Working Party to advise on specific aspects of health education teaching.

With regard to staffing, there was for the first time in many years practically no shortage of health visitors during the year 1965-66—but this position, alas has not been maintained at the time of writing. Health assistants in schools have proved their worth and have relieved health visitors for other duties, but it has not been possible for various reasons to maintain a full establishment of 7 health assistants. It is now obvious that future plans for the Service must include a markedly increased establishment of health assistants and this should include a few male health assistants.

What of the future of the School Health Service? A remarkable document—the recent Government White Paper on the Social Services—produced when this report was being written—includes a recommendation that the School Health Service should continue on its present basis, ". . . . . as its staff consists almost entirely of doctors, dentists and nurses, and as its work is **not primarily social work.**"

The latter is a very misleading statement for, in a modern School Health Service, the school health visitor (or school nurse, to use the older term) is also the family health visitor. A small proportion of her time is devoted to the medical care of pupils, but a very large part of her work consists of the application of a background of training in nursing, health education and medicosocial and social work to the emotional, social and physical needs of the child in the school and the community. She is the link between the home, the school, the medical officer and, often, the general practitioner; and has indeed been described by an authoritative body as "the spearhead of the social services".

The school teacher educates the whole child, and little would be thought of a teacher who tried to confine himself rigidly to the intellectual education of the child, ignoring his social and emotional needs; the school dentist who noted and treated dental caries without involving himself in the family's social habits and without trying to do something to improve the situation would be of little use to a School Health Service; and the school doctor could not perform his task satisfactorily without a very large degree of involvement with the social and emotional aspects of each child—in other words, he also deals with the "whole child". With regard to the handicapped child, the social aspects of the doctor's work well outweigh the medical care required. As for the health education lecturers, they are surely teachers of social well-being or organisers of teaching in that field.

One should remember that it is the duty of the School Health Service, by all possible means, to render the child as fit as possible in mind and body in order that he may derive the maximum benefit from his education within the limits of his ability.

Features of the Year.

(1) *Health Education*—The difficulties previously experienced in the expansion of this essential service continued during the year, but much progress was made, despite shortages of staff, accommodation and time in curricula. "Health" in the term "Health Education" includes mental and emotional health, and teaching of the receptive and impressionable school child may well—in addition to improving immediate physical and mental well-being—help greatly to cut down the prevalence of neuroses, emotional disturbances, psychosomatic disorders, illegitimacy, and unhappiness in the adult community. The benefits of Health Education are long-term and not always immediately apparent or measurable; and this may in the past have obscured the necessity for such services. The need, however, is now widely recognised.

Health Education programmes have been carried out during the year in various Primary and Secondary Schools, with individual head teachers and health visitors working in collaboration. The attachment of male health visiting officers to two Junior Secondary Schools has proved very successful from the point of view of Health Education, and it is hoped that this experiment will be extended in the session 1966-1967.

Not the least important health education feature of the year was a sociological study of approximately 1,000 children aged fourteen years, carried out by male health visiting officers in an attempt to provide a sound basis for anti-smoking propaganda.

The assistance given by the new grade of health assistant (i.e. state enrolled nurses with further public health training who act as assistants to health visitors) has been invaluable during the year. It is obvious that expansion of this grade will be required in the future and this increased establishment should include some male health assistants.

(2) *Truancy and Delinquency*—412 children were dealt with by School Welfare Officers for truancy (as against 450 children in the previous year). 592 children and young persons (a decrease of 38 compared with the previous year) appeared before the Courts for delinquency. These figures show a slight decrease, the total number of charges being 1,346. 35 children were sent to approved schools.

233 delinquents were under 14 years of age and 359 were between the ages of 14 and 17 years. Housebreaking, theft and malicious mischief were common to both age-groups and accounted for 892 offences.

Tribute is here paid to the preventive duties performed by the School Welfare Department, in co-operation with store security officers and parents, which do much to prevent the commission of further delinquent acts. This service is expanding yearly and more shops and stores welcome this interest and assistance. During the past year 206 children (125 boys and 81 girls) were dealt with and, of those interviewed, none has so far committed any further offence.

(3) *The School Health Visiting Service*—The school health visitors' annual survey of all children (formerly twice yearly but curtailed owing to increasing duties), the "monthly" visit of medical officer and health visitor to each school, and health visitor "preparation for school" and school "settling-in" visits to each entrant, have all been continued during the current year, subject, of course, to staff shortages and changes.

The omission of the intermediate routine medical examination (only entrants and 14-year-old "leavers" are now examined routinely) has allowed health visitors more adequate time for non-routine school visiting.

(4) *Staffing*—There were again staffing changes and difficulties during the year but for the first time in many years there was no appreciable gap in the health visiting establishment during the school session. (This happy position has not been maintained at the time of writing.) During the year two long-vacant posts in the health education division were successfully filled. Difficulty was experienced in securing doctors for part-time work for school immunisation duties.

(5) *Handicapped List*—During 1965-1966, 203 pre-school children had their names included in the Handicapped List and, at the end of the session, the names of 156 children below the age of 5 years were noted for educational assessment visits by the school medical officer before school entry.

80 home visits and 84 school visits were paid by the school medical staff during 1965-1966 to assess the suitability of children for entrance to or continuation at ordinary schools.

Much attention is being given at present throughout the country to the development of ascertainment services for handicapped children, and Aberdeen is singularly fortunate in having had (since 1953) a list of pre-school children who are handicapped, or at risk of handicap. In this respect we can claim to be a dozen years ahead of most of the country. Additionally, the present list of handicapped children has been enlarged to include those notified by the hospitals who, although not handicapped or suspected of being handicapped, are "at risk" of handicap due to genetic, medical and other reasons.

Plans have been laid before the Corporation for a combined Assessment Centre, Special Day Nursery and Special Nursery School within one curtilage and this unit, if approved, will be run jointly by the Department of Child Health of the Royal Aberdeen Hospital for Sick Children, the Education Department and the Health and Welfare Department.

(6) *Monthly School Visits*—The system of monthly visits by the school doctor and the school health visitor to each school has been previously fully described and the success of this system is undoubted.

(7) *Absence from School*—The overall school attendance rate for the year was 92.48 per cent. School Welfare Officers paid 13,978 visits on account of illness (compared with 13,780 visits in 1964-1965).

(8) *Home Tuition*—Home Tuition was provided in 1965-1966 for 20 pupils (48 pupils in 1964-1965). Tuition in hospital was provided for 3 pupils. The figure for home tuition includes children who suffer from such diverse conditions as nephritis, arthritis and the effects of accidents.

(9) *Vision Testing*—Vision testing is carried out at the ages of 5, 7, 11 and 14 years and at any other age if visual acuity is suspect. During 1965-1966, 2,369 pupils attended the Eye Clinic for examination and treatment by the consultant staff. Additionally, 111 pre-school children attended the Eye Clinic for diagnosis and treatment.

(10) *Hearing*—Pure-tone Audiometry was carried out in schools on 7,491 pupils in the 5, 11 and 15 year-old groups and where defective hearing was suspected by the school medical officer, health visitor or teacher. This total includes those who required follow-up audiometry. This valuable service, which has been fully described in previous reports includes Oakbank Approved School.

The Deafness Diagnosis Clinic held 43 sessions during the year and 70 children from Aberdeen City and 55 children from neighbouring areas were examined.

(11) *Promotion of Health*—On the therapy side of health supervision, 318 home visits were paid by health visitors as a result of follow-up sessions and 1,301 children were referred to general practitioners or hospital clinics for conditions which might not otherwise have received medical attention.

Remedial Facilities—The Department of Physical Education is now operating three area Remedial Clinics for pupils suffering from such conditions as bronchitis, asthma, poor posture and flat feet. A qualified teacher of physical education is in charge of the clinics at which 19 children have been attending regularly throughout the session. All cases are referred by medical staff of the School Health Service and a medical check-up is carried out at regular intervals. This service is greatly appreciated by the School Health Service and it is anticipated that an expansion will occur within the next few years.

(12) *Scottish Home and Health Department Circular Number* 15/1966—This final section is provided in response to S.H.H.D. Circular 15/1966.

(a) As stated elsewhere in the report the alternative method of health supervision recommended in S.H.H.D. Circular 58/1962 was implemented three years ago by this Department.

(b) The sanitary condition of Aberdeen schools has been previously reported upon. The Corporation follows a policy of modernising older schools in the City and the standard of sanitary conditions is good and always improving. Following the typhoid outbreak in 1964 the Corporation decided to provide hand washing facilities and adequate hand-drying arrangements in such schools as did not fully have them already.

(c) With regard to health education it is stated elsewhere in this report that this work is increasing—in quantity and in depth—virtually every year. Male health visiting officers have proved invaluable in the instruction of adolescent boys. The Health and Welfare Department recently advised the Local Education Authority with regard to the content of health education teaching in primary schools. Additionally, the Director of Education has set up a study group to advise on specific aspects of health education for school children.

(d) The level of co-operation with the Educational Psychologist and the Child Guidance Service is of a high and satisfactory standard.

(e) With regard to specific research projects, a study was published in "The Medical Officer" of the smoking habits of a group of 14-year-old school children. This interesting and helpful study was carried out by Mr. Brian Lemin, one of the male health visiting officers on the staff of the Department, assisted by other male health visiting officers.

(f) Staff statistics:—

Whole-time equivalent of Medical Officers = 5.2 Medical Officers
Whole-time equivalent of School Health Visitors = 13 Health Visitors
Whole-time equivalent of Health Assistants = 6 Health Assistants

GENERAL STATISTICS.

A. Number of Schools:—

Primary	47
Secondary	12
Senior Secondary	3
Nursery	4
Special Schools (including Junior Occupational Centre)	3
Nursery Classes in ordinary schools	4
In receipt of grant under School Health Service	4
Number of children on the registers	31,806
Number of children in average attendance	29,487

Further Education—

Pre-Nursing College
Commercial College
Technical College

B. Systematic Medical Inspection.

411 visits were paid to schools by the medical officers in connection with systematic medical inspection as compared with 404 for the previous year.

In all 5,162 children were medically inspected, compared with 5,291 in the previous year. The numbers seen were as follows:—

(a) Systematic examinations—

Entrants	2,769
Leavers	2,393
	5,162

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

Entrants	307
Leavers	334
	641

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

Entrants	95.0
Leavers	34.6
Overall Average	67.0

(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^{6} means 5 years 6 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	1,413	5^{6}	43·75	44·25	1,356	5^{9}	43·5	42·45
14—15	1,205	14^{9}	63·25	108·75	1,188	14^{3}	62·25	114·25

C. Non-Routine Sessions.

(a) Schools.

Monthly Visits and Re-examinations.

622 sessions were devoted by school medical officers and health visitors (attending together) to monthly visits and re-examinations. At the monthly visits, 2,885 pupils were referred (by health visitors and teachers) as compared with 2,024 in the previous year. The total number of defects followed-up was 9,869 as compared with 8,759 last year and included 155 sessions for vision testing of 7-year-olds and vision and colour vision testing of 11-year-old pupils.

	Referred.	Other.
Cleanliness	23	78
Nutrition	13	119
E.N.T.	127	1,415
Hearing.	136	591
Speech	22	135
Eyes	374	3,882
Skin	298	433
Orthopaedic	91	221
Behaviour	59	35
General	322	924
Special Examinations (Further Education, &c)	97	474

Resulting from the above sessions—

318 special home-visits were paid by the Health Visitors.
712 children were referred to Clinics.
589 children were referred to General Practitioners.
58 parent interviews were arranged.

In addition—

79 school-visits were paid in connection with camp inspections.

46 school-visits were paid in connection with the medical examination of Child Guidance cases.

84 school-visits were paid in connection with the assessment of suspected educational handicap, transfer requests, &c.

(b) COLLEGES.

Pre-Nursing College.
Commercial College.
Technical College.
338 pupils medically examined.

Resulting from the above sessions—

16 pupils were referred to clinics; and
36 pupils were referred to General Practitioners.

(c) NURSERY SCHOOLS.

213 children in Nursery Schools were medically examined. As a result—

12 children were referred to clinics.
22 children were referred to General Practitioners.

D. The Minor Ailments Clinic.

This Clinic is open from 4.30 p.m. thrice weekly (on Mondays, Wednesdays and Fridays). Pupils are referred from various sources—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 attendance at the minor ailment clinic during the year:—

	Pediculosis.	Scabies.	Impetigo	Miscel-laneous.
Number of families involved . . .	73	13	6	18
Number of families visiting more than once	5	3	—	—
Number of children in families . . .	135	32	12	40
Number of schools involved . . .	29	11	5	10

Treatment at City Hospital.

This involved 15 families (including 40 school children) for treatment of scabies and 25 families (including 70 school children) for treatment of pediculosis.

E. School Eye Clinic.

As a result of vision-testing in schools, 2,369 children were referred to the School Eye Clinic which is staffed by consultants appointed by the North-Eastern Regional Hospital Board.

In addition 111 pre-school children were also referred from Child Welfare Clinics. These figures compare with 2,755 children and 95 pre-school children in the previous year.

The Local Authority provides the services of an orthoptist at this Clinic.

During the session the Eye Clinic was moved from Guestrow to more commodious premises in Commerce Street. This move was necessitated by land redevelopment.

F. Unannounced Visits by Health Visitors—Surveys of Emotional and Physical Health.

The total number of inspections for 1965-1966 is 58,404 compared with 56,585 in 1964-1965. Since January, 1966, six Health Assistants (State Enrolled Nurses with subsequent in-service public health training) have visited schools to carry out hygiene inspections. This development allows the Health Visitor more time for health education duties in schools.

Figures for 1965-1966 are as follows:—

	Ordinary	Selected.	Totals.
(i) Total number of inspections by Health Visitors	27,785	8,294	36,079
Total number of inspections by Health Assistants	18,974	3,351	22,325
	46,759	11,645	58,404
(ii) Total number showing defects of hygiene:			
Vermin	45	140	185
Nits	467	740	1,207
Impetigo	44	36	80
Scabies	1	15	16
Bad Clothing	134	199	333
Bad Footwear	58	81	139
	749	1,211	1,960

	Ordinary.	Selected.	Totals.
(iii) Total number showing physical, mental or behaviour defects	5,528	2,581	8,109
(iv) Number treated in schools	346	1,351	1,697

Home Visits by Health Visitors.

The Health Visitors paid visits to 8,680 homes for counselling and guidance about school children. A classification of visits is as follows:—

	1st Visits.	Revisits.	Totals.
Physical	759	832	1,591
"Settling-in", behaviour, &c.	3,193	3,318	6,511
Cleanliness, &c.	302	276	578
	4,254	4,426	8,680

Health Assistants paid visits to 34 homes for reasons including guidance, and demonstration of cleansing verminous heads.

G. Audiometric Results.

	One ear affected				Both ears affected				
	Normal/I	Normal/II	Normal/III	I/Both	I/II	II/II	I/III	II/III	III/Both
In ordinary schools	331	19	1	106	3	8	—	—	—
Linksfield School for the Deaf	—	—	—	—	—	15	—	—	36

6 boys and 2 girls with Grade IIB hearing in both ears are included in classes for partially hearing pupils at King Street School.

H. Immunisation.

Diphtheria/Tetanus Immunisation.

Figures for 1965-1966 are as follows:—

Total number of visits paid to schools	97
Number of school children fully immunised for the first time for diphtheria	3
Number of school children fully immunised for the first time for tetanus	1,258
Number of school children who received a reinforcing injection for diphtheria	60
Number of school children who received a reinforcing injection for diphtheria/tetanus	2,402
Number of children fully immunised for the first time for diphtheria/tetanus	123

The above figures reflect the changing trend in pre-school immunisation and the difficulty experienced in obtaining the services of medical officers to carry out this work.

Prevention of Tuberculosis.

2,127 pupils aged thirteen were tested for susceptibility. 538 (or 25.3 per cent.) were found to already have acquired an immunity (and of these, 144 had previously received B.C.G. immunisation) whilst 1,589 (or 74.7 per cent.) were tuberculin negative. Of the latter 1,566 received B.C.G. vaccine. Chest X-rays were carried out as required.

I. School Meals.

An average of 65 breakfasts were supplied each day (as compared with 70 in 1964-1965). Two-course lunches have been supplied daily during the year to an average of 5,423 pupils (as compared with 5,365 in 1964-1965).

J. School Milk.

The average number of bottles (one-third pint) of pasteurised milk daily was 26,106 as compared with 25,907 in the previous year.

DENTAL SERVICES.

During the past year the dental services for school children proceeded as outlined in previous reports.

Staffing.

At the beginning of the session there were three full-time dental officers, and one part-time dental officer, although the establishment should be six officers. Miss J. L. Milne resigned on marriage in March and this further loss was only partially made good when Mrs. L. Gourdie began on a part-time basis in May.

In February, Dr. R. Morrison, Dental Officer, Scottish Home and Health Department, carried out a D.M.F. survey of the teeth of Aberdeen children aged 5, 11 and 15. It was hoped to include the results of the survey for comparison with earlier ones, but the figures were not available over six months after the survey.

Dental Inspection and Treatment.

Just over 50 per cent. of the school population was inspected in the course of the year, and some 63 per cent. were found in need of treatment. The percentage of children in need of dental care has remained in the sixties over the past few years simply because too many parents do nothing about their children's dental condition. This is all too obvious to the dental officer with the record card and the child at routine inspections.

The corresponding figures for the previous year are given in brackets, and except for minor differences do not vary much.

Dental Inspection and Treatment 1965-66.

	1965-66.	(1964-65).
(1) Number of Children Examined—		
(a) At routine inspections	16,789	(20,557)
(b) As Specials	429	(424)
Total	17,218	(20,981)
(2) Number with Dental Defects	10,758	(12,044)
(3) Number Offered Treatment	10,260	(11,997)
(4) Number actually Treated	3,837	(3,457)
(5) Number of Attendances	9,651	(8,615)
(6) Fillings—		
(a) Permanent Teeth	6,911	(6,437)
(b) Temporary Teeth	3,089	(1,842)
Total	10,000	(8,279)
(7) Extractions—		
(a) Permanent Teeth	377	(366)
(b) Temporary Teeth	1,727	(1,500)
Total	2,104	(1,866)
(8) Number of Administrations of a General Anaesthetic	54	(36)
(9) Other Operations—		
(a) Permanent Teeth	3,543	(2,897)
(b) Temporary Teeth	467	(343)
Total	4,010	(3,240)
(10) Number of Children Supplied with Artificial Dentures	7	(12)

Orthodontic Treatment.

(a) Number of Children given Orthodontic Treatment	213	(192)
(b) Number of Cases continued from previous year	116	(103)
(c) Number of New Cases	97	(89)
(d) Number of Cases completed	53	(58)

(e) Number of Cases continuing at end of Year . .	142	(116)
(f) Number of Attendances for Treatment . . .	865	(706)
(g) Number of Appliances fitted	103	(98)
(h) Number of Extractions for Orthodontic Purposes—		
(a) Permanent Teeth	133	(114)
(b) Temporary Teeth	68	(49)
Total . .	201	(163)
(i) Number of Radiographs for Orthodontic Purposes—		
(i) Intra-Oral	33	(18)
(ii) Extra-Oral	106	(74)
Total . .	139	(92)

TABLE

SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT.	Total Examined. All ages.
1. Clothing unsatisfactory	5,162
2. Footgear unsatisfactory	,,
3. Cleanliness—	
(*a*) Head: Nits	,,
Vermin	,,
(*b*) Body: Dirty or Verminous	,,
4. Skin—	
(*a*) Head:	
Ringworm	,,
Impetigo	,,
Other Diseases	,,
(*b*) Body:	
Ringworm	,,
Impetigo	,,
Scabies	,,
Other Diseases	,,
5. Nutritional state—	
Slightly defective	,,
Bad	,,
6. Mouth and Teeth Unhealthy	,,
7. Naso-Pharynx—	
(*a*) Nose:	
(i) Obstruction requiring observation	,,
(ii) Obstruction requiring Operative Treatment	,,
(iii) Other Conditions	,,
(*b*) Throat:	
(i) Tonsils requiring observation	,,
(ii) Tonsils requiring Operative Treatment	,,
(*c*) Glands:	
(i) Requiring observation	,,
(ii) Requiring Operative Treatment	,,
8. Eyes—	
(*a*) External Diseases:	
Blepharitis	,,
Conjunctivitis	,,
Corneal Opacities	,,
Squint	,,
Other Diseases	,,
(*b*) Visual Acuity (Snellen):	
Defective—Fair	,,
Bad	,,
Recommended for Refraction	,,
Number wearing Glasses	,,
9. Ears—	
(*a*) Diseases:	
Otorrhœa	,,
Other Diseases	,,

I

Examinations.

in each age-group suffering from particular defects.

Entrants.				Leavers				All Ages.			
Boys 1,413		Girls 1,356		Boys 1,205		Girls 1,188		Boys 2,618		Girls 2,544	
1	·07	—	—	—	—	—	—	1	·04	—	—
2	·14	—	—	—	—	—	—	2	·08	—	—
2	·14	2	·15	—	—	1	·08	2	·08	3	·12
—	—	—	—	—	—	—	—	—	—	—	—
2	·14	1	·07	2	·17	—	—	4	·15	1	·04
1	·07	—	—	—	—	—	—	1	·04	—	—
3	·21	2	·15	—	—	—	—	3	·11	2	·08
7	·5	4	·29	2	·17	6	·51	9	·34	10	·39
—	—	1	·07	—	—	—	—	—	—	1	·04
—	—	—	—	2	·17	—	—	2	·08	—	—
2	·14	3	·22	1	·08	2	·17	3	·11	5	·20
23	1·63	22	1·62	60	4·98	59	4·97	83	3·17	81	3·18
26	1·84	43	3·17	12	·99	9	·76	38	1·45	52	2·04
1	·07	2	·15	2	·17	—	—	3	·11	2	·08
75	5·31	79	5·83	43	3·57	35	2·95	118	4·51	114	4·48
109	7·71	89	6·56	37	3·07	31	2·61	146	5·58	120	4·71
38	2·7	25	1·84	2	·17	3	·25	40	1·53	28	1·10
—	—	2	·15	—	—	3	·25	—	—	5	·20
128	9·06	155	11·43	28	2·32	35	2·95	156	5·96	190	7·47
125	8·85	127	9·37	11	·91	23	1.94	136	5·20	150	5·90
84	5·94	109	8·04	14	1·16	19	1.60	98	3·74	128	5·03
73	5·17	58	4·28	1	·08	5	·42	74	2·83	63	2·48
13	·92	15	1·11	4	·33	10	·84	17	·65	25	·98
1	·07	1	·07	—	—	2	·17	1	·04	3	·12
—	—	—	—	—	—	1	·08	—	—	1	·04
51	3·61	48	3·54	8	·66	26	2·19	59	2·25	74	2·91
2	·14	2	·15	5	·41	5	·42	7	·27	7	8·28
132	9·34	125	9·21	66	5·48	99	8·33	198	7·56	224	2·81
37	2·62	40	2·95	23	1·91	26	2·19	60	2·29	66	1·59
17	1·2	19	1·40	19	1·58	23	1·94	36	1·38	42	·65
4	·28	7	·52	31	2·57	44	·17	35	1·34	51	2.00
11	·78	9	·66	2	·17	2	·17	13	·50	11	·43
11	·78	12	·89	4	·33	9	·76	15	·57	21	·83

TABLE

SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT.	Total examined. All ages.
9. Ears—(Continued)—	
(*b*) Defective Hearing :	
Grade I	5,162
Grade IIA	,,
Grade IIB	,,
Grade III	,,
10. Speech—	
Defective articulation	,,
Stammering	,,
11. Mental and Nervous Condition—	
(*a*) Backward	,,
(*b*) Dull	,,
(*c*) Mentally deficient (Educable)	,,
(*d*) Mentally deficient (Ineducable)	,,
(*e*) Highly nervous or unstable	,,
(*f*) Difficult in behaviour	,,
12. Circulatory System—	
(*a*) Organic heart disease :	
(i) Congenital	,,
(ii) Acquired	,,
(*b*) Functional conditions	,,
13. Lungs—	
Chronic bronchitis	,,
Suspected tuberculosis	,,
Other diseases	,,
14. Deformities—	
(*a*) Congenital	,,
(*b*) Acquired (Infantile paralysis)	,,
(*c*) Acquired (Probably rickets)	,,
(*d*) Acquired (Other causes)	,,
15. Infectious diseases	,,
16. Other diseases or defects	,,
17. Classification :	
Group I	,,
Group IIA	,,
Group IIB	,,
Group IIC	,,
Group III	,,
Group IVA	,,
Group IVB	,,
Number Notified to parents	,,
Number under observation	,,
Number of Parents present	,,

I (Continued.)

EXAMINATIONS.

in each age-group suffering from particular defects.

ENTRANTS.				LEAVERS				ALL AGES.			
Boys 1,413		Girls 1,356		Boys 1,205		Girls 1,188		Boys 2,618		Girls 2,544	
6	·43	8	·59	1	·08	7	.59	7	·27	15	·59
—	—	—	—	1	·08	—	—	1	·04	—	—
—	—	—	—	—	—	—	—	—	—	—	—
1	·07	2	·15	—	—	—	—	1	·04	2	·08
38	2·7	13	·96	1	·08	—	—	39	1·49	13	·51
8	·57	2	·15	3	·25	1	·08	11	.42	3	·12
6	·43	2	·15	2	·17	—	—	8	·31	2	·08
—	—	—	—	—	—	2	·17	—	—	2	·08
—	—	1	·07	—	—	—	—	—	—	1	·04
—	—	—	—	—	—	—	—	—	—	—	—
17	1·2	11	·81	6	·49	3	·25	23	·88	14	·55
28	1·98	14	1·03	4	·33	8	·67	32	1·22	22	·86
3	·21	4	·29	2	·17	3	·25	5	·19	7	·28
—	—	1	·07	—	—	2	·17	—	—	3	·12
3	·21	1	·07	5	·41	5	·42	8	·31	6	·24
1	·07	2	·15	1	·08	3	·25	2	·08	5	·20
—	—	2	·15	2	·17	5	·42	2	·08	7	·28
19	1·35	7	·52	5	·41	9	·76	24	·92	16	·63
4	·28	4	·29	6	·49	7	·59	10	·38	11	·43
1	·07	—	—	1	·08	2	·17	2	·08	2	·08
11	·78	6	·44	—	—	2	·17	11	·42	8	·32
18	1·27	19	1·40	15	1·24	34	2·86	33	1·26	53	2·08
12	·85	—	—	21	1·74	15	1·26	33	1·26	15	·59
142	10·05	68	5·01	64	5·31	92	7·74	206	7·87	160	6·29
460	32·55	479	35·32	699	58·0	583	49·07	1,159	44·27	1,062	41·75
103	7·29	130	9·59	141	11·7	142	11·95	244	9·32	272	10·69
19	1·35	12	·89	17	1·41	9	·76	36	1·38	21	·83
3	·21	5	·37	2	·17	5	·42	5	·19	10	·39
715	50·60	550	40·56	252	20·91	300	25·25	967	36·94	850	33·41
172	12·17	46	3·39	68	5·64	141	11·87	240	9·17	187	7·35
53	3·75	34	2.51	31	2·57	31	2·61	84	3·21	87	3·42
163	11·54	144	10·61	193	16·02	141	11·87	356	13·60	285	11·20
940	66·53	810	59.73	277	22·99	353	29·71	1,217	46·49	1,163	45·72
1,353	95·75	1,277	94·17	375	31·12	452	38·05	1,728	66·00	1,729	67·96

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	5,162	1	·02
2. Footgear unsatisfactory	,,	2	·04
3. Cleanliness—			
(*a*) Head: Nits	,,	5	·10
Vermin	,,	—	—
(*b*) Body: Dirty or Verminous	,,	5	·10
4. Skin—			
(*a*) Head: Ringworm	,,	1	·02
Impetigo	,,	5	·10
Other diseases	,,	19	·37
(*b*) Body: Ringworm	,,	1	·02
Impetigo	,,	2	·04
Scabies	,,	8	·16
Other diseases	,,	164	3·18
5. Nutritional State—			
Slightly defective	,,	90	1·74
Bad	,,	5	·10
6. Mouth and teeth unhealthy	,,	232	4·49
7. Naso-pharynx—			
(*a*) Nose:			
(i) Obstruction requiring observation	,,	266	5·15
(ii) Obstruction requiring operative treatment	,,	68	1·32
(iii) Other conditions	,,	5	·10
(*b*) Throat:			
(i) Tonsils requiring observation	,,	346	6·70
(ii) Tonsils requiring operative treatment	,,	286	5·54
(*c*) Glands:			
(i) Requiring observation	,,	226	4·38
(ii) Requiring operative treatment	,,	137	2·65
8. Eyes—			
(*a*) External diseases:			
Blepharitis	,,	42	·81
Conjunctivitis	,,	4	·08
Corneal opacities	,,	1	·02
Squint	,,	133	2·58
Other diseases	,,	14	·27
(*b*) Visual acuity with/without glasses:			
Fair	,,	422	8·18
Bad	,,	126	2·44
Recommended for refraction	,,	78	1·51
9. Ears—			
(*a*) Diseases:			
Otorrhœa	5,162	24	·47
Other diseases	,,	36	·70
(*b*) Defective hearing:			
Grade I	,,	22	·43
Grade II*a*	,,	1	·02
Grade II*b*	,,	—	—
Grade III	,,	3	·06
10. Speech—			
Defective articulation	,,	52	1·01
Stammering	,,	14	·27
11. Mental and Nervous Condition—			
(*a*) Backward	,,	10	·19
(*b*) Dull	,,	2	·04
(*c*) Mentally deficient (educable)	,,	1	·02
(*d*) Do. (ineducable)	,,	—	—
(*e*) Highly nervous or unstable	,,	37	·72
(*f*) Difficult in behaviour	,,	54	1·05
12. Circulatory System—			
(*a*) Organic heart disease:			
(i) Congenital	,,	12	·23
(ii) Acquired	,,	3	·06
(*b*) Functional conditions	,,	14	·27
13. Lungs—			
Chronic bronchitis	,,	7	·14
Suspected tuberculosis	,,	9	·17
Other diseases	,,	40	·77
14. Deformities—			
(*a*) Congenital	,,	21	·41
(*b*) Acquired (infantile paralysis)	,,	4	·08
(*c*) Acquired (probably rickets)	,,	19	.37
(*d*) Acquired (other causes)	,,	86	1·67
15. Infectious diseases	,,	48	·93
16. Other diseases or defects	,,	366	7·09
17. Classification:			
Group I	,,	2,221	43·03
Group II*a*	,,	516	10·00
Group II*b*	,,	57	1·10
Group II*c*	,,	15	·29
Group III	,,	1,817	35·20
Group IV*a*	,,	427	8·27
Group IV*b*	,,	149	2·90
Number notified to parents as suffering from defects	,,	641	12·42
Number under observation	,,	2,380	46·11
Number of parents present at inspection, 3,457 (66.97%)	,,	—	—
Number wearing glasses	,,	86	1·67

Table II.

Systematic Medical Examinations.

Classification	Entrants		Leavers		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
I. Children free from defects	927	33·5	1,254	52·4	**2,181**	**42·2**
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	233	8·4	283	11·8	**516**	**10·0**
(*b*) Oral Sepsis, etc.	31	1·1	26	1·1	**57**	**1·1**
(*c*) Both (*a*) and (*b*)	8	2·9	7	0·3	**15**	**0·3**
Total	272	9·8	316	13·2	**588**	**11·4**
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks	1,265	45·7	552	23·1	**1,817**	**35·2**
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	218	7·9	209	8·7	**427**	**8·3**
(*b*) Where improvement only is considered possible, *e.g.*, without complete restoration of function	87	3·1	62	2·6	**149**	**2·9**
Total	305	11·0	271	11·3	**576**	**11·2**
Total number of children examined	**2,769**	**100%**	**2,393**	**100%**	**5,162**	**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	—	2	—	2
2. Partially sighted—	—	24	—	24
3. Deaf—				
Grade I	427	—	—	427
Grade IIA	54	—	—	54
Grade IIB	—	15	—	15
Grade III	—	36	—	36
4. Defective Speech—				
Defects of articulation requiring special educational measures	759	101	—	860
5. Mentally defective children (between 5 and 16 years)—				
(*a*) Educable (I.Q. approx. 50-70)	—	290	—	290
(*b*) Trainable	—	50	—	50
(*c*) Ineducable	—	—	23	23
6. Epilepsy—				
(*a*) Mild and occasional	73	11	—	84
(*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	107	29	—	136
(*c*) Organic Heart Disease	45	5	—	50
(*d*) Other causes of ill-health	267	10	—	277
8. Multiple defects—				
(*a*) Mentally defective and deaf	—	7	—	7
(*b*) Physically defective and mentally defective	—	8	—	8
(*c*) Mentally defective (ineducable) and blind	—	—	1	1

Table IV.

Heights and Weights, 1946-66.

Boys.

Year	GROUP I				GROUP II			
	Average Age		Average Height in Inches	Average Weight in Lbs.	Average Age		Average Height in Inches	Average Weight in Lbs.
	Yrs.	Mths.			Yrs.	Mths.		
1945-46	5	3	42.4	41.7	13	5	58.7	90.1
1955-56	5	3	42.5	42.2	13	5	59.5	94.4
1961-62	5	3	43.1	43.2	14	5	62.6	109.4
1962-63	5	5	43.1	43.8	14	5	62.8	111.0
1963-64	5	6	43.5	43.9	14	6	62.4	110.7
1964-65	5	6	43.6	43.8	14	6	65.8	103.8
1965-66	5	6	43.75	44.25	14	9	63.25	108.75

Girls.

Year	GROUP I				GROUP II			
	Average Age		Average Height in Inches	Average Weight in Lbs.	Average Age		Average Height in Inches	Average Weight in Lbs.
	Yrs.	Mths.			Yrs.	Mths.		
1945-46	5	3	41.7	40.3	13	5	59,4	94.9
1955-56	5	3	42.1	40.7	13	5	59.9	99.4
1961-62	5	4	42.8	41.9	14	3	61.5	110.5
1962-63	5	5	43.1	42.6	14	5	62.1	110.4
1963-64	5	6	42.3	40.8	14	5	61.5	111.6
1964-65	5	5	43.5	43.8	14	8	61.9	117.8
1965-66	5	9	43.5	42.25	14	3	62.25	114.25

31.—COST OF THE SERVICES.

The net cost of the Health, Welfare, School Health and other related services in 1965/66 (i.e. the expenditure after deducting such items of income as payments for children in nurseries or payments made by persons receiving home helps, but before deducting grant from Government funds) was £663,069, equivalent to two and two fifths pence a day for each inhabitant of the city.

(a) Health Services alone.

The net cost of the Health Services was £472,211 (or 11.88d. 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 the previous year.

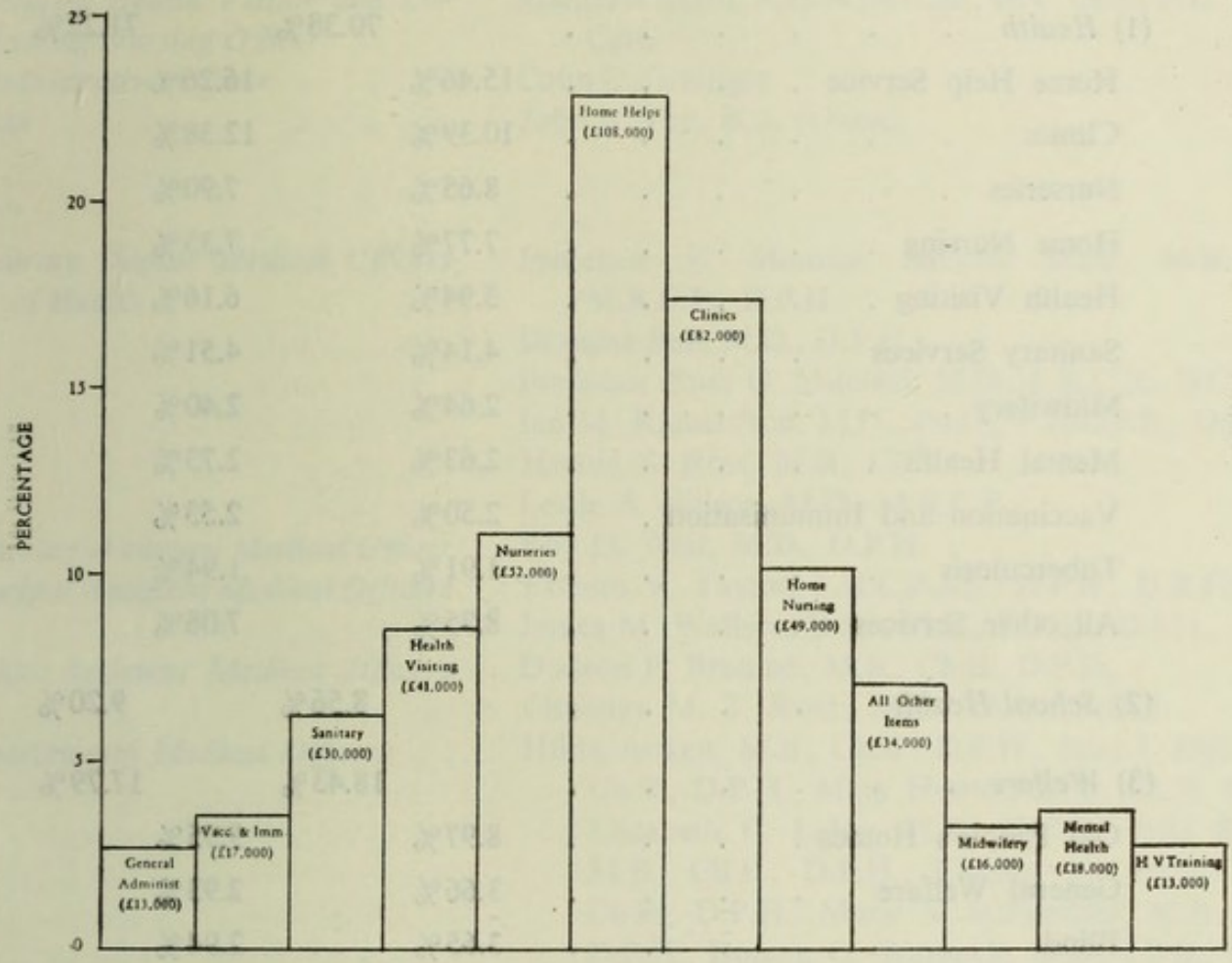
Item	Percentage 1964/65	Percentage 1965/66
Home Helps	21.96	22.82
Clinics	14.76	17.38
Nurseries	12.30	11.09
Home Nursing	11.04	10.29
Health Visiting	8.45	8.66
Sanitary Services	5.89	6.34
Midwifery	3.75	3.38
Mental Health	3.73	3.83
Vaccination and Immunisation	3.55	3.55
General Administration, &c.	3.03	2.67
H.V. Training (largely national expenditure and refunded to Corporation)	2.95	2.86
Tuberculosis	2.71	2.72
Chiropody	1.66	1.39
Health Education	1.18	.93
*Public Health (Scotland) Act, 1897	.86	.48
Pensions, &c.	.74	.64
Clean Air Act	.64	.18
Welfare Foods	.45	.35
All other items	.35	.44

*Expenditure incurred as a result of the Typhoid Outbreak.

The 1965/66 proportions are illustrated in the following diagram.

COST OF HEALTH SERVICES

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



(b) Entire Services of Health and Welfare Department.

It has to be remembered that the Department is a combined Health, School Health and Social Services Department. It is responsible not only for the Health Services under the National Health Service (Scotland) Act but also for all the services under the National Assistance Act, the Health Services under the Education (Scotland) Act, the Sanitary Services, the Meat Inspection Services, the Port Health Services, &c. The following table gives some items as percentages of total expenditure for 1965/66 as compared with 1964/65.

	1964/65		1965/66	
(1) *Health*		70.38%		71.22%
Home Help Service	15.46%		16.26%	
Clinics	10.39%		12.38%	
Nurseries	8.65%		7.90%	
Home Nursing	7.77%		7.33%	
Health Visiting	5.94%		6.16%	
Sanitary Services	4.14%		4.51%	
Midwifery	2.64%		2.40%	
Mental Health	2.63%		2.73%	
Vaccination and Immunisation . .	2.50%		2.53%	
Tuberculosis	1.91%		1.94%	
All other Services	8.35%		7.08%	
(2) *School Health*		8.56%		9.20%
(3) *Welfare*		18.43%		17.79%
Old People's Homes	8.97%		9.95%	
General Welfare	3.66%		2.93%	
Blind	3.65%		2.94%	
Physically Handicapped . . .	1.40%		1.32%	
Old People's Welfare Council . .	.75%		.65%	
(4) *Miscellaneous* (includes Lodging House, Meat Inspection, &c.) .		2.63%		1.79%

32.—STAFF AS AT 31st DECEMBER, 1966.

Medical Officer of Health and Director of Welfare	Ian A. G. MacQueen, O.B.E., 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.
Director of Advanced Nursing Education and Group Health Education	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. 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. Harold S. Ross, M.B., Ch.B. Leslie A. Wilson, M.D., M.R.C.P.
Honorary Assistant Medical Officer	Roy D. Weir, M.D., D.P.H.
Principal Assistant Medical Officers	Elspeth V. Taylor, L.R.C.P.&S., D.P.H., D.R.C.O.G. James M. Wallace, B.Sc., M.D., D.P.H., D.I.H.
Senior Assistant Medical Officers	Dodson P. Brunton, M.B., Ch.B., D.P.H. Christian M. T. Robb, M.B., Ch.B., D.P.H.
Departmental Medical Officers .	Hilda Aitken, M.B., Ch.B., D.P.H., Jean I. Hay, M.B., Ch.B., D.P.H., 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., Eleanor M. Steiner, M.B., Ch.B., D.P.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).

Dental—

Chief Dental Officer . . .	Archibald Hay, L.D.S.
Senior Dental Officer . . .	Vacant.
Dental Officers	Elizabeth S. Walker, L.D.S., Hilda C. Blair, L.D.S. (Part-time), Lois K. Gourdie, L.D.S. (Part-time). (2 vacancies).

H.V. Training and Health Education—

Director of Advanced Nursing Education and Group Health Education	D. Joan Lamont, S.R.N., S.C.M., H.V. Cert., H.V. Tutor's Cert., M.I.H.E.

Principal Health Visitor Tutor and Principal Health Education Lecturer	Alice M. G. Hay, R.G.N., S.C.M., R.F.N., H.V. Cert., H.V. Tutor's Cert.
Health Visitor Tutor and Senior Health Education Lecturer	Agnes W. Maxwell, R.G.N., S.C.M., R.F.N., H.V. Cert., H.V. Tutor's Cert.
Health Visitor Tutor and Senior Health Education Lecturer	Agnes M. Coleman, S.R.N., S.C.M., D.N., H.V. Cert., H.V. Tutor's Cert., M.I.H.E.
Centre Superintendent Health Visitor and Health Education Lecturer	Maisie A. Abbot, R.G.N., S.C.M., H.V. Cert.
Male Health Visiting Officer and Health Education Lecturer (Organiser of Display Material)	Edward B. McMillan, R.G.N., B.T.A., O.N.C., M.H.V.O.
Display Material Artist . . .	Vacant.
Dental Auxiliary	Margaret Kinghorn.

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.H. 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.) (Part-time).
Group Advisers	Anne F. Aitken, R.G.N., S.C.M. Q.N., H.V. Cert., Nursing Admin. Cert., Mary J. Ness, R.G.N., S.C.M., R.F.N., H.V. Cert., Margaret T. Sheridan, S.R.N., S.C.M., H.V. Cert., Elsie A. Simpson, R.G.N., S.C.M., M.T.O., H.V. Cert. (One vacancy).
Clinic Superintendents . . .	Wilma M. M. Craigmile, R.G.N., S.C.M., H.V. Cert., Mary F. Deans, R.G.N., S.C.M., H.V. Cert., Cert. Soc. Science, Marjorie Galloway, R.G.N., S.C.M., H.V. Cert., Flora Ledingham, S.R.N., C.M.B., H.V. Cert., Margaret C. P. Mair, R.G.N., S.C.M., H.V. Cert., Margaret Scott, R.G.N., S.C.M., H.V. Cert., Nan Sutherland, R.G.N., S.C.M., H.V. Cert., Dip. H.E., Elizabeth J. Thow, R.G.N., S.C.M., H.V. Cert., Catherine Wilson, R.G.N., S.C.M., H.V. Cert. (One vacancy).
Mental After-Care Officers . .	6 (including 1 vacancy).
Health Visitors and Male Health Visiting Officers	76½ (including 14½ vacancies).
Domiciliary Midwives . . .	10 (including 3 vacancies).
Health Assistants	8 (including 2 vacancies).
Clinic Sisters	6
Social Worker (part-time) . .	1

Welfare—

Assistant Welfare Officer & Mental Health Officer . . .	Norman W. Strath.
District Welfare Officers & Mental Health Officers	4

Sanitary—	
Chief Sanitary Inspector . .	Herbert B. Parry, M.S.I.A., Meat Cert.
Senior Sanitary Inspector . .	William Jackson, M.S.I.A., Meat Cert.
Fish Inspector	Sydney Howell, M.S.I.A., Meat Cert.
District Sanitary Inspectors . .	6
Senior Assistant Sanitary Inspectors	4 (all vacant).
Assistant District Sanitary Inspectors	4 (all vacant).
Apprentice Sanitary Inspectors .	6
Probationer Sanitary Inspector .	1
Technical Assistants . . .	5
Shops Act Inspectors . . .	2
Rat Catchers	5 (including 1 vacancy).
Meat Inspection—	
Senior Meat Inspector and Diseases of Animals Inspector	W. McDonald, Meat Inspector's Cert.
Assistant Senior Meat Inspectors .	3
Assistant Meat Inspectors . .	3
Clerical—	
Lay Administrative Officer . .	Colin C. Grainger.
Assistant Administrative Officers .	Alexander Gill, Alice M. Ledingham.
Senior Clerical Staff . . .	V. Anderson, M. M. Barry, J. S. Cowie, J. D. Davidson, A. G. Gall, D. R. Gibb, J. M. Lovie, V. F. S. Manson, S. Smith, H. Taylor.
Other Clerical Staff . . .	34 (including 5 vacancies).
Nurseries—	
Supervisor of Nurseries and Matron of Pitfodels Residential Nursery	Hilda M. F. Williamson, S.R.N., R.M.N.
Pitfodels Residential Nursery .	50 (including 20 vacancies).
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
Deeside Day Nursery—Matron—Christina Milne, S.R.N.	13
View Terrace Day Nursery—Matron—Flora Addison, R.G.N., B.T.A.	14
Old People's Homes—	
Balnagask—Superintendent and Matron—Mr. and Mrs. J. M. Kilgour	6½
Ferryhill—Matron—Annie F. Sutherland	6
Northfield—Matron—Ann J. Grant	10

Albyn—	5½
Superintendent and Matron— Mr. and Mrs. J. C. Wilson	
Newhills—	16½
Superintendent and Matron— Mr. and Mrs. W. G. Low	
Polmuir—	7½
Superintendent and Matron— Mr. and Mrs. F. Grant	
Thorngrove—	13
Matron—Mary H. Middleton	
Rosewell—	11
Matron—Jessie N. Mundie .	
Westbank—	8
Matron—Isabella B. Forsyth	
Supernumerary	1 Matron 1 Ward Orderly } (both vacant)
Night Attendants	Equivalent to 1,020 nights.

Senior Occupation and Training Centre—

Supervisor/Manager— Ann D. Lennon	8

Miscellaneous—

Dietitian	S. Orkin, B.H.S., S.R.D. (part-time).
Audiometrician	M. I. Durno.
Orthoptist	Vacant.
Senior Chiropodists . . .	R. Forbes. C. Melhuish. A. Cormack (part-time). P. I. Inglis (part-time). 2 vacancies.
Senior Physiotherapist . . .	B. White.
Physiotherapist	Vacant.
Senior Occupational Therapists .	P. Miller. L. G. Varey.
Occupational Therapist . . .	I. M. Malcolm (part-time).
Occupational Therapy Assistant .	1
Dental Surgery Assistants . .	6 (including 3 vacancies).
Clinic Attendants	7
Male Visitor, School Health Service	1
Practical Supervisors of Domestic Helps	3
Domestic Helps	Equivalent to 245 full-time.
Drivers and Porters . . .	4
Laboratory Technician . . .	1

Lodging House—

Superintendent and Matron—Mr. and Mrs. C. Greig	14