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CITY OF ABERDEEN.

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

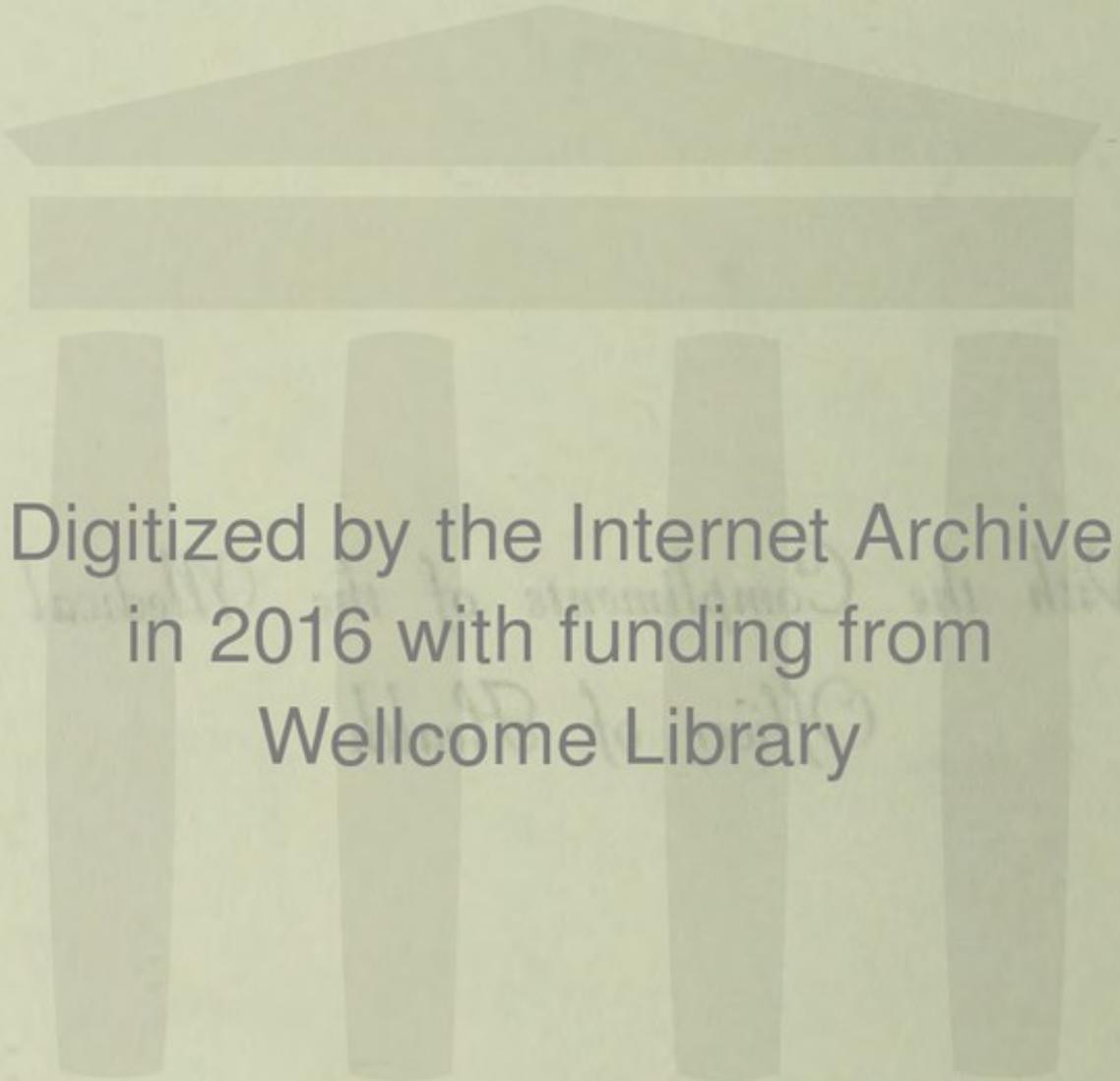
FOR THE YEAR

1967



*With the Compliments of the Medical
Officer of Health*

**WILLOWBANK HOUSE,
WILLOWBANK ROAD,
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REPORT

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1967

ABERDEEN:
PRINTED BY G. CORNWALL & SONS.

MCMLXVIII



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FOR THE YEAR

1927

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ABERDEEN

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CITY OF ABERDEEN.

SUMMARY OF STATISTICS.

The following is a summary of the principal statistics for the years 1961-67:—

	1961	1962	1963	1964	1965	1966	1967
Population (estimated)	185,222	185,678	185,953	185,034	184,414	183,463	182,117
Marriage rate (a)	9.5	9.3	9.1	9.1	9.2	9.5	10.1
Birth rate (a)	17.6	17.5	17.9	17.0	17.5	15.9	15.3
Illegitimate birth rate (b)	5.2	5.1	5.6	6.0	6.5	7.5	7.3
Still-birth rate (c)	15	18	15	15	12	10	8
Infant Mortality rate (d)	22	17	19	19	19	15	23
Neo-natal mortality rate (d)	15	12	11	14	15	10	16
Death rate (a)	12.1	11.6	12.1	11.6	11.7	12.3	11.3
Malignant diseases death rate (a)	2.38	2.22	2.35	2.51	2.48	2.51	2.60
All tuberculosis death rate (a)	0.06	0.03	0.05	0.01	0.04	0.02	0.03
Respiratory tuberculosis death rate (a)	0.05	0.02	0.04	0.01	0.03	0.02	0.03
Principal epidemic diseases death rate (a)	0.05	0.02	0.03	0.02	—	0.09	—
Average age at death (in years)	67.5	67.5	67.3	67.2	67.8	68.0	67.4

(a) = per thousand population;

(b) = per hundred births;

(c) = per thousand total births;

(d) = per thousand live births.

PREFACE.

Those of us old enough to cast our minds back to 1939 can perhaps recall a curious mixture of forboding, resignation, joy and optimism: we all dreaded the conflict but war-clouds had loomed for so long that most of us were reconciled to the inevitability of the holocaust, and many of us had a certain gladness that the era of appeasement was over and a feeling (emotional rather than intellectual) that the democracies would stand shoulder to shoulder and that we would, as so often in the past, "muddle through".

To compare small things with great, the Health and Welfare staff had rather similar mixed attitudes in 1967. For one thing visibility was lessened by the thunder-cloud of the proposal to separate Health (and School Health and Port Health) from Social Welfare, to leave about 85 - 90 per cent. of us in a Health Department shorn of its social functions and to link about 10 - 15 per cent. of us with Probation Officers and Child Care Officers; most of us regarded it as a threat—the organisations representing medical officers, health visitors, nurses, &c. were at least as vocal and unenthusiastic as were associations of Local Authorities—but the storm-cloud had loomed for so long that perhaps we tended to view the Social Work Bill as almost inevitable, and some of us (likely to remain in Health) began to wonder whether the removal of responsibility for old people's homes and occupation centres might not enable health workers to concentrate on the vital tasks of health promotion, disease prevention, health education and aetiological research, and whether a slight reduction in the size and complexity of the Department (comparable with recent alterations in the Finance Department) might not actually improve efficiency; while others of us (likely to move to the Social Department) started to speculate about whether life might be any less interesting under the leadership of a sociologist or social worker than under that of a doctor with special training in social aspects of health and disease. We groped, too, in the mist of anticipated local government changes, not knowing whether Aberdeen would remain an independent unit or would form the bulk of a unit or would become part of a large region; and the fog was thickened by occasional suggestions about integration of the various health services, with no indication of whether the Treasury would shoulder the additional payment or whether Local Authorities would consent to paying the piper without calling the tune, and with no hint as to how a service aiming primarily at health improvement and disease prevention could operate if rigorously separated from Education, Housing and Social Work. Not least, we shivered in an economic "freeze": staff vacancies grew apace; the normal method of dealing with unfillable posts—raising remuneration or improving conditions—was virtually suspended; those of us who

received no salary increases (like midwives and health visitors whose belated and almost trivial 4 per cent. came after the end of the year) or only 5 per cent. (like the writer) or only 7 per cent. (like many groups under the N.J.I.C.) could merely tighten our belts and break the tenth commandment over the pay packets or salary increases of general practitioners, medical consultants, trawler protection officers, school teachers, University and College of Education Lecturers and other relatively fortunate groups.

There is something in the British character that reacts strongly to adverse circumstances, threats and chilling doubts. Certainly a few members of staff moved out to lines that seemed less affected or temporarily better remunerated, while an even smaller number sat, hypnotised and apparently apathetic, to await the blows of fate; but the overwhelming majority intensified their efforts to serve the community, believing that major changes (whether ultimately beneficial or otherwise, and whether in the direction of fragmenting a previously well integrated Health and Welfare Department or in the direction of creating new local government boundaries) might well result in a temporary check to progress and that the best protection for the citizens was to develop or consolidate services in advance of any such changes.

Schemes involving extensive new building were inevitably ruled out, as were proposals necessitating substantial increases of staff, but 1967 was, nevertheless, **a year of sustained effort and quite remarkable achievement.**

The rest of this preface is divided into four sections, dealing respectively with the achievements of 1967, the difficulties of 1967, an innovation in the report and acknowledgments.

SOME ACHIEVEMENTS OF 1967.

INTEGRATION OF SCHOOL AND PRE-SCHOOL HEALTH SERVICES.

The pre-school child and the school pupil of a few years later are the same person, many of the psychosocial difficulties and physical ailments of the pupil originate in the pre-school years, and there is obvious danger if a household containing children aged 6 and 3 years respectively is offered conflicting advice by persons each concerned with the well-being of only one child. The integration of pre-school and school health services involved many years of planning and preparation, and took place in stages. **In the autumn of 1967 complete integration of pre-school and school health services was at last achieved. This integration is perhaps the biggest single development in the Health and Welfare Services since the creation of the Health Education Section a dozen years ago.**

END OF "SANITARY DEPARTMENT" CONFUSION.

For about eight years there had been doubt as to whether the sanitary inspectors and associated staff were or were not members of the Health and Welfare staff, much valuable time had been expended in arguing the point and more time had been devoted to the avoidance of any possible friction while the question was *sub judice*, the Corporation's ultimate decision about the Sanitary Section constituting an integral part of the Health Department being challenged in

the Court of Session. In 1967, following the decision of the Court of Session in favour of the Corporation, an appeal was lodged and later formally withdrawn. **The Sanitary Section is now indubitably part of the Health Department.**

While the things mentioned above will have enormous, long-term, beneficial effects, the development of greatest immediate effect was perhaps in **Family Planning**. Aberdeen was for many years a pioneer in family planning and until fairly recently the Corporation's clinic was the only family planning clinic in Britain conducted by a local authority. In 1967 (and in the late autumn of 1966) provision of free facilities, expansion of the number of sessions and widespread health education about the desirability of family planning combined to create a **55 per cent. rise in the number of new attenders**—from 653 to 1,013—and an increase in the numbers in the Registrar-General's Social Class V from 5 per cent. to 12 per cent. of all attenders. The figure of 1,013 new attenders can be compared with the annual number of marriages (about 1,800) although this does not imply that all new attenders were recently married.

Although the chapter of the report dealing with health education stresses that quality is more important than quantity, quality has been fully maintained, and the **SHEER NUMBER OF LECTURE DISCUSSIONS GIVES AN INDICATION OF THE SPECTACULAR DEVELOPMENT OF HEALTH EDUCATION—A THIRTY-FIVE PER CENT. RISE**, from 2,122 in 1966 (at the time a record high number) to 2,878 in 1967. Much of this increase was due to extensive development of health education in schools, e.g. full programmes in 19 primary schools as compared with 9 in the previous year. Another interesting feature of the year was the provision of small exhibitions every second month. The earlier main features of Aberdeen's health education—such as classes for prospective parents—were, of course, fully maintained and in some instances increased.

The grave shortage of health visitors is national, not merely local, as shown by the Mallaby Report and by the ten per cent. of vacant places in the health visitor training schools in Britain. In Aberdeen, although the shortage increased during the year, four important steps were taken in 1966 and 1967: (1) **REORGANISATION TO MINIMISE TRAVELLING TIME**, and provision of car allowances where necessary—health visitors paid more visits in 1966 than in previous years although the total health visiting staff was slightly smaller and only slightly fewer visits in 1967 despite still smaller staff (but as the number of children and elderly persons rose sharply the average frequency of visits had to decrease slightly); (2) **DELIBERATE INCREASE IN THE PROPORTION OF TIME DEVOTED TO GROUP HEALTH EDUCATION**—already discussed; (3) **DILUTION**—appointment of enrolled nurses with a short public health training as assistants to health visitors; and (4) **REVISION OF TRAINING ALLOWANCES TO STUDENT HEALTH VISITORS**. Although the shortage reached a peak in the autumn of 1967—18½ unfilled vacancies—there are indications that the worst of the storm has been weathered without serious impairment of the health of the citizens.

VAST
EXPANSION
OF FAMILY
PLANNING.

OUTSTANDING
PROGRESS
IN HEALTH
EDUCATION.

STEPS TO
COPE WITH
SHORTAGE OF
HEALTH
VISITORS.

INCREASED
G.P./H.V.
COLLABORA-
TION.

Despite staff shortages there was some increase during the year both in the number of health visitors attached to practices—17 by the end of the year—and in the number of health visitors in specialised posts.

PROGRESS IN
MENTAL
WELFARE.

Mental services developed appreciably. As the Corporation's earliest senior occupation and training centre approached its first anniversary, the first DAY CARE CENTRE—for 36 persons—was opened and plans were prepared for a second senior occupation centre and for a hostel for mentally handicapped adults.

STEPS TO
COPE WITH
SHORTAGES
OF S.Is.

The main steps to cope with the shortage of sanitary inspectors were taken before 1967—INCREASE IN NUMBER OF APPRENTICES, to 6; APPOINTMENT OF FOOD HYGIENE OFFICERS; and APPOINTMENT OF TECHNICAL ASSISTANTS. Considerable shortage remains, but it is at least satisfactory that two qualified inspectors were added to the staff in post during 1967—representing a 22 per cent. increase in qualified inspectors—and that six apprentices are now receiving training.

DEVELOPMENTS
IN HOME HELP
SERVICE.

At the end of 1966 the M.O.H. set up a special staff committee to study the organisation and functioning of the home help service. One of the Committee's main recommendations was the re-institution of training courses—started some years ago but discontinued owing to shortage of professional staff. BY THE END OF 1967 ALL HOME HELPS HAD BEEN GIVEN A COURSE OF TRAINING—no small achievement for an army of part-timers equivalent to 252 full-time workers. The number of families assisted by home helps continued to rise: the 1967 total of 2,414 may be compared with the total of 807 fifteen years ago.

MORE HELP
FOR OLD
PEOPLE.

The Department's REGISTER OF OLD PEOPLE requiring and prepared to accept services now stands at 7,660, having **increased by 2,000 in the last two years**; health visitors paid 23,486 visits to 5,675 old people, these figures being approximately 5,000 and 1,700 up respectively on the 1966 figures which had been by far the highest on record; home nursing was provided for 2,903 elderly persons, an increase of roughly 300 in the last two years; chiropody was provided for 4,985 persons, a rise of around 33 per cent. in the last two years, and domiciliary physiotherapy continued to increase. Unfortunately, despite these increases and that of the home help service, the URGENT WAITING LIST FOR ADMISSION TO OLD PEOPLE'S HOMES ROSE, from 171 to 258.

GOOD
IMMUNISATION
FIGURES AND
LITTLE
INFECTIOUS
DISEASE.

So far as can be judged in a year in which the recording system altered appreciably—records for such immunisations as are done by general practitioners now being sent to the Executive Council for payment and only later passed to the Local Authority for amalgamation with figures for immunisation done by its own staff—Aberdeen maintains its excellent record in respect of protection against small-pox, diphtheria, tetanus, whooping cough, poliomyelitis and tuberculosis. For all infectious diseases intimated to the Department the figures had fallen, year by year, to the almost unbelievably low total of 258 cases in 1966; in 1967 there was an outbreak of measles—504 cases—but **only 190 cases of all other infectious diseases**. Incidentally, Aberdeen remained free from small-pox for the 38th consecutive year, free from diphtheria for the 12th consecutive year and free

from poliomyelitis for the 5th consecutive year—pleasant happenings which, nevertheless, raise a question—which clinicians or public health specialists in this area are now sufficiently familiar with these diseases to make a certain diagnosis?

As is explained in the body of the report the fall in the still-birth rate (to the completely unprecedented figure of 8 per thousand total births) and the rise in the infant death rate (from the 1966 almost Swedish figure of 15 per thousand live births) are considered to be related. The maternal death rate has reached the figure of zero. The illegitimacy rate has at last shown an appreciable fall, and most of the other vital statistics are satisfactory, so long as the word "satisfactory" is not taken to imply complacency.

SOME DIFFICULTIES OF 1967.

STAFF SHORTAGES WERE GRIM, and were certainly not eased by the salary and wage freeze which started in July, 1966 (when many groups outside the Department had received or were in process of receiving substantial salary increases, whereas such grades as public health medical officers, health visitor tutors, health education lecturers, public health dental officers, health visitors, midwives, health assistants and chiropodists were, as often in the past, waiting to receive belatedly a portion of what more vociferous groups had already been awarded). To give some examples of shortages:—

- (a) **Chiropodists**—still 6 vacancies out of 8 posts at the end of the year;
- (b) **Dental Officers**—3 vacancies out of 6 posts throughout the year;
- (c) **Health visitor Tutors**—2 vacancies out of 4 posts from April onwards;
- (d) **Health visitors**—18½ vacancies out of 91 posts at end of the year;
- (e) **Sanitary inspectors and food hygiene officers**—6 vacancies out of 19 posts at end of the year;
- (f) **Midwives**—2 vacancies out of 10 posts at end of the year;
- (g) **Physiotherapists**—1 vacancy out of 2 posts throughout the year;
- (h) **Clerical staff and shorthand typists**—4 vacancies out of 44 posts at end of the year.

As indicated earlier, various steps were taken— not unsuccessfully—to minimise the detrimental effects of staff shortages, and there is some indication that the worst of the storm may have been weathered.

Although rigorous reorganisation and planning saved the community from the worst effects of staff shortage, SOME EFFECTS WERE UNAVOIDABLE. To indicate five: (a) the health visitor training school had for many years maintained a completely unique record of a hundred per cent. pass of its students year after year, and it is surely more than coincidence that in 1967—when the number of tutors fell in April from four to two (a number that still obtains at the date of compilation of this report)—there was the happening (unprecedented

in Aberdeen though usual enough in many areas) of three students being initially unsuccessful; (b) as members of staff who took an active part in health education in secondary schools left for appointments elsewhere and as replacements could not be obtained, there was some inevitable recession in what had been a singularly successful development; (c) although one small research project—to corroborate or disprove certain findings about children's diets—was started at the very end of the year, in general research work in 1967 had simply to be discarded; (d) new schemes, such as a proposal to offer screening of the population for early diabetes, were inevitably postponed; and (e) the "butter" had to be spread more thinly (e.g. average attendances per client at peripheral ante-natal clinics fell to 5.7 per person).

BUILDING DIFFICULTIES.

While the transfer of the Health and Welfare Department as a whole from a number of separate buildings to central premises was in process of being slowly achieved, the economic climate created various other difficulties. To indicate two: (a) a proposal to replace by a purpose-built structure a dangerously old building that at present houses the health visitor training school, and accommodates the public health training of student nurses, the health education headquarters, some health teaching of prospective parents and the central family planning clinic, was discussed for many months with the central government department and ultimately rejected by that department; and (b) a proposal to erect homes for 120-140 infirm old people in three linked units was similarly discussed but again without much result. Inevitably, too, staff shortages and building difficulties interacted: there was clear need, for example, for replacement of the occupational therapy workshop for physically handicapped persons by a larger building and for the opening of a hostel for mentally handicapped adults, but professional workers, already over-worked because of shortages and already aware that proposals involving buildings had little chance of success, tended to feel that no useful purpose would be served by devoting time which they could ill spare to the preparation of schemes.

THE DOMICILIARY MIDWIFERY DIFFICULTY.

As the amount of home confinements dwindled and as very early discharges from hospital increased, the Corporation had at least three possible courses of action.—(1) They could continue to employ 10 or 11 domiciliary midwives who would be thoroughly bored because they had to spend more than half their working lives in travelling and in being "on call"—an unsatisfactory situation for the midwives and a very expensive solution for the Corporation. (2) They could reduce the number of midwives and ask health visitors (who have, of course, midwifery qualifications) to pay the necessary daily visits to children aged 5-10 days—unsatisfactory for the midwives who would spend even higher proportions of their working time in travelling or being "on call", and very expensive for the Corporation both in respect of paying midwives mainly for sitting near a telephone and in respect of employing more highly qualified officers to undertake maternity nursing visits. (3) They could follow the examples of other towns and counties by bringing district nurses into the Health Department and appointing, at least for peripheral districts, district nurse/midwives for dual functions. So far the Corporation has not taken a firm decision, and the present practice is a rough—and expensive—combination of (1) and (2).

AN INNOVATION.

Some years ago in a brief review of the uses and functions of the annual report the point was made that the annual report of a Medical Officer of Health is unusual—but not unique—in that the caller of the tune, the payer of the piper and the owner of the music are all different: the annual report is a statutory report to the Secretary of State who cannot debar an M.O.H. from dealing with any matter related to health but has the right to require the specific inclusion of items; the production of the report is paid from Corporation funds but the Corporation have no responsibility for what is said in it; and after publication it appears not to become either a Home and Health Department document or a Corporation document but to have its ownership vested in the M.O.H.

There is, however, another important peculiarity as will be seen by considering first the work of a division and then the portion of the report dealing with that division. Unquestionably the Medical Officer of Health has an over-all administrative responsibility for the work: and incidentally, the task is never easy of co-ordinating different divisions containing officers with divergent professional skills and having aims not quite identical, of balancing the staffing claims and equipment demands of different divisions, of acting as trouble-shooter in inter-sectional arguments and in conflicts between a segment of the Department and an outside service, and of persuading the head of one section that it might be useful to try a new technique that had proved effective in another division or section. Yet in any one division it is primarily the divisional head who is responsible for staff management, organisation of work, determination of priorities, experimentation and even policy decisions (including decisions large enough to need subsequent ratification). After all the M.O.H. cannot be expected to be simultaneously an expert in the administration of health visiting and dental services (without ever having qualified as either a health visitor or a dental officer), an expert on the organisation of community health education (without ever having had formal training in health education), an expert on the administration of health services for children (without having carried out either a clinical or a psychological assessment of an individual child for years), an expert in epidemiological research, an expert in the organisation of preventive and medico-social supportive services for old people, an expert in personnel management and an expert in departmental budgeting. It is no discredit to any M.O.H. in charge of a large and very complex department to say that the efficient functioning of a division depends largely on the enthusiasm, initiative and managerial ability of the particular divisional head. Again, when the annual report is being drafted, the chapter on any division is—in every department—normally prepared by its head. Again the M.O.H. has over-all responsibility but,

on a good draft written by a competent divisional head, his work is often largely simply that of an editor. Consequently if a division does excellent work and if the divisional head describes that work particularly well, the M.O.H. may get considerable credit but there may be no mention of the individual who planned and co-ordinated the work, led the team of workers and did the actual writing.

To get rid of that peculiarity there has been placed this year after most chapter headings the name of the officer concerned. Where this has not been done there is a reason, e.g. involvement of several officers in a single chapter. The Medical Officer of Health still accepts responsibility for the entire report, and indeed in some chapters the original draft has been condensed or altered appreciably; but at least the innovation will make it possible for the divisional head to share credit for achievement or conversely to share responsibility for lack of achievement.

ACKNOWLEDGMENTS.

This section of the preface may fittingly start with two quotations from the report for 1966:—

- (1) "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. It is perhaps inevitable that for some time many records of 1966 will stand."
- (2) "Dangerous and steadily increasing staff shortages prevented many desirable developments or even forward planning towards such developments; and staff morale fell appreciably."

All concerned with the well-being of the Health and Welfare Services in 1967 had to grapple with the threefold difficulty of increasing staff shortages, lowered staff morale and the saddening knowledge that the statistics of 1967 could not in the nature of things be expected to rival those of 1966. These difficulties were resolutely grasped: 1967 ended with staff morale higher than in the previous year, with at least a suggestion that staff shortages would be overcome, with some really tremendous achievements during the year and with some vital statistics (e.g. illegitimacy rate, stillbirth rate and maternal death rate) even better than those of 1966. The acknowledgments that follow are, therefore, more than matters of courtesy: they represent an attempt to pay sincere tribute to people who converted a singularly difficult year into one of remarkable and outstanding success.

Let me first acknowledge the generous help and support of Lord Provost Lennox, Treasurer Lamond, the members of the Health and Welfare Committee and of other Corporation Committees, and in particular the unfailing interest and

wise judgment of Councillor Robert Hughes, Convener of the Health and Welfare Committee: to him more than to any other single individual belongs the credit for the sustained success of the Health and Welfare Services in recent years.

Grateful thanks are due to colleagues in other Corporation Departments, in other branches of the National Health Service and in the University. As in previous years co-operation was excellent, and that co-operation is the more remarkable in 1967 in that many Departments and many Services were—like all portions of the Health and Welfare Department—suffering from staff shortages. It is relatively easy to co-operate when every post is filled, but much harder to do so if three people are trying desperately to cover the normal work of four (or—as sometimes happened—if individuals are trying to cover double duties for month after month, or even term after term).

Lastly, but not least important, let me offer deep and genuine thanks to the enthusiastic, loyal, hard-working and in some instances brilliant staff of the Health and Welfare Department. Where so many displayed initiative, high ability and willingness to sacrifice their scanty leisure time for the maintenance of the services, it is almost invidious to mention names, but I cannot in honesty fail to pay tribute to the management skills, the planning and organising capacities and the leadership qualities of the main divisional and sectional heads. They are here mentioned in roughly descending size of division.

Miss Margaret Nairn (Chief Nursing Officer), who has already gained a well deserved national reputation, has charge of a division containing nearly half of the total staff of the Department (or responsibility for more staff than are on the total pay roll of all Departments in some large burghs). The sheer size of this Division makes its efficiency crucial. Miss Nairn, with her assistants, Miss Stephen and Miss Bennet, has for long provided the imaginative leadership and sympathetic understanding that have helped to make Aberdeen's health visiting service the envy of many areas, has with the aid of Miss Brown and later Miss Sheridan, built up and gradually extended a highly efficient and comprehensive home help service, and has, with the aid of Miss Jackson and later Miss Williamson, maintained an excellent day nursery service.

Miss Joan Lamont (Director of Advanced Nursing Education and Community Health Education) whose reputation is indicated by a unique number of distinctions—awards and travelling scholarships earlier, and national chairmanships in recent years—has charge of a singularly complex division (education of health visitors and male health visiting officers, public health training of student nurses, health education of the public, &c.). Miss Lamont and her deputy, Miss Hay, have by their

wisdom, humanity, infectious enthusiasm and unobtrusive leadership given the H.V. Training School a unique reputation (corroborated not only by the long record of all students passing at the first attempt and by pioneer developments such as the training of male health visitors but also by the numbers of staff members and former students gaining senior posts), have, with the aid of Mrs. Abbot and Mr. McMillan and of others now in top-ranking posts elsewhere, built up a completely outstanding health education section, and have, with the assistance of Mrs. Wilson, successfully tackled the vast task of giving all general student nurses training in public health.

To complete the ladies, Dr. Elspeth Taylor (Principal Assistant Medical Officer for Child Health) came to Aberdeen as recently as 1965, with the difficult task of succeeding a whole series of "giants"—Dr. Jean McIntosh, Dr. Mary Gorrie, Dr. Mabel Mitchell, Dr. Margaret Ormiston and Dr. A. W. McIntosh—as head of the Division of medical services for mothers and young children. Her work during her first two years in this city was so outstanding and her popularity with all members of staff and with officers of associated services was so great that it proved possible in 1967 to complete the long-planned integration of school and pre-school services considerably earlier than had been anticipated. With Dr. Brunton as her deputy she now has responsibility for the combined division of child health services (pre-school and school).

Dr. David Barclay (Senior Depute Medical Officer of Health) has for many years combined the heavy duties of deputy to the Medical Officer of Health—duties the heavier because the Medical Officer of Health has been appointed by the Secretary of State to several national committees—with charge of a division dealing with the services for old people, services for the physically handicapped and certain environmental services. He has tackled the double job with balanced judgment, imperturbable calm and unflinching good humour. Assisted by Dr. Robb and Miss Ness (H.V. Group Adviser on Geriatrics) he has done much to maintain Aberdeen's reputation for excellent and up-to-date old people's homes: he, Mrs. Bell (Social Adviser) and Miss Simpson (H.V. Group Adviser on Handicapped Persons) have between them built up an unusually good service for physically handicapped people; and the Meat Inspection Service, under Mr. McDonald, has for years functioned so smoothly that one often tends to forget its existence.

Dr. William Rae was appointed Junior Depute Medical Officer of Health for mental services in 1963 but was already in charge of mental welfare services for some years before that: indeed his promotion was both a result of and an index of his enthusiasm and sustained hard work. In conjunction with the five Mental After-Care Officers (who fall in part into Miss Nairn's division) he has

maintained excellent liaison with the mental hospitals and with voluntary bodies (his popularity being attested by the fact that he is at present Chairman of the local Association for Mental Health); aided by Mr. Strath (Senior Assistant Welfare Officer and Mental Health Officer) he has consolidated services for mental welfare; he and Mrs. Lennon have contrived to establish the Corporation's first occupation and training centre (opened in 1966) on a very sound foundation; and he has recently taken part in the creation of the Corporation's first day-care centre. Additionally, while these services were gradually being built up, he had until 1967 temporary charge of the school health service, pending its amalgamation with the service for pre-school children.

Mr. Herbert Parry, with Mr. Jackson as his second-in-command, has charge of the sanitary section. Since the recently settled dispute about whether the sanitary inspectors constituted part of the Health Staff has parallels in several other areas (though only in Aberdeen was the decision carried to the Court of Session) and since it is rumoured that in some such areas the M.O.H. and the C.S.I. are not on speaking terms, it may be useful to indicate that in Aberdeen the dispute remained—through all its years—at purely professional level; there was no period when the officers concerned treated each other otherwise than with courtesy. [As a typical example I recall one fiercely argued session when, as the two protagonists left together, one said to the other—“Your round to-day, I think. Have you your car or can I offer you a lift?”]

Dr. James Wallace (Principal Assistant Medical Officer for general duties) has undertaken many research investigations and his useful and eminently readable publications are widely known. He heads a small division concerned with miscellaneous public health services—for instance organisation of port health work, investigation of tuberculosis and study of accidents occurring in shops and offices. His thoroughness and attention to detail have become almost proverbial and his division continues to function with quiet efficiency.

Last, but not least Mr. Archibald Hay (Chief Dental Officer) heads the dental section, assisted by Miss Walker (Senior Dental Officer) as his second-in-command. In recent years the dental section has suffered from alarming staff shortages—proportionately even graver than those in the division of nursing education and health education or the sanitary section—but Mr. Hay and Miss Walker perform prodigies of work with minimal staff and still remain cheerful.

Other senior members of staff who do not fit into any division or section include Mr. Clark (Public Analyst), Mr. Grainger (Administrative Officer), Mr. Tait (Statistician), Miss Ledingham and Mr. Gill (Administrative Assistants) and

various medical officers and health visitors with special responsibilities of whom Dr. McGregor (M.O. in charge of family planning) and Miss MacQuien (H.V. for diabetes) may be mentioned as examples.

To all of these and to many others who are not mentioned by name grateful and sincere thanks are due at the end of a difficult year which nevertheless witnessed many remarkable achievements and outstanding successes.

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

WILLOWBANK HOUSE,
ABERDEEN.
23rd April, 1968.

CITY OF ABERDEEN.

REPORT BY THE MEDICAL OFFICER OF HEALTH

For the Year 1967.

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

(Mr. C. Grainger, Administrative Officer.)

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

GENERAL DATA.

The most northerly large city in the Commonwealth, Aberdeen is in population the third city in Scotland, and contains about 4 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 the summer the City is also a very popular seaside resort. The City has the features and problems of a regional "capital", an ancient University town, a large-scale holiday resort and a seaport, with considerable geographical isolation from other centres of population.

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

Population (estimated)— 1966, 182,874; and 1967, 182,117.

Density of Population—16.51 persons per acre. This is greater than that of Edinburgh or Dundee but less than that of Glasgow.

Number of houses—1966, 59,770; and 1967, 59,953.

Average number of persons per house (estimated mid-1966)—3.04. This number is tending to fall very gradually over the years.

Facilities available—At the 1961 census Aberdeen was less favourably 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, worsened slightly in 1967. At 12th December, 1967, the number of unemployed persons in the area covered by the Aberdeen Employment Exchange was:—

Men—1,879; Boys—24; Women—228; Girls—16; Total—2,147

METEOROLOGICAL DATA.

Temperature—During the year the lowest temperature recorded was 22°F.—which was 7°F. higher than the lowest temperature recorded in 1966. The temperature of 22°F. was recorded in the week ending 23rd December.

The highest temperature registered was 72°F. (in the weeks ending 8th and 15th July) which was equal to the highest temperature registered in 1966.

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 35.34 inches, as compared with totals of 35.60 inches in 1966 and 29.42 inches in 1965.

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	11.4	44	300	13th
February	13.6	60	180	27th
March	15.8	62	290	19th
April	11.9	67	330	5th
May	11.2	46	110	4th
June	8.7	50	290	20th
July	9.0	41	230	26th
August	7.5	37	290	31st
September	8.0	46	270	2nd
October	12.3	51	340	4th
November	9.4	47	210	14th
December	12.3	50	310	5th

2-YEAR STATISTICS

(Mr. J. B. Tai, Director)

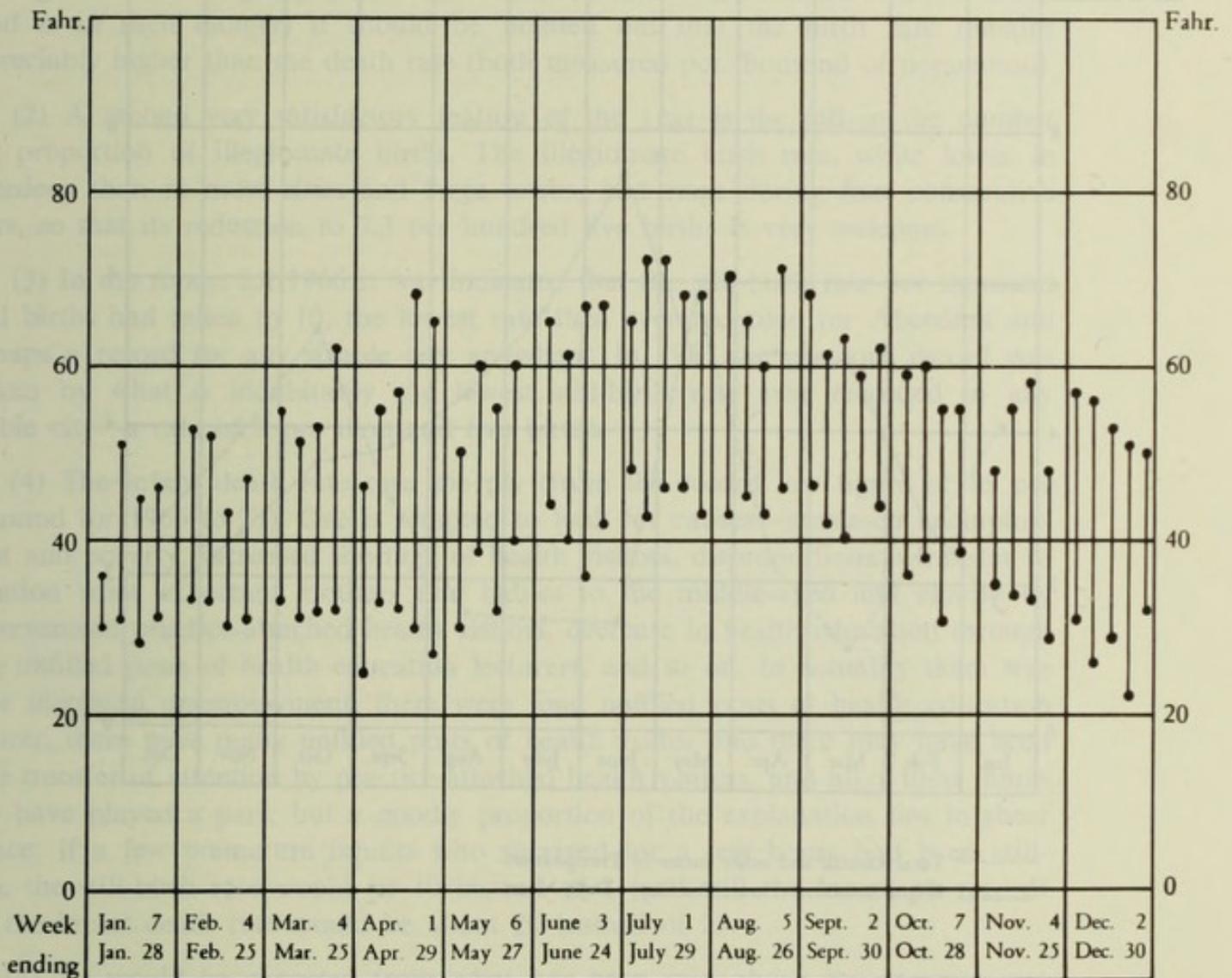
Features of the Year

For the second consecutive year the live birth rate has fallen, making a record for the most consecutive years. The number of marriages in 1967 was 1,000, a decrease of 100 from 1966. The number of divorces was 1,000, a decrease of 100 from 1966.

CITY OF ABERDEEN.

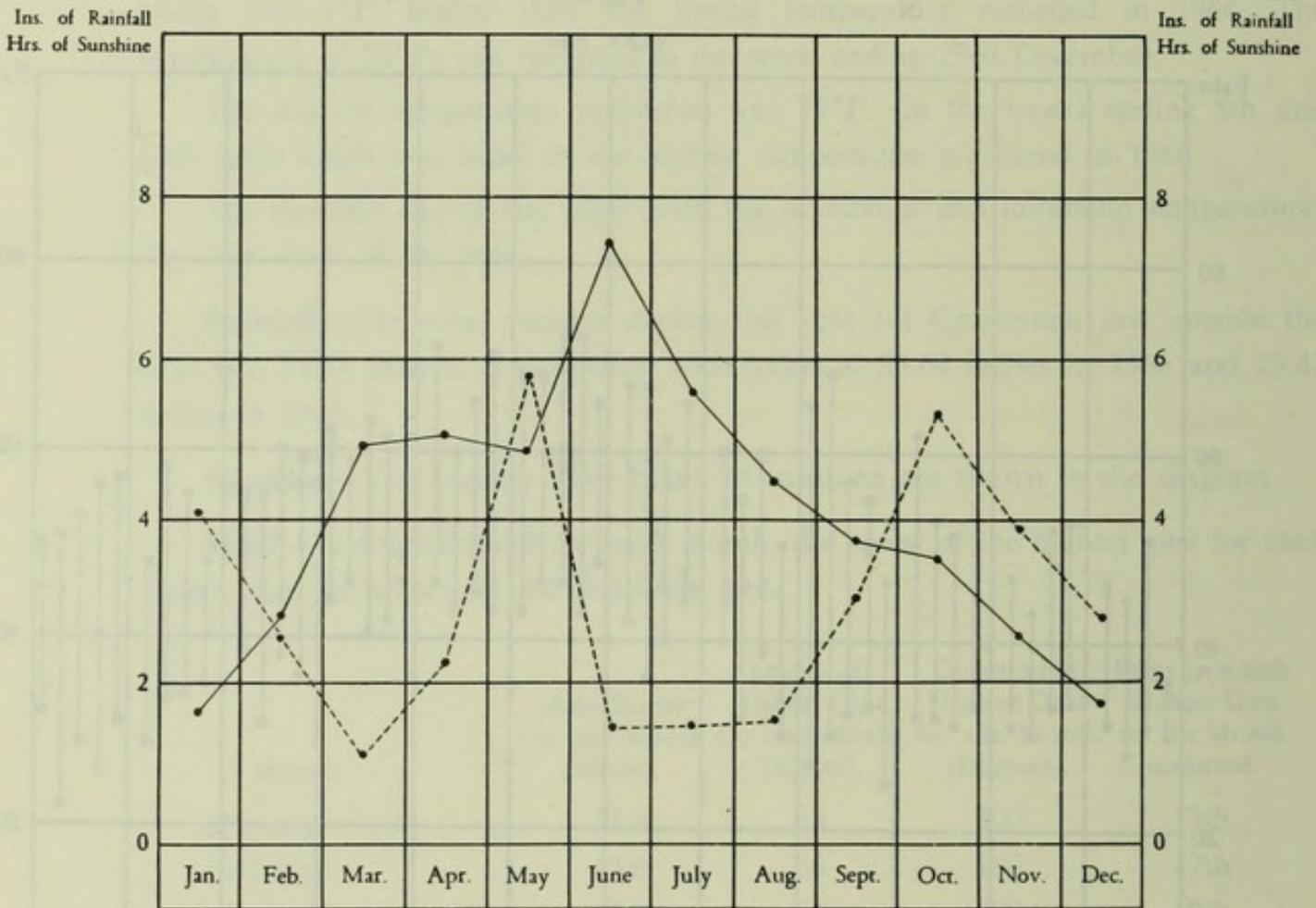
TEMPERATURE OF ATMOSPHERE—WEEKLY MAXIMA AND MINIMA
°FAHR.

YEAR 1967



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

YEAR, 1967



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

2.—VITAL STATISTICS.

(*Mr. J. B. Tait, Statistician.*)

Features of the Year.

(1) For the second consecutive year the live birth rate has fallen sharply, a feature the more remarkable in that the "bulge" generation (born 1946-47) is now of marrying age. This fall—to levels far lower than those obtaining in other Scottish cities or in Scotland as a whole—is probably connected with increased usage of the family planning clinic and with health education of all sections of the public about the desirability of family planning. Lest anyone thinks that Aberdeen is in danger of becoming depopulated (or that Scotland with similar but less marked trend is in such danger) it should be pointed out that the birth rate remains appreciably higher than the death rate (both measured per thousand of population).

(2) A second very satisfactory feature of the year is the fall in the number and proportion of illegitimate births. The illegitimate birth rate, while lower in Aberdeen than in most cities and large towns, had risen during four consecutive years, so that its reduction to 7.3 per hundred live births is very welcome.

(3) In the report for 1966 it was indicated that the still-birth rate per thousand total births had fallen to 10, the lowest rate then ever recorded for Aberdeen and perhaps a record for any sizable city anywhere. In 1967 the previous record was broken by what is indubitably the lowest still-birth rate ever recorded in any sizable city—a rate of 8 per thousand live births.

(4) The infant death rate rose sharply (from the record low figure of 15 per thousand for 1966 to 23). One is tempted to look for causes—increased unemployment and poverty, increased shortage of health visitors, disproportionate transfer of attention from expectant mothers and babies to the middle-aged and elderly by the seventeen practice-attached health visitors, decrease in health education through long unfilled posts of health education lecturers, and so on. In actuality there was some increased unemployment, there were long unfilled posts of health education lecturer, there were many unfilled posts of health visitor and there may have been some transfer of attention by practice-attached health visitors, and all of these things may have played a part; but a goodly proportion of the explanation lies in sheer chance: if a few premature infants who survived for a few hours had been still-born, the still-birth rate would be 10 instead of 8 (and still the lowest on record) and the infant death rate would be about 20 instead of 23.

(5) As would be expected from what has been said above the increase was essentially in neo-natal deaths (i.e. deaths under the age of 28 days)—from a rate of 10 in 1966 to one of 16 in 1967.

(6) Deaths in children aged 1-5 years were higher than in most recent years: indeed the 11 deaths in 1967 were as many as in 1966 and 1965 taken together. By contrast deaths in children of school age—5 in all—were far lower than in any

**BIRTHS, STILL BIRTHS, INFANT MORTALITY.
YEARS 1956-1967.**

YEAR.	No. of Live Births.	Live Births per 1,000 of Population.	Illegitimate Births, per cent. of Live Births.	No. of Still Births.	Still Births per 1,000 Total Births, Incl. Still Births.	No. of Deaths of Infants under 1 Year.	No. of Deaths of Infants under 4 Weeks.	Neo-natal Deaths per cent. of Total Infant Deaths.	Death-rates from all Causes per 1,000 Live Births.				Death-rates among Infants under 1 Year of Age from Various Causes per 1,000 Live Births.									
									Total under one Year.	Under 4 Weeks (Neo-natal Rate).	4 Weeks and under Six Months.	Six Months and under One Year.	Tuberculosis.	Common Zymotic Diseases.	* Pneumonia and Bronchitis.	Diarrhoea and Enteritis.	Congenital Malformations.	Injury at Birth.	Atelectasis.	Immaturity.	Accidents.	Other causes.
1967	2786	15.3	7.3	23	8	63	45	71	22.6	16.2	5.7	0.7	0	0	1.4	0	4	4	5.4	2.2	1	4.7
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

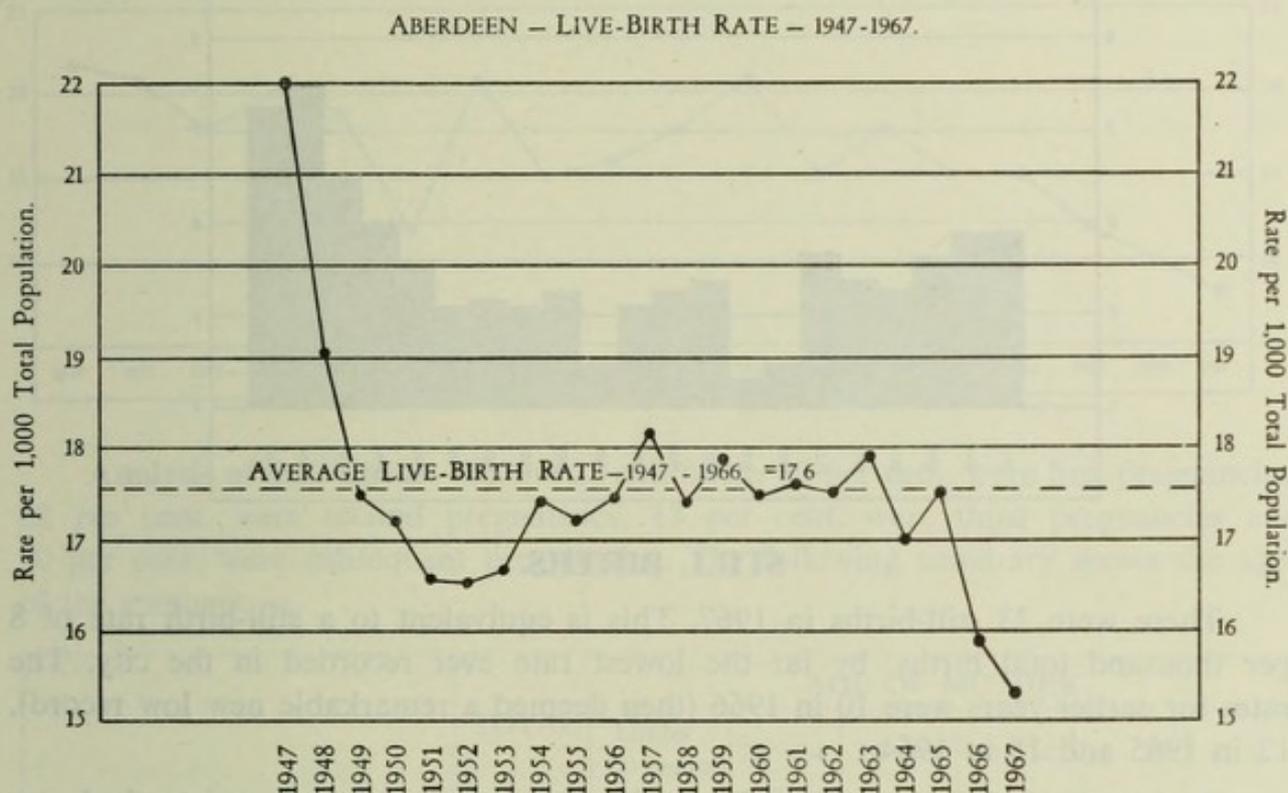
recent year. In both pre-school and school children the reduction in deaths from home and road accidents is interesting: only 3 of the 16 deaths were due to violence.

(7) The maternal mortality rate reached (as in 1964) the unbeatable level of zero.

(8) The average age at death was 67.4 years—a fall from the record high levels of 1965 and 1966.

LIVE BIRTHS.

The number of live births in Aberdeen during 1967 corrected for "transfers" was 2,786 of which 2,583 were legitimate and 203 illegitimate. The live birth rate was 15.3 per thousand of population, representing—as shown in the diagram below—a sharp fall for the second consecutive year.



The natural increase (i.e. the excess of births over deaths) was 720, as compared with 653 in 1966 and 1,073 in 1965.

In 1967 the birth rates in the other principal cities were:—Glasgow, 20.1; Edinburgh, 16.5; and Dundee 18.0. The birth rate in Scotland was 18.6.

Sex-ratio of births—Of the total 2,786 live births, 1,421 were males and 1,365 were females, giving a ratio of 1.04 (i.e. 104 males per 100 females).

ILLEGITIMATE BIRTH RATE.

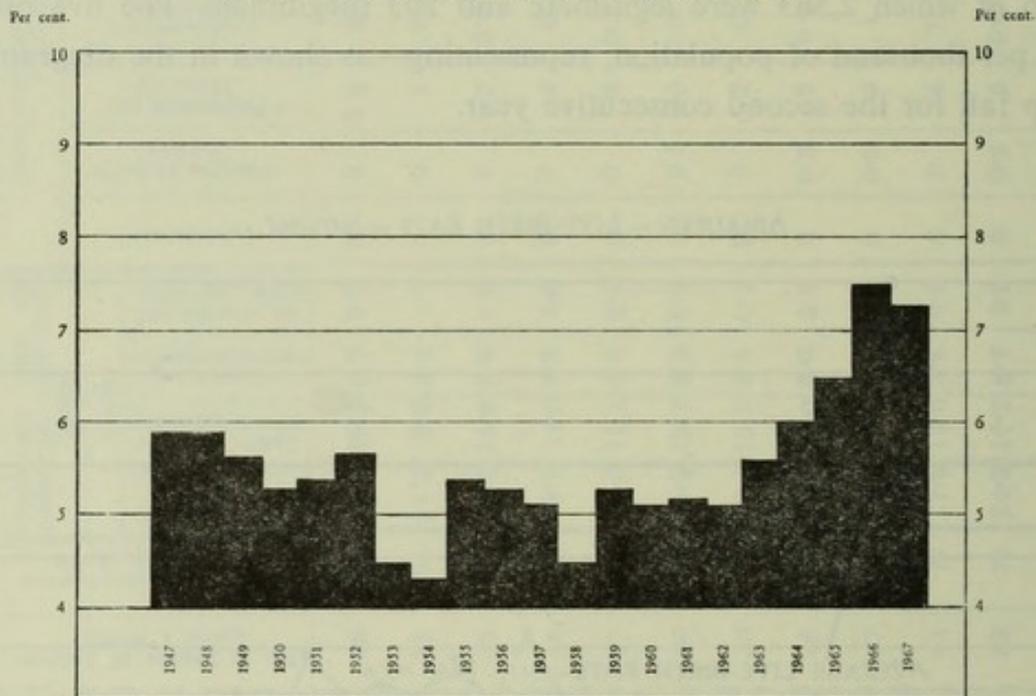
In 1967 there were 203 illegitimate live births, a rate of 7.3 per cent. of the total live births as compared with 7.5 per cent. in 1966.

For further comparison, the illegitimate birth rate in the Scottish cities in 1967 was 9.4 (and 8.7 in 1966) and for the whole of Scotland it was 6.9 (and 6.4 in 1966).

The diagram illustrates how the illegitimate birth rate in Aberdeen has changed over the years. In the period 1963-66 there was a rising trend in most areas, and Aberdeen to some extent shared in that trend. For 1967 at least the rise has ceased in Aberdeen.

ABERDEEN.

Illegitimate Births as Percentage of Live Births, 1947-1967.



STILL BIRTHS.

There were 23 still-births in 1967. This is equivalent to a still-birth rate of 8 per thousand total births, by far the lowest rate ever recorded in the city. The rates for earlier years were 10 in 1966 (then deemed a remarkable new low record), 12 in 1965 and 15 in 1964.

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, while Aberdeen's rate in the six years up to 1962 was only once above 18. From 1963 onwards there has been a steady further fall.

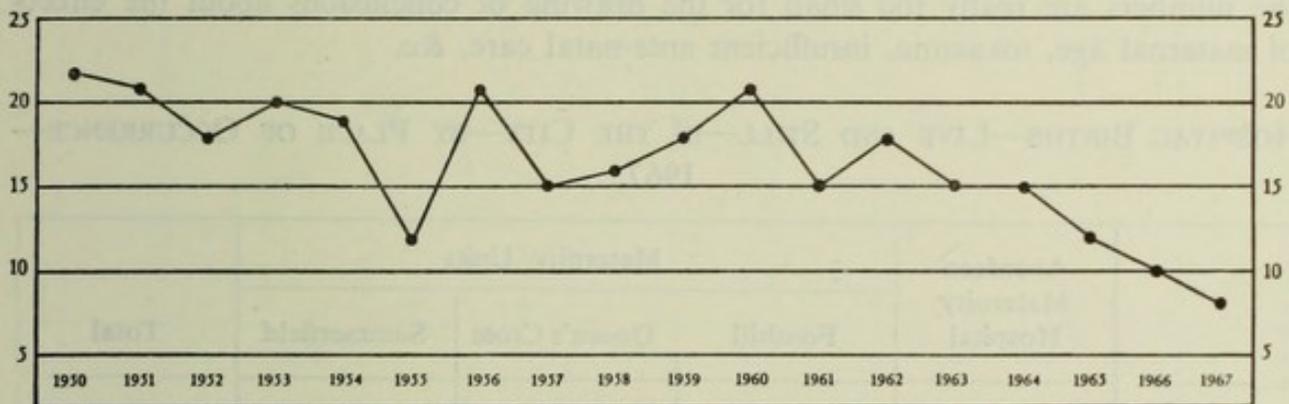
Some factors responsible for the achievement and maintenance of Aberdeen's unique record have been discussed in previous reports, but mention may again be made here of the excellent co-operation which exists between hospital and local

authority staff (medical, health education, health visiting, midwifery and nursing), 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 health education of prospective parents at ante-natal clinics and elsewhere.

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

	Still-birth Rate per 1,000 Total Births				
	1967	1966	1965	1964	1963
All Scotland	16	16	18	18	19
Glasgow	18	20	20	20	21
Edinburgh	15	13	14	16	18
Dundee	11	11	18	13	19
Aberdeen	8	10	12	15	15

ABERDEEN — STILL-BIRTH RATE — 1950-1967.



Analysis of Still Births—Of the 23 still births 30 per cent. were first pregnancies, 22 per cent. were second pregnancies, 18 per cent. were third pregnancies and 30 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	7	1	4	2	—	—	—
2nd Pregnancy	5	—	3	2	—	—	—
3rd Pregnancy	4	—	—	1	2	1	—
Subsequent Pregnancies	7	—	—	4	2	1	—
TOTAL	23	1	7	9	4	2	—

The causes of the still births were as follows:—

Premature—

Unknown	4	
Congenital Abnormalities	5	
Birth Trauma	1	
Disease of Mother	3	
	—	13

Full-time—

Unknown	4	
Congenital Abnormalities	1	
Birth Trauma	2	
Rhesus Factor	3	
	—	10
		—
		23
		—

However, now that we are down to 29 still-births in 1966 and 23 in 1967 the numbers are really too small for the drawing of conclusions about the effects of maternal age, toxæmia, insufficient ante-natal care, &c.

HOSPITAL BIRTHS—LIVE AND STILL—IN THE CITY—BY PLACE OF OCCURRENCE—1967.

	Aberdeen Maternity Hospital		Maternity Units						Total	
	Live Births	Still Births	Fonthill		Queen's Cross		Summerfield		Live Births	Still Births
¹ Grand Total	2,916	57	656	3	458	—	272	—	4,302	60
² Net Total	1,563	20	554	2	384	—	238	—	2,739	³ 22

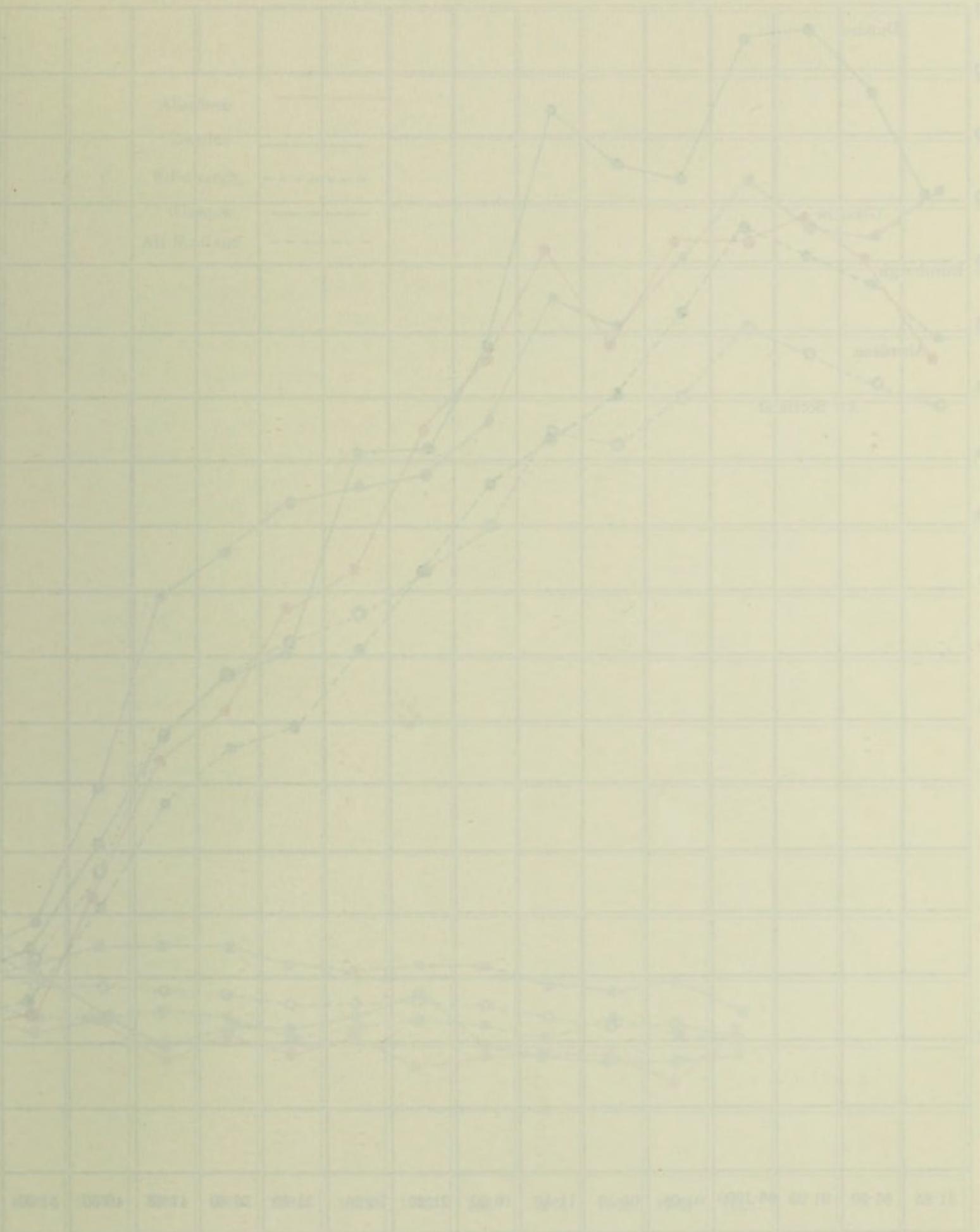
1. Includes births registered in Aberdeen and subsequently transferred out to place of usual residence and births occurring in Aberdeen but registered in place of usual residence outwith the city.
2. Excludes the categories specified in note 1.
3. Excludes 1 still birth, included in the Aberdeen figures, which occurred in Edinburgh.

INFANT DEATHS.

There were 63 infant deaths in Aberdeen in 1967 giving an infant mortality rate of 23 per thousand live births.

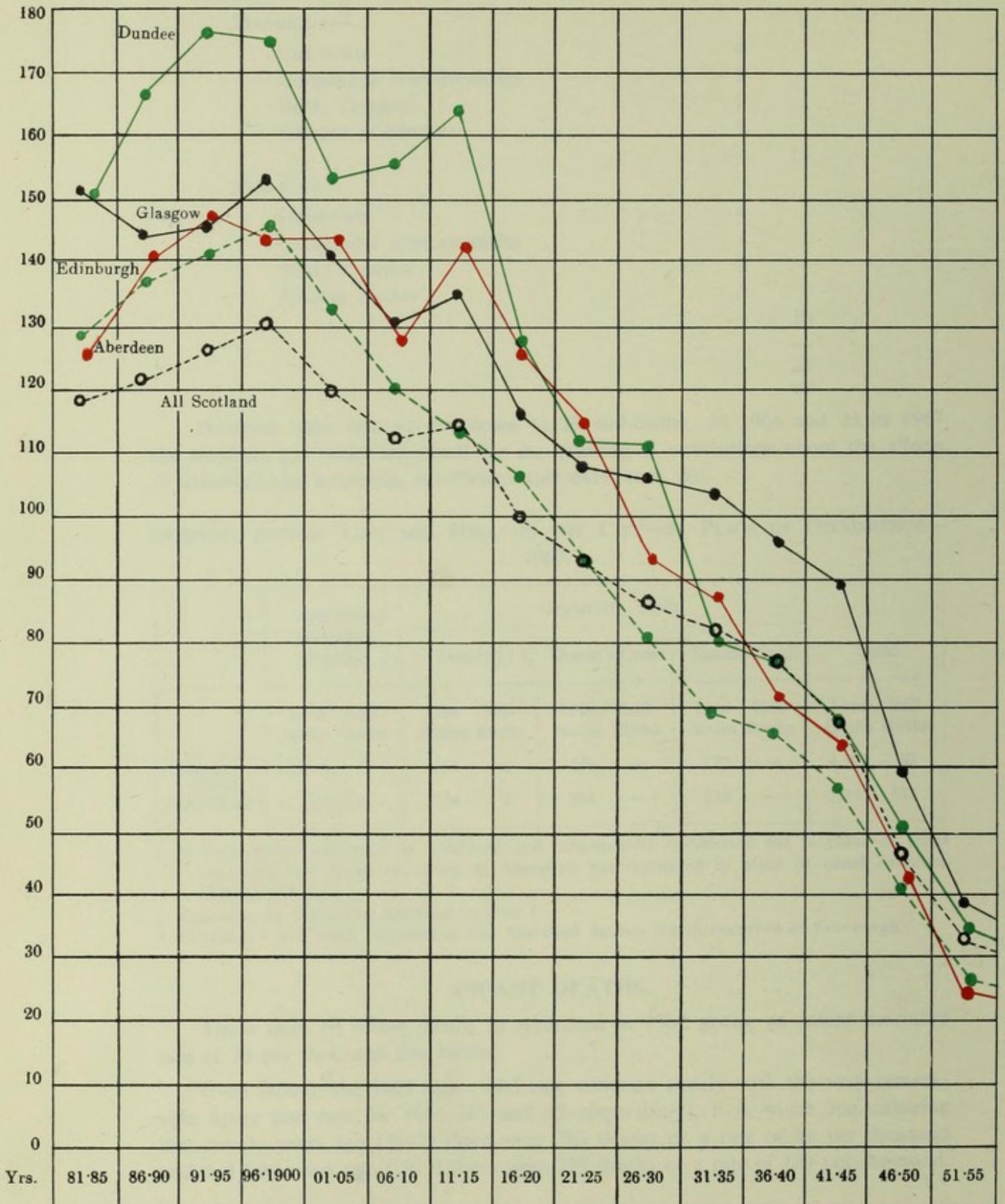
Even though the 1967 figure and rate compare poorly with the very remarkable figure and rate for 1966 (43 and 15 respectively), it is worth remembering that twenty years ago (1947) there were 263 deaths or a rate of 64 per thousand and that fifty years ago (1917) there were 399 deaths or a rate of 139 per thousand.

Chart 1: Investment Performance



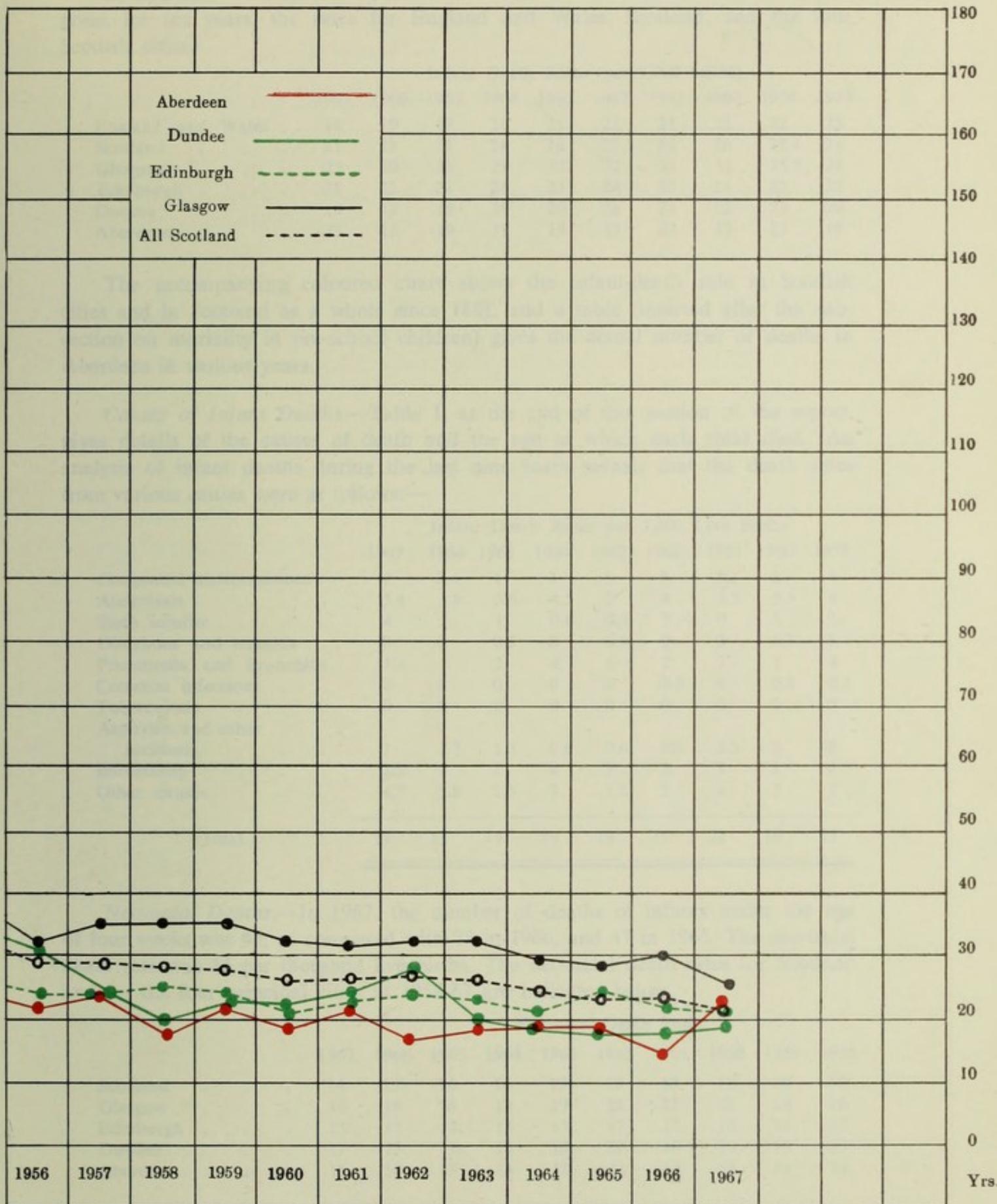
INFANT MORTALITY RATE— 1881-1967 —

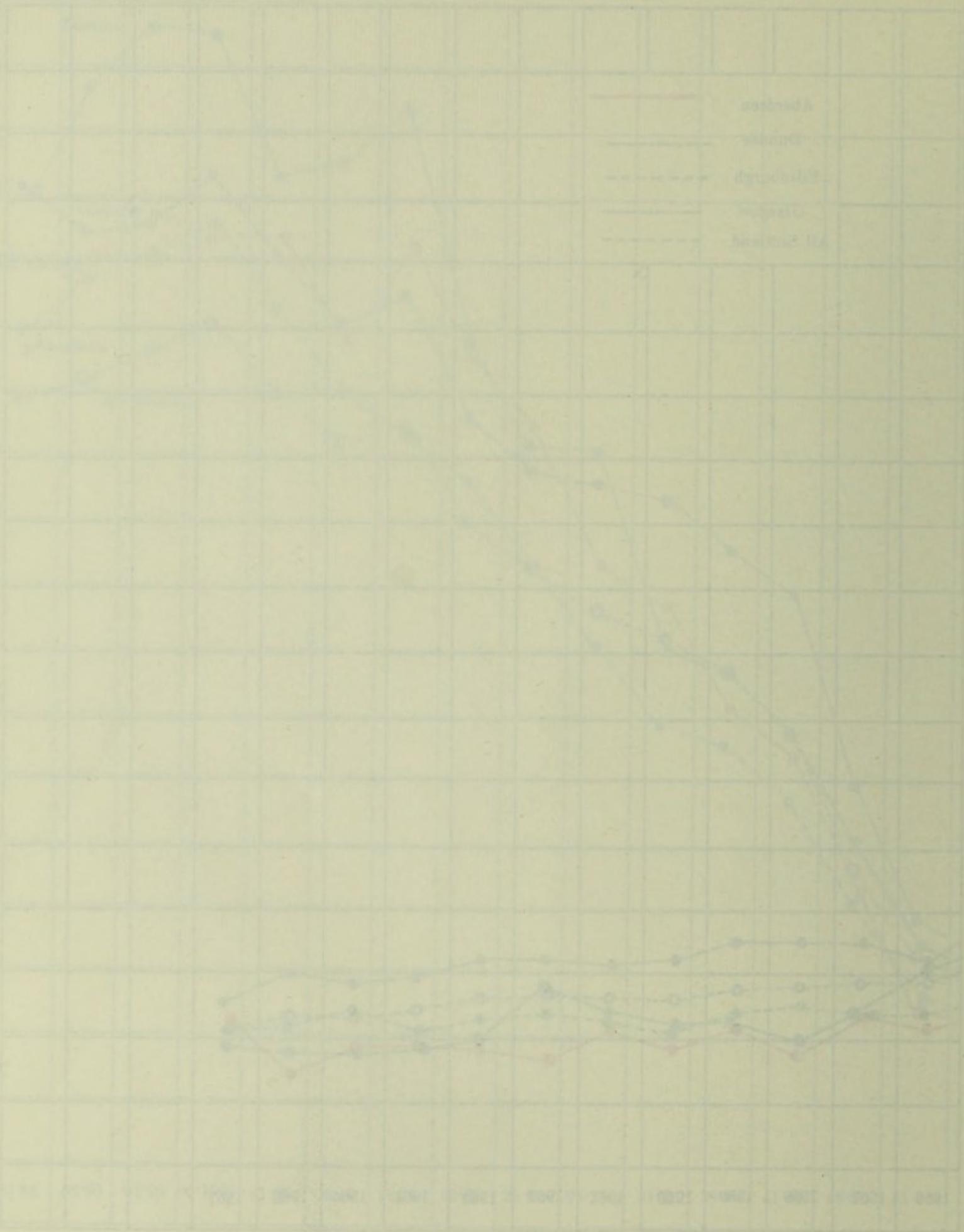
Deaths under 1 year



—QUINQUENNIAL AVERAGES, 1881-1955.

per 1,000 Births.





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

	Infant Death Rates (per 1,000 births)									
	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
England and Wales	18	19	19	20	21	22	21	22	22	23
Scotland	21	23	23	24	26	27	26	26	28.4	28
Glasgow	25	30	28	29	32	32	31	32	35.5	35
Edinburgh	21	22	24	21	23	24	23	21	25	25
Dundee	19	18	18	19	20	28	24	22	23	20
Aberdeen	23	15	19	19	19	17	22	19	23	18

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 subsection 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 infant deaths during the last nine years reveals that the death rates from various causes were as follows:—

	Infant Death Rates per 1,000 Live Births									
	1967	1966	1965	1964	1963	1962	1961	1960	1959	
Congenital malformations	4	2.4	4	3	5	3	5.2	2	4	
Atelectasis	5.4	3.8	5.6	4.5	2	4	5.5	5.5	4	
Birth injuries	4	1	1	0.6	0.3	2	0	3	2	
Diarrhoea and enteritis	0	0	0.6	0	0.3	0	0	0.3	1	
Pneumonia and Bronchitis	1.4	1	2	4	6	2	2	2	4	
Common infections	0	0	0	0	0	0.3	0	0.3	0.3	
Tuberculosis	0	0	0	0	0	0	0	0	0	
Asphyxia and other accidents	1	1.7	1.5	0.6	0.6	0.6	2.5	2	2	
Immaturity	2.2	1	2	4	3	2	3	1	4	
Other causes	4.7	3.8	2.5	3	1.2	3	4	3	2	
Total	23	15	19	19	19	17	22	19	23	

Neo-natal Deaths.—In 1967, the number of deaths of infants under the age of four weeks was 45, as compared with 28 in 1966, and 47 in 1965. The neo-natal death rate was 16 per thousand live births. The neo-natal death rates for Scotland and for the four principal cities in 1958-67 are indicated below.

	Neo-natal Death Rates									
	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958
Scotland	14	15	16	16	17	18	18	18	19	19
Glasgow	16	19	18	18	19	22	22	22	24	26
Edinburgh	15	15	17	15	17	17	17	16	18	17
Dundee	11	13	13	13	13	21	16	16	16	15
Aberdeen	16	10	15	14	11	12	15	14	14	14

Post-Neonatal Deaths.—In 1967 there were 18 deaths of infants aged 4 weeks to 12 months as compared with 15 in 1966 and 15 in 1965. 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 eleven 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 31. The perinatal mortality rates in the other principal cities were:—Glasgow 31; Edinburgh 27; and Dundee 19. The perinatal mortality rate in Scotland was 27.

INFANT DEATHS—ANALYSIS OF CASE HISTORIES.

Analysis of the individual case histories of the infants who died in 1967 indicates that factors predisposing the infants to die may be classified as follows:—

Neonatal Deaths—

Prematurity (No apparent reason)	20
Congenital Abnormalities	7
Disease of Mother	4
Birth Trauma	5
Asphyxia	2
Rhesus Factor	1
Infection	1
No Apparent Predisposing Factors	3
Unknown	2

—

45

Post-Neonatal Deaths—

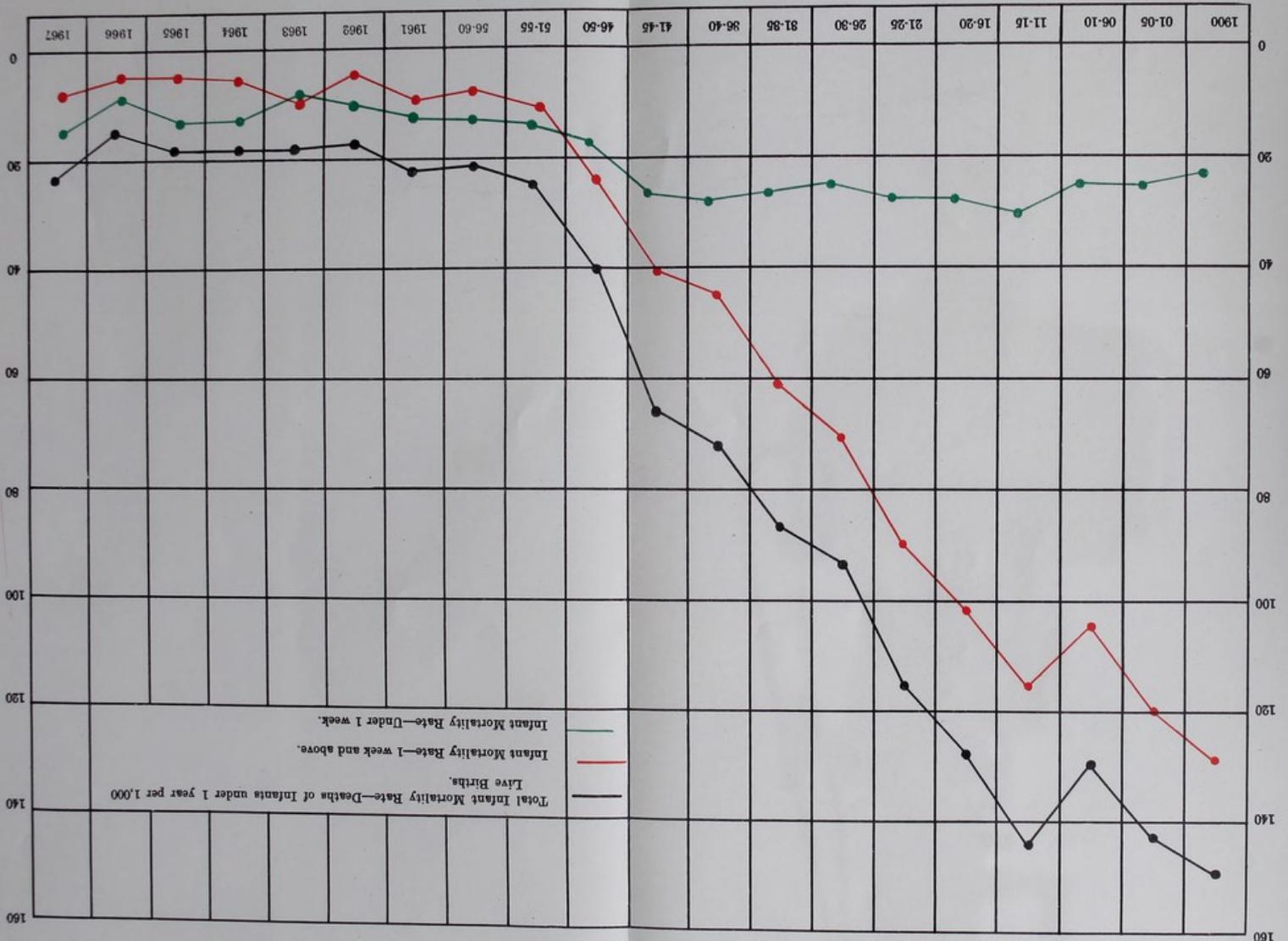
Congenital Abnormalities	7
Malignant Disease	1
Asphyxia	4
Infection	6

—

18

—

CITY OF ABERDEEN—INFANT MORTALITY—1900-1967.





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

During 1967, 11 children, aged 1 - 5 years died. Comparative figures are—

	1967	1966	1865	1964	1963	1962	1961	1960	1959
1 - 2 years	7	2	1	7	5	7	1	3	3
2 - 3 years	2	5	1	1	—	2	2	3	—
3 - 4 years	2	1	1	2	1	5	—	1	5
4 - 5 years	—	—	—	4	1	1	1	2	2
	11	8	3	14	7	15	4	9	10

Of the 11 deaths in 1967, 1 was due to violence (a road accident), 2 to malignant diseases, 2 to pneumonia, 3 to congenital malformations and 3 to miscellaneous causes.

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	1967 .	23	63	11	74

MORTALITY IN SCHOOL PERIOD.

In 1967 there were 5 deaths of children of school age (as compared with 17 in 1966 and 10 in 1965). The causes were as follows:—violence 2 (including 1 road accident); malignant diseases 1; diseases of digestive system 1; diseases of genito-urinary system 1.

MARRIAGES.

During 1967 there were 1,845 marriages within the City. This is equivalent to a rate 10.1 per thousand of the population. The rates in previous years were 1966, 9.5; 1965, 9.2; 1964, 9.1; 1963, 9.1; 1962, 9.3; 1961, 9.5; 1960, 9.0; 1959, 9.5; 1958, 9.9; and 1957, 10.6.

MATERNAL MORTALITY.

In 1967 there were no deaths 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. The last line of the table below gives a comparison between Aberdeen and all Scotland over the period since 1958:—

Rates per 1,000 live and still births

Year	Maternal Mortality		Puerperal Sepsis		Other Puerperal Conditions	
	Scotland	Aberdeen	Scotland	Aberdeen	Scotland	Aberdeen
1967	0·2	0·0	*	0·0	*	0·0
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
Average 1958-1967	0·34	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 1958-67 are given in the following table:—

Year	Number	Rate per 1,000 of Population	Average age at Death
1967	2,066	11.3	67.4
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

For all Scotland, the death rate was 11.5 in 1967, 12.3 in 1966, 12.1 in 1965, 11.7 in 1964, 12.6 in 1963, 12.2 in 1962, 12.3 in 1961, and 11.9 in 1960.

AGE AT DEATH.

The average age at death of persons dying during 1967 was 67.4 years, compared with 68.0 in 1966; 67.8 in 1965; 67.2 in 1964; 67.3 in 1963; and 67.5 in 1962. 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-three years ago (1944), it was 58.4 years.

Of the 2,066 deaths, 160 (or 8 per cent.) were in persons below the age of 45 years. In 1966 the figure was 168 (or 7 per cent.); in 1965, 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.); and in 1959, 199 (or 9 per cent.). An analysis of these 160 young deaths by cause is as follows:—

Malformations (under 1 year) and diseases of early infancy	50
Violence	37
Malignant neoplasms	22
Diseases of the circulatory system	6
Pneumonia and bronchitis	9
Diseases of nervous system	11
Diseases of digestive system	4
Tuberculosis	1
Diseases of the genito-urinary system	1
Infectious and parasitic diseases	2
Miscellaneous	15

The reduction in the number of deaths from infections in this age-group in recent years 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 or reduce them?

530 deaths (or 26 per cent. of all deaths) occurred in the age period 45-64 years so that a total of 690 fatalities (or 33 per cent.) occurred before the age of 65 years. 563 deaths (or 27 per cent.) occurred in the age period 65-74 years and 813 (or 39 per cent.) occurred at ages 75 and over. The percentages of all deaths occurring at ages 75 and over was 39 in 1967; 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; and 39 in 1957.

The World Health Organisation's "Health Indicator".

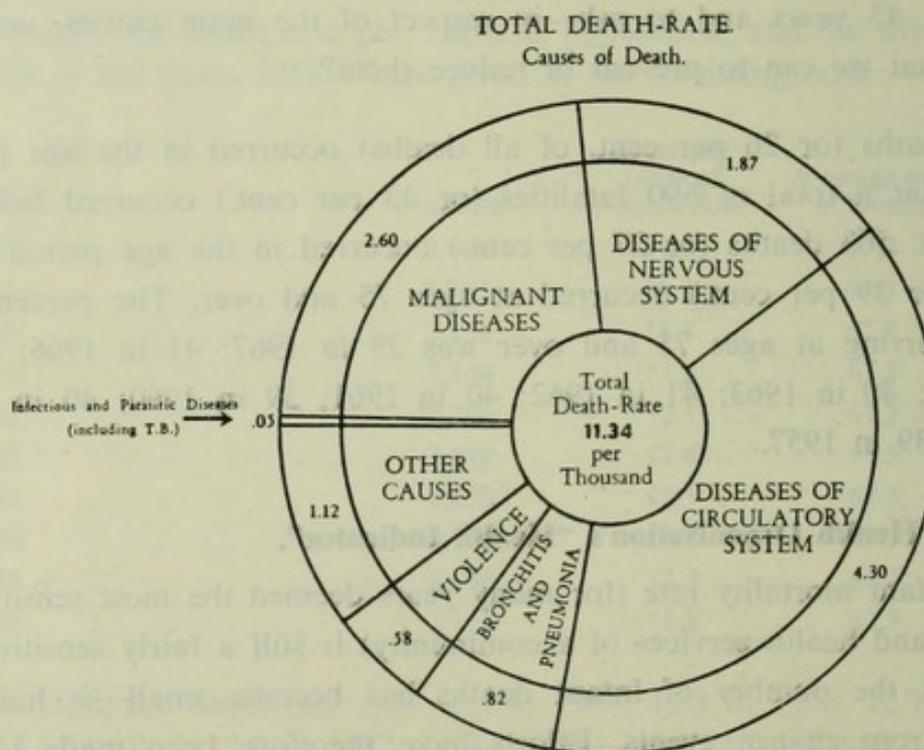
The infant mortality rate (for many years deemed the most sensitive index of the health and health services of a community) is still a fairly sensitive index but—now that the number of infant deaths has become small—is liable to some distortion from chance events. Efforts have therefore been made to devise an

alternative index. About 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	1967	89.7

Causes of Death.—Table II at the end of this section gives full details of the causes of death operating in each age-group, and the diagram below shows some of the more important causes. It is interesting to note that 77 per cent. of all deaths fall under three headings—diseases of circulatory system, malignant diseases, and diseases of nervous system. The comparable figures for 1966, 1965, 1964, 1963 1962, 1961 and 1960 were 75, 77, 79, 75, 77, 77 and 75 per cent. respectively.



LOSS OF WORKING YEARS BY DEATH.

While study of causes of death and trends of mortality shows the relative importance of various conditions in respect of loss of life, it gives a false picture of the effects of different diseases on the community: e.g. if 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.

Perhaps, therefore, it is of interest 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 1967:—

I.—MORTALITY OF PERSONS UNDER 15 FROM VARIOUS CAUSES.

Cause	Male	Female	Total
Infectious and parasitic disease (excluding T.B.)	—	2	2
Tuberculosis—i. Respiratory	—	—	—
ii. Other forms	—	—	—
Malignant Diseases	2	2	4
Diseases of nervous system—i. Cerebral haemorrhage, &c.	—	—	—
ii. Other diseases of nervous system	2	1	3
Diseases of circulatory system	—	—	—
Respiratory diseases—i. Pneumonia	4	1	5
ii. Bronchitis	—	—	—
iii. Other respiratory diseases	1	—	1
Diseases of digestive system	—	1	1
Diseases of genito-urinary system	—	1	1
Congenital malformations and diseases of early childhood	26	24	50
Violence	5	1	6
Miscellaneous	5	1	6
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	45	34	79
	<hr/>	<hr/>	<hr/>
Comparable figures for 1966	52	16	68
Comparable figures for 1965	47	28	75

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.)	—	90	90
Tuberculosis—i. Respiratory	—	—	—
ii. Other forms	—	—	—
Malignant Diseases	100	90	190
Diseases of nervous system—i. Cerebral haemorrhage, &c.	—	—	—
ii. Other diseases of nervous system	100	45	145
Diseases of circulatory system	—	—	—
Respiratory diseases—i. Pneumonia	200	45	245
ii. Bronchitis	—	—	—
iii. Other respiratory diseases	50	—	50
Diseases of digestive system	—	45	45
Diseases of genito-urinary system	—	45	45
Congenital malformations and diseases of early childhood	1,300	1,080	2,380
Violence	250	45	295
Miscellaneous	250	45	295
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	2,250	1,530	3,780
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Comparable figures for 1966	2,600	720	3,320
Comparable figures for 1965	2,350	1,260	3,610

III.—MORTALITY OF WORKING AGE-GROUPS FROM VARIOUS CAUSES.

Cause	15-24		25-34		35-44		45-54		55-64	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Infectious and parasitic diseases (excluding T.B.)	—	—	—	—	—	—	—	—	1	—
Tuberculosis—i. Respiratory	—	—	—	1	—	—	—	—	—	1
ii. Other forms	—	—	—	—	—	—	—	—	—	—
Malignant diseases	1	—	3	1	9	4	26	24	76	57
Diseases of nervous system—										
i. Cerebral haemorrhage, etc.	—	—	1	—	1	—	5	5	15	20
ii. Other diseases of nervous system	—	—	—	—	4	2	3	1	3	4
Diseases of circulatory system	—	—	1	1	2	2	33	13	100	58
Respiratory diseases—										
i. Pneumonia	—	—	—	—	2	2	—	1	4	1
ii. Bronchitis	—	—	—	—	—	—	—	1	15	1
iii. Other respiratory diseases	—	—	—	—	—	—	1	—	—	2
Diseases of digestive system	1	—	2	—	—	—	2	1	5	4
Diseases of genito-urinary system	—	—	—	—	—	—	1	2	1	1
Diseases of pregnancy and childbirth (excluding puerperal sepsis)	—	—	—	—	—	—	—	—	—	—
Violence	11	3	8	2	6	3	6	4	8	10
Miscellaneous	1	—	3	—	3	1	2	2	5	5
	<hr/>									
	14	3	18	5	27	14	79	54	233	164
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	17		23		41		133		397	
Comparable figures for 1966	25		25		50		144		410	
Comparable figures for 1965	11		24		57		141		372	

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.)	5	—	5
Tuberculosis—i. Respiratory	—	30	30
ii. Other forms	—	—	—
Malignant Diseases	1,145	350	1,495
Diseases of nervous system—i. Cerebral haemorrhage, &c.	210	50	260
ii. Other diseases of nervous system	160	50	210
Diseases of circulatory system	1,080	200	1,280
Respiratory diseases—i. Pneumonia	70	50	120
ii. Bronchitis	75	10	85
iii. Other respiratory diseases	15	—	15
Diseases of digestive system	170	10	180
Diseases of genito-urinary system	20	20	40
Diseases of pregnancy and childbirth (excl. puerperal sepsis)	—	—	—
Violence	1,055	280	1,335
Miscellaneous	280	40	320
	<u>4,285</u>	<u>1,090</u>	<u>5,375</u>
Comparable figures for 1966	4,325	1,830	6,155
Comparable figures for 1965	3,775	1,760	5,535

In calculating working years lost by female mortality, the 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 1967—9,155
Total working years lost in 1964—9,580	Total working years lost in 1965—9,145
Total working years lost in 1962—9,610	Total working years lost in 1963—9,915
Total working years lost in 1960—9,705	Total working years lost in 1961—9,755

TABLE I.—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS OF AGE.
YEAR 1967.

CAUSES OF DEATH	AGE																Average for preceding 5 years (1962-1966)			
	FIRST YEAR								SECOND TO FIFTH YEARS								0-1	-5		
	First Four Weeks				First Three Months				The Four Quarters				SECONDS TO FIFTH YEARS				0-1	-5		
	0-1	-2	-3	-4	0-1	-2	-3	Total	I	II	III	IV	Total	-2	-3	-4	-5	Total	0-1	-5
Tuberculosis (Respiratory)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Forms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis, Acute	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Infective and Parasitic Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhea and Enteritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Digestive Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Injury at Birth	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Post-natal Asphyxia and Atelectasis	5	11	15	..	6	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia of New Born	11	11	15	..	11	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Infections of New Born	15	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Diseases peculiar to Early Infancy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Prematurity	6	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Accidents or other Violence	4	1	..	..	5	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Causes	1	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
ALL CAUSES	42	2	..	1	46	3	6	55	6	..	2	63	7	2	2	..	11	56.4	9.4	..
Average for preceding 5 years, 1962-1966	35	2	2	..	39	3	3	46	6	3	3	56	4	2	2	1	9	..	..	..

* This column includes all deaths in preceding columns.

TABLE II.—ABERDEEN—MORTALITY AT VARIOUS AGE PERIODS FROM VARIOUS CAUSES.
(Corrected for transferred deaths.)

AGE.	A.—NUMBER OF DEATHS—YEAR 1967.										B.—DEATH-RATE PER 100,000.																
	All Causes.		Infectious and Parasitic Diseases (excl. Tuberculosis).		Tuberculosis Diseases.		Malignant Diseases.		Dis. of Nervous Syst. and Sense Organs.		Dis. of Circulatory System.		Respiratory Diseases.		Dis. of Digest. System (incl. Diarrhoea 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. Hem., etc.	Other Nerves.	Dis. of Circulatory System.	Pneumonia.	Bronchitis.	Other Respiratory.	Dis. of Digest. System (incl. Diarrhoea and Enteritis).	Dis. of Genito-Urinary System.	Puerperal Sepsis.	Other Diseases.	Malforms under 1 year and Diseases of Early Infancy.	Senility.	Violence.	Miscellaneous.									
Under 1 year	—	2	—	—	1	1	—	3	—	—	—	—	—	—	50	—	3	3									
1-4 years	—	—	—	—	—	2	—	2	—	1	—	—	—	—	—	—	1	3									
5-14 "	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	—									
15-24 "	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	14	1									
25-34 "	—	—	1	—	1	—	2	—	—	—	2	—	—	—	—	—	10	3									
35-44 "	—	—	—	—	13	1	4	4	—	—	—	—	—	—	—	—	9	4									
45-54 "	—	—	—	—	50	10	46	1	1	1	3	3	—	—	—	—	10	4									
55-64 "	—	—	—	—	133	35	158	5	16	2	9	2	—	—	—	—	18	10									
65-74 "	—	1	—	—	167	63	231	12	30	3	17	5	—	—	—	1	12	15									
75-84 "	—	—	2	—	83	116	229	30	20	3	9	14	—	—	—	—	14	16									
85+ "	—	—	1	—	18	76	114	19	6	1	6	7	—	—	—	—	12	5									
All Ages	—	4	5	—	473	302	784	76	73	11	48	32	—	—	50	1	105	64									
1967	—	2	3	—	260	166	21	42	40	6	26	18	—	—	27	1	58	35									

TABLE III.—ABERDEEN—DEATHS AT ALL AGES FROM SELECTED CAUSES.
(per 100,000 population). Years 1856-1967*

Year.	Smallpox.	Scarlet Fever.	Diphtheria and Croup.	Measles.	Whooping Cough.	Influenza.	Typhus Fever.	Typhoid and Paratyphoid Fever.	Tuberc. Dis.		Dis. of Digestive System (inc. Diarrhoea).	Cancer and other Malignant Diseases.	Bronchitis.	Pneumonia.	Diseases of the Circulatory System.
									Respiratory.	Other Tuberculosis.					
1967 . . .	0	0	0	0	0	0	0	0	3	0	26	260	40	42	430
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
Mean of 1962-66 .	0	0	0	0	0	3	0	0.2	2	1	34	241	46	41	458
1961 . . .	0	0	0	0	0	5	0	0	5	1	42	238	35	38	491
1960 . . .	0	0	0	1	0	0	0	0	5	0	45	215	36	33	448
1959 . . .	0	0	0	0	0	7	0	0	6	1	39	232	38	55	478
1958 . . .	0	0	0	0	0	1	0	0	7	1	34	231	39	39	439
1957 . . .	0	0	0	1	0	11	0	0	5	1	35	225	31	43	419
Mean of 1957-61 .	0	0	0	0.4	0	5	0	0	6	1	39	228	36	42	455
Mean of 1956-60 .	0	0	0	0.4	0	4	0	0	7	1	37	222	35	40	454
† „ „ 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 and subsequent Revisions of International List of Causes of Death

TABLE IV.—ABERDEEN—MARRIAGE, BIRTH AND DEATH RATE—1856-1967
Per 1,000 of population.

Year	Population	Marriages		Live Births *			Deaths *			Excess of Births over Deaths	Infantile Mortality Deaths of Infants under 1 year per 1,000 Births
		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		
1967	182,117	1,845	10.1	2,786	15.3	7.3	2,066	11.3	67.4	720	23
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
Mean of 1962-1966	184,908	1,709	9.2	3,171	17.2	6.1	2,189	11.9	67.6	981	18
1961	185,222	1,752	9.5	3,263	17.6	5.2	2,233	12.1	67.5	1,030	22
1960	187,348	1,690	9.0	3,280	17.5	5.1	2,189	11.7	67.1	1,091	19
1959	186,796	1,782	9.5	3,345	17.9	5.3	2,296	12.3	66.7	1,049	23
1958	186,350	1,841	9.9	3,243	17.4	4.5	2,113	11.3	67.3	1,130	18
1957	186,190	1,975	10.6	3,379	18.1	5.1	2,121	11.4	66.2	1,258	24
Mean of 1957-1961	186,381	1,808	9.7	3,302	17.7	5.0	2,190	11.8	67.0	1,112	21
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	271	197	269	190	269	225	240	190	182	197	314	242	2,786
Still Births	—	1	4	—	4	3	3	1	4	—	3	—	23
Still-Birth Rate	—	5	15	—	15	13	12	5	22	—	9	—	8
Neonatal Deaths	5	3	5	4	4	—	3	3	3	4	6	5	45
Neonatal Death Rate	18	15	19	21	15	—	13	16	16	20	19	21	16
Post-neonatal Deaths	1	—	3	2	4	2	1	—	1	1	1	2	18
Post-neonatal Death Rate	4	—	11	11	15	9	4	—	6	5	3	8	7
Infant Deaths	6	3	8	6	8	2	4	3	4	5	7	7	63
Infant Death Rate	22	15	30	32	30	9	17	16	22	25	22	29	23

3.—CARE OF MOTHERS AND YOUNG CHILDREN.

(Dr. Elspeth V. Taylor, Principal Assistant Medical Officer.)

It is often asserted that a valid index to the health of any modern community is the sophistication of its ante-natal, maternity and child health services. If this is so Aberdeen's health must be very good indeed.—The University departments of Obstetrics and Paediatrics, the parallel hospital services, the multi-professional Health Department Staff (medical officers, health education lecturers, dental officers, health visitors, midwives, background officers like the dietitian and the statistician, and auxiliaries of various types), the general practitioners and so forth collaborate efficiently and effectively both in routine activities and in research projects. This collaboration and the generally high standard of services for mothers and young children must be stressed here, because on measurable statistics 1966 was by far the best year on record (so that inevitably some figures for 1967 show an apparent regression) and because 1967 had more than its share of shortages of professional staff, clerical staff and auxiliary staff. Staff shortages combined with some figures less good than in the previous year might easily lead to a sombre picture, whereas in reality the data presented in this chapter should convey a sense of optimism and satisfaction though not of complacency.

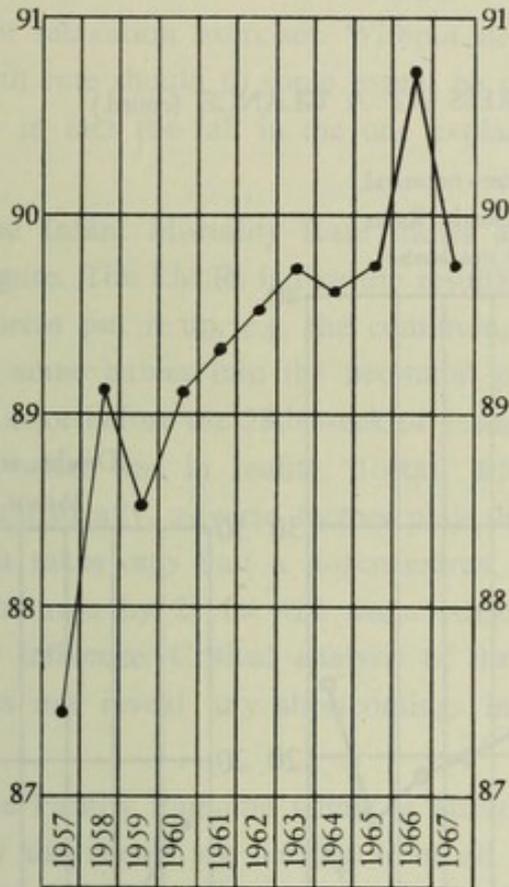
Features of the Year.

(1) The fall in the still-birth rate—from the remarkably low figure of 12 per thousand total births in 1965 and the previously quite unprecedented figure of 10 in 1966 to a new low level of 8 in 1967—is discussed in the chapter on vital statistics. The rate reflects great credit on all concerned with ante-natal care in

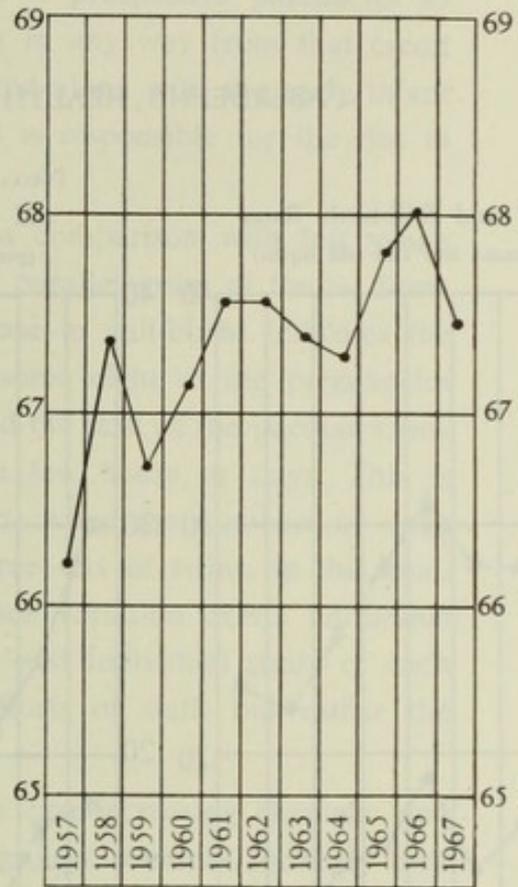
ABERDEEN'S HEALTH PROGRESS AT A GLANCE

World Health Organisation Health Indicator

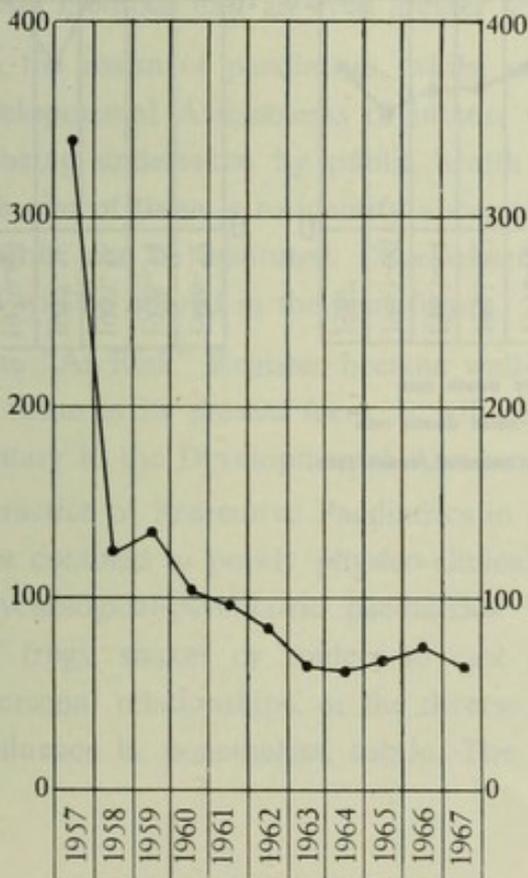
(Percentage of deaths above 50 years)



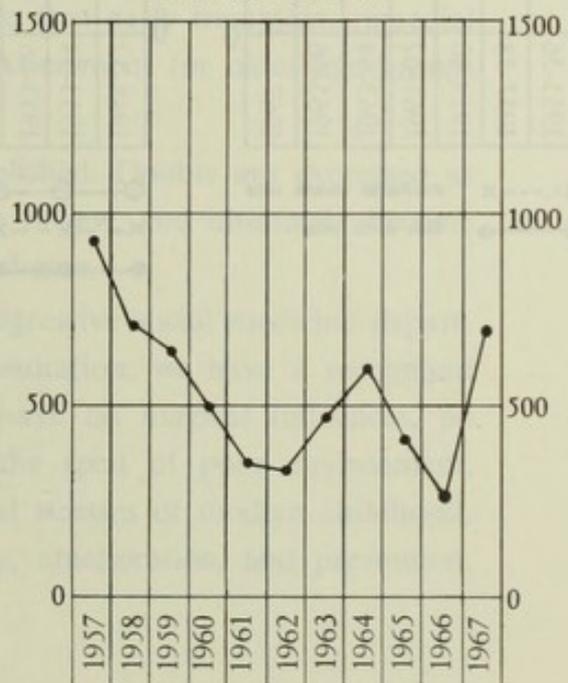
Average age at death



Notified cases of Tuberculosis

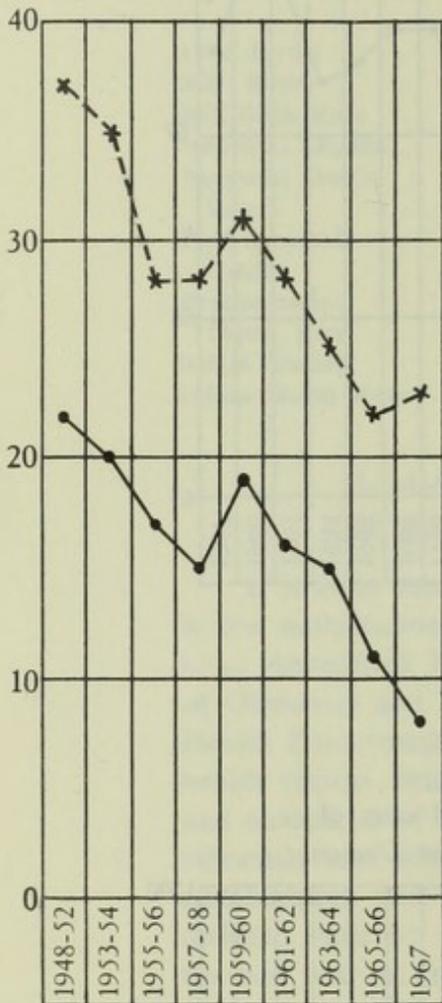


Notified cases of Infectious Diseases

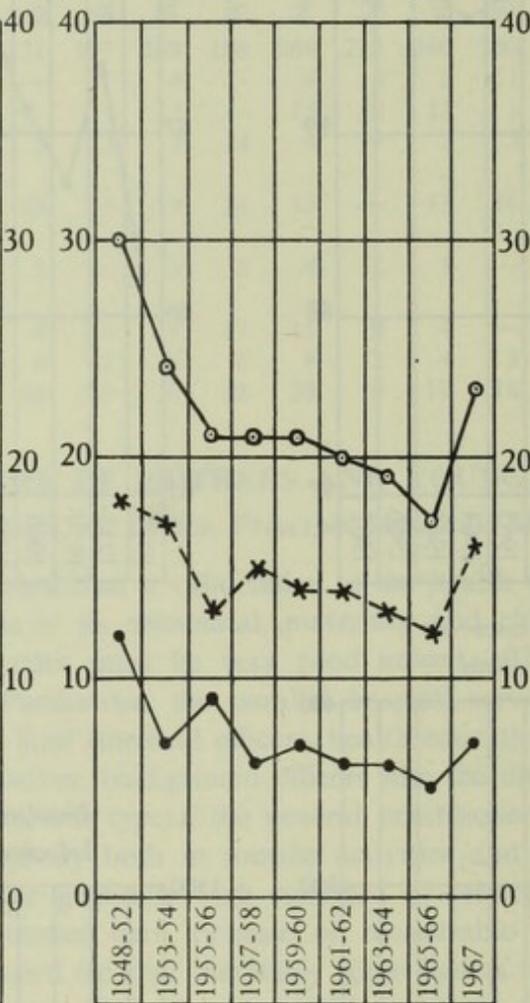


ABERDEEN'S HEALTH PROGRESS AT A GLANCE (contd.)

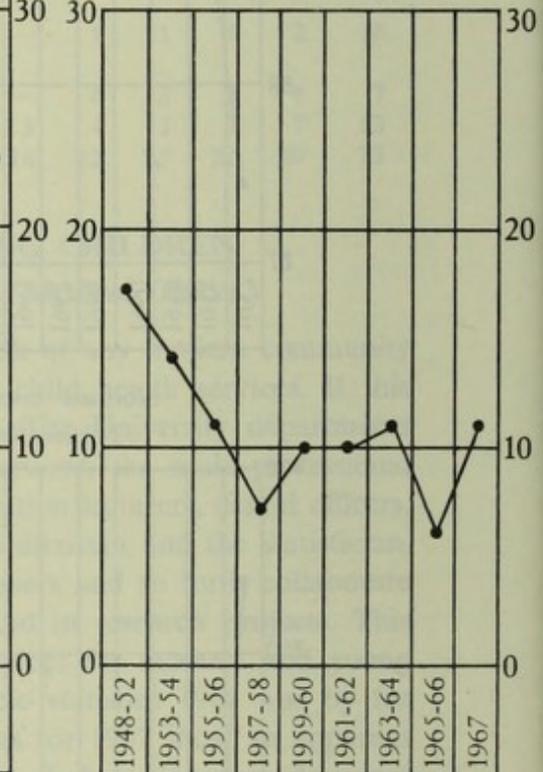
Perinatal and Still-birth Rates
(per thousand live and still births)



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



Deaths at 1-5 years
(Actual numbers)



X - - - X Perinatal death rate
● - - - ● Still-birth rate

○ - - - ○ Infant death rate
X - - - X Neo-natal death rate
● - - - ● Post-neonatal death rate

the home and the clinic, on all concerned with maternity services in hospital or elsewhere, and on all involved in health education of prospective parents or in provision of relaxation exercises. Without detracting in any way from that credit the still-birth rate should to some extent be considered along with the early infant death rate: in fact the fall in the one explains and is responsible for the rise in the other.

(2) The Infant Mortality Rate shows a rise in comparison with last year's excellent figure. The I.M.R. is like the resultant of a parallelogram of forces. Some laudable forces put it up, e.g. the continuing decrease in still-births indicates the survival of some babies into the neo-natal period; some eight of the pregnancies terminated at or before the 28th week of gestation and the skill of the paediatricians maintained what was in reality "foetal" life for a few hours or days. This is progress. Statistically, adverse factors play their part; when the numbers at stake are small it takes only half a dozen extras, e.g. three sets of twins, in the total, to boost the rate by 2; for the same reason chance variation exerts an undue inflationary influence. Critical analysis of the facts—and individual study of each death—does not reveal any shortcomings in the efforts of staff, but rather the contrary.

(3) The Family Planning Clinic is attracting an ever-increasing clientele, and increasingly the clients are coming from all social groups, whereas formerly they came mainly from the affluent. Towards the end of the year it became clear that the intra-uterine device was not the unqualified success that was once hoped for it, and that oral methods had an even greater scope than had been anticipated.

(4) In the realm of paediatrics, whilst continuing along classical lines, systematic Developmental Assessments of infants was initiated in the latter months of the year, being undertaken by public health medical officers at special appointments. The aim of these is to identify aberration, so that early treatment, remedial where possible, can be instituted. Developmental Assessment for older age groups of children will be offered in the near future.

(5) The "At Risk" Register became well-established. Doubts are expressed as to its real value in its present form. It will require review, and ultimately become complementary to the Developmental Assessment scheme.

The practice of Preventive Paediatrics in a progressive social medicine department is not confined to purely physico-clinical consultation; we have a recognised role in psychological-psychiatric paediatrics. We have no magical influences, no potions of frogs, snakes or spiders to cast out the spell of poor environment, bad interpersonal relationships, or the diverse social stresses of modern childhood; but our influence is, nonetheless, subtle. The study, amelioration, and prevention,

of child and infant psychological disturbance is part of our every day work. Our experience is broadened with attendance at courses, "case" sessions, singly and in groups, and with our active liaison with the psychiatric unit at R.A.H.S.C., and with the Children's Department contact. We are combining our physical assessment skills with those being rapidly gained in the socio-personal field.

(6) In the last quarter of the year the long-planned integration of the Maternity and Child Welfare section with the School Health Section was finally completed.

(a) EXPECTANT AND NURSING MOTHERS.

Ante-Natal Care.

More than 90 per cent. 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. Eight weekly peripheral clinic and six central clinic sessions were undertaken by Local Authority Staff.

ATTENDANCES AT CORPORATION ANTE-NATAL CLINICS.

Year	Number of New Clients	Total Attendances	Average Number of Attendances per Client
1967	1,589	9,130	5.7
1966	653	5,371	8.2
1965	3,336	23,751	7.0
1964	3,737	24,148	6.4

In studying the above table it should be remembered that the central ante-natal clinic (staffed jointly by hospital and health department workers) is excluded after its transfer to Foresterhill at the beginning of 1966.

Post-Natal Care.

ATTENDANCES AT CORPORATION POST-NATAL CLINICS.

Year	No. of Clients	No. of Attendances
1967	985	1,180
1966	633	799
1965	2,001	2,486
1964	1,892	2,449

The increase in the numbers over last year is the result of constant exhortation in this direction by doctors and health visitors. One session was given over at the Beach Boulevard entirely to post-natal care.

ATTENDANCES AT THE FAMILY PLANNING CLINIC

Year	No. of Clients	No. of Attendances
1967	2,470	6,432
1966	1,896	4,594
1965	1,540	3,721
1964	1,382	2,621

A NOTE ON THE FAMILY PLANNING CLINIC.

In November, 1966, the Local Health Authority made family planning available free of charge at the re-named Family Planning Clinic, thereby making Aberdeen the first and only city in Britain to provide free Family Planning. The result coupled with a vigorous policy of health education about family planning, was a second and impressive rise in clinic numbers, from 653 new cases in 1966 to 1,013 in 1967. There are now eight medical officer consulting sessions weekly and a ninth evening session twice a month, while a health visitor devotes her entire time to the work of the clinic.

In this decade, the work of the clinic has shown a much more positive concept of family planning, i.e. child spacing or a temporary postponement of a first pregnancy, or limitation of family by personal choice, instead of from dire physical necessity as formerly.

The medical, health visiting and nursing professions in Aberdeen have co-operated in bringing about this improvement. Health Education, talks by health visitors at child welfare sessions, parents' clubs, and in the home, and talks by medical officers to women's organisations have also made a contribution, and of recent years, the Press and mass media have helped.

Like the Family Planning Act (England and Wales), 1967, legislation in Scotland states the need for family planning advice, not only to prevent ill-health as in the original Act, but as a positive measure to promote and maintain good health.

In 1967, 52.9 per cent. of clinic cases were referred by the general practitioners who have, for some years now, been the main single source of referral (50.91 per cent. in 1965). Almost exactly 20 per cent. of clients were sent from the post-natal clinics. The referral rate by health visitors increased to 16.1 per cent., more than double their contribution in 1965 (7.27 per cent.). A direct result of this is the gratifying increase in the attendance of patients from the lowest socio-economic group, from 4.7 per cent. in 1965 to 12 per cent. in 1967—gratifying because these often have the greatest need of family planning advice.

In 1967, three out of every four clinic patients were under thirty years of age and one in ten was under twenty. Two out of every three first attended when they had only two, or fewer pregnancies. One out of five had advice pre-maritally or within the first year of marriage.

In the years just before the second World War, over 20 per cent. of Aberdeen women had five or more pregnancies. In 1967, only 4.7 per cent. of clinic new first attenders had had five or more pregnancies.

In 1967, two-thirds of the clinic patients were constantly on oral contraception, and one-fifth had the I.U.C.D. The use of appliance methods formerly 97 per cent., had fallen to 7.1 per cent.

Since 1964, the birth rate (i.e. live births per 1,000 of total population) has fallen in all Scottish cities and in Scotland as a whole, but the Aberdeen reduction in 1966 and 1967 is greater than elsewhere, as the diagram shows.

Judging by the number of married women of child-bearing age (15-44 years), in Aberdeen at the 1961 census, it is probable that one-third has attended the Family Planning Clinic.

The Local Authority Family Planning Service is well integrated, not only with the medical, health visiting and nursing professions but also with the community as a whole, and is making a positive contribution to preventive medicine and the well-being of the family.

Associated Services.

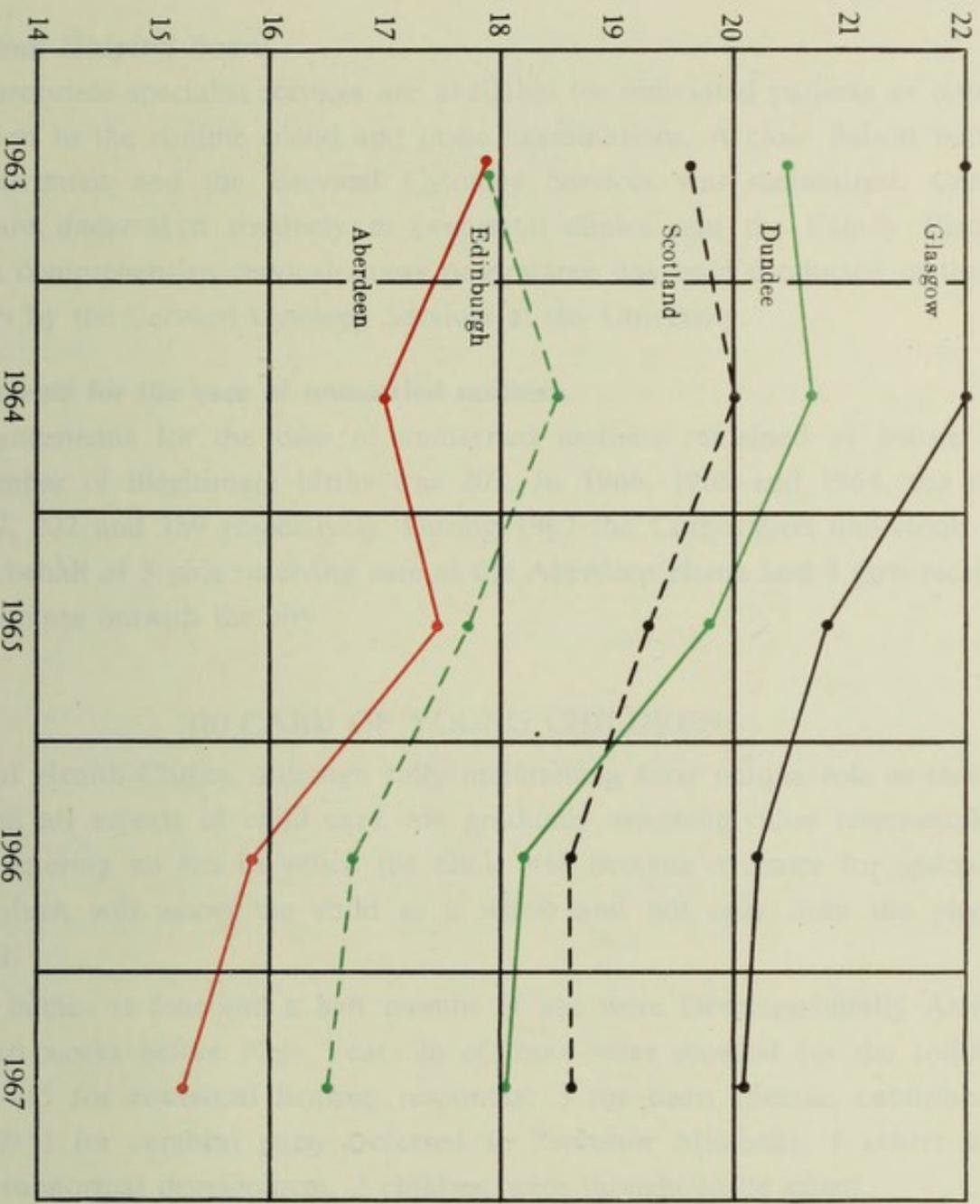
A. Local Authority.

(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—both for good ante-natal care and for the inculcating of sound views on child management and children's development can hardly be over-rated. As a Glasgow University paediatrician recently put it, when studying children's nutrition, "The health visitor in the home is the key to success."

(2) *Health Education of expectant mothers and prospective fathers at clinics by health visitors.*—Here again, though health education is considered elsewhere, the role of group teaching of parentcraft is of tremendous importance in ante-natal care. The number of fathers and mothers attending classes is increasing.

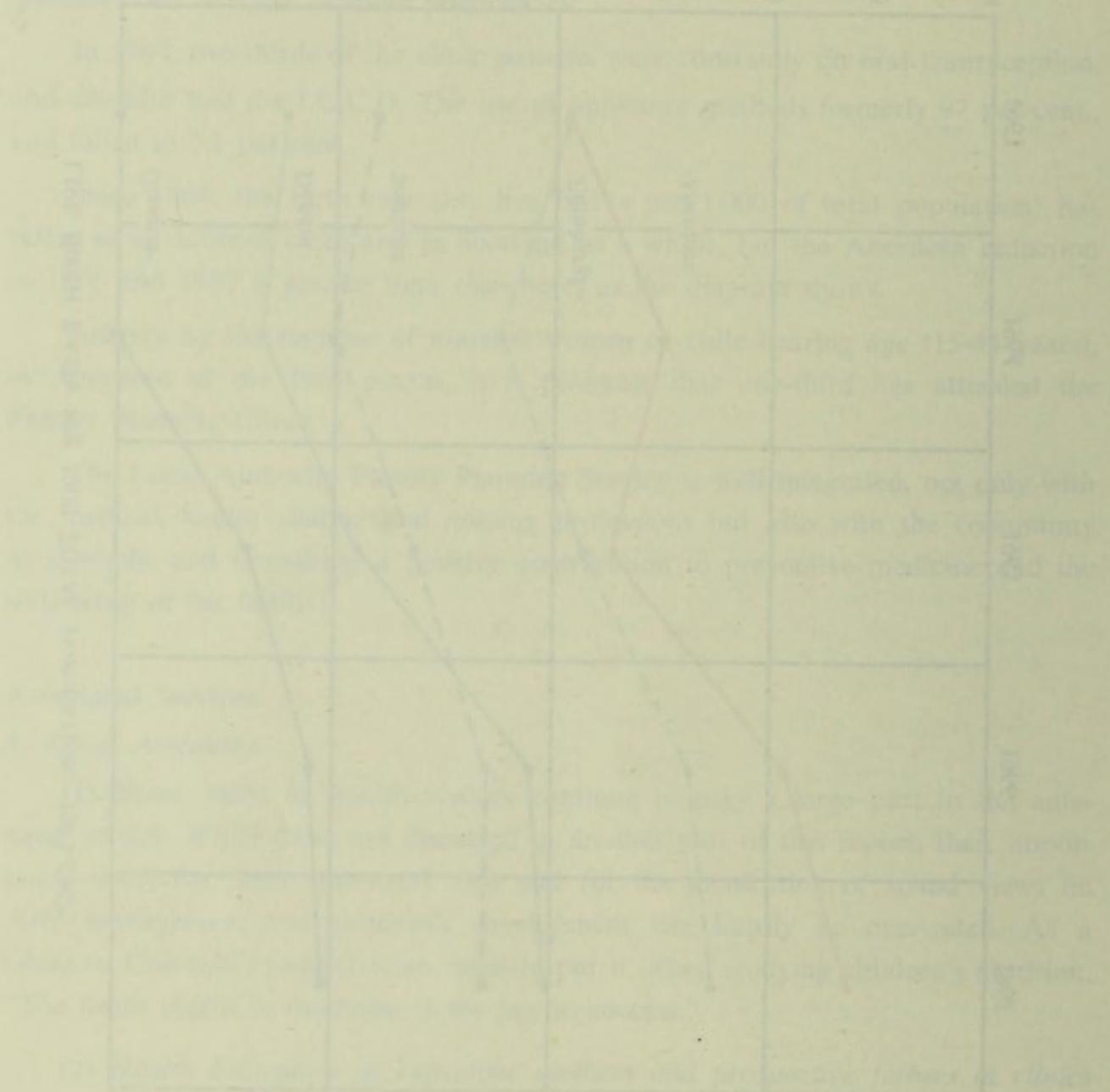
(3) *Poliomyelitis immunisation, and dental treatment.*—Immunisation against poliomyelitis has been continued for expectant mothers, and also dental treatment, as far as staffing difficulties permitted.

LIVE BIRTH RATES PER 1000 TOTAL POPULATION, 1963-1967.



In 1961, the first of these new plants was built, and in 1962 a second was built. The third was built in 1963. The fourth was built in 1964. The fifth was built in 1965. The sixth was built in 1966. The seventh was built in 1967. The eighth was built in 1968. The ninth was built in 1969. The tenth was built in 1970.

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(4) *Dietetic Advice*.—Patients are referred from the Clinics at the Maternity Hospital, from the various peripheral clinics and also from the Family Planning Clinic. The dietitian has also been pleased to help health visitors when they have met nutrition problems in the course of their work. 215 new patients were referred and there were 1,137 return visits. In addition 560 appointments made were not kept.

B. Regional Hospital Board.

Appropriate specialist services are available for individual patients as required in addition to the routine blood and urine examinations. A close liaison between the Department and the Cervical Cytology Services was maintained. Cervical smears are undertaken routinely at post-natal clinics and the Family Planning clinic. A comprehensive cervical smear programme has been conducted in the last few years by the Cervical Cytology Services at the University.

Arrangements for the care of unmarried mothers.

Arrangements for the care of unmarried mothers remained as before. The total number of illegitimate births was 203. In 1966, 1965 and 1964, the totals were 217, 202 and 189 respectively. During 1967 the Corporation undertook payment on behalf of 3 girls receiving care at the Aberdeen Home and 3 girls receiving care at Homes outwith the city.

(b) CARE OF YOUNG CHILDREN.

Child Health Clinics, although fully maintaining their unique role as teaching centres on all aspects of child care, are gradually assuming other responsibilities. We are entering an era in which the clinic will become a centre for specialised service which will assess the child as a whole and not only from the physical viewpoint.

291 babies at four and a half months of age were Developmentally Assessed in the ten weeks before New Year. 26 of those were recalled for the following reasons:—15 for equivocal hearing responses: 3 for heart disease, confirmed or suspected: 1 for cerebral palsy (referred to Professor Mitchell): 1 other: 6 for possible subnormal development. 2 children were thought to be gifted.

The Guthrie Test is undertaken throughout the year by health visitors on all babies home before their 14th day. In 1967 no abnormality was confirmed.

In 1967 a new scheme of payment to G. Ps. who give immunisation injections was introduced. Because of the implications of this our records and therefore figures for immunisation and vaccination are as yet incomplete. These are tabled in a later chapter.

The number of children attending Local Authority Child Health Clinics continues to decline. This is due to the greater number attending the Child Health clinics conducted by general practitioners and health visitors in association. This pattern is likely to expand as more general practitioners become interested in preventive paediatrics and as more health visitor attachments are made. Nevertheless, as a table shows presently, seven babies out of every ten still attend local authority child health clinics in Aberdeen.

The number of neo-natal deaths in 1967 was 45, of whom 9 were twins and premature; 7 babies had congenital abnormalities.

The number of post-neonatal infant deaths was 18. More than a third were due to congenital abnormality. Infection accounted for another third.

There were 23 still-births, an encouraging drop. In a third of these congenital abnormality was implicated. Other causes were birth trauma, rhesus factor and disease in the mother. In a quarter of the still-births no explanatory cause was detected.

In the 1 - 5 year old group there were 11 deaths. 3 deaths came into each category of infection, malignancy or fatal disease, and congenital abnormality. Only one death was 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. A new health clinic, incorporated in the Community Centre at Kincorth, was opened in August.

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 25 sessions weekly.

In addition, clinics were held at Hayton Community Centre, Summerfield Church Hall, Craigiebuckler Church Hall, and at Kaimhill, Seaton and Powis Community Centres. Where numbers justified, special sessions were arranged for Developmental Assessments.

2. Attendances at Child Health Centres.

Year of Birth	Number of first attendances	Estimated population	Percentage	Number of subsequent attendances	Total attendances
1967 . . .	1,899	2,723	69.7	9,920	11,819
1966 . . .	1,993	2,865	69.6	10,702	12,695
1965 . . .	2,346	3,165	74.1	13,122	15,468
Total . . .	6,238	8,753	71.3	33,744	39,982

3. Referrals by Clinic Medical Officers.

Number of Children referred	Born 1967	Born 1966	Born 1962-1965	Total
To General Practitioners	168	107	123	398
For Specialist Treatment or Advice	13	22	94	129
Total	181	129	217	527

Special Clinics.(a) *Deafness Diagnostic Clinic.*

It is only at this clinic, staffed jointly by the Regional Hospital Board and Local Authority and held in Local Authority premises, that the over-all 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 of the children are available. 41 pre-school children attended the clinic for examinations on 73 occasions in 1967, and 10 hearing aids were issued, in addition to the other medical and surgical treatment instituted.

(b) *Ophthalmic Clinic.*

19 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 1967, 74 children received ultra-violet radiation at three of the Child Health Centres with a total of 763 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			
1967	15,361	109	4,465	2,706	68,200
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

National Dried Milk sales have continued to decline. The Special Nursery policy at Aberdeen Maternity Hospital advocates another form of dried milk. The decrease in the sales of "national" vitamins is more than compensated by the sale of proprietary brands.

The very small sale of half cream dried milk should be noted in view of a recent suggestion that an appreciable proportion of Aberdeen babies received halfcream for many weeks.

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		
	1967	1966	1965	1967	1966	1965	1967	1966	1965
Number examined .	5	20	523	14	14	16	317	405	278
Number with defects	5	19	302	14	14	15	166	164	193
Accepting treatment	4	18	78	13	14	14	106	113	103
Treated	4	16	67	13	12	14	91	101	89

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 21. Half of these children have been in Pitfodels for a long time (a year or more) and are difficult to foster out, many being mongols or mentally backward children. 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.

An outbreak of Sonne Dysentery in March, which, for the first time in fifteen years, was not contained within the isolation unit, caused the temporary closure for admissions to Pitfodels. The older children were "evacuated" to the City Hospital, only the babies, some six of them, remaining in Pitfodels.

The closure of Pitfodels as a residential nursery is foreshadowed as the Children's Department formulate their plans for a nursery of their own and as the Health and Welfare Committee have other uses for the building.

(b) *Day Nurseries.*

These continued to play their vital part in the life of the under-privileged section of the community. There is mounting pressure for more nursery places. The waiting list at 31st December was 274, of whom 103 were in the priority category (83 in 1966). The day nurseries have not been able to function at full capacity because of restrictive admissions following spells of streptococcal throat infections in the nurseries. The following tables indicate reasons for placement.

CHILDREN IN DAY NURSERIES.

Total Number of Day Nursery Places	179
Unmarried Mothers	83 = 46.4%
Widows and Widowers	4 = 2.2%
Health (Incl. Confinements)	16 = 8.9%
Separated Parents	76 = 42.5%
	— —
	179 = 100%
	== ==

The standard charge in the day nurseries is 4/- per day per child. 6 children were admitted at a reduced rate.

(c) *Training of Nursery Nurses.*

There were 21 new recruits to the Nursery Service. Of the 16 Nursery Nurses presenting for final examination, 14 gained pass awards, 1 with merit.

Because of the future closure of Pitfodels, 1967 is likely to be the last year of the training course that has been run with great success by Aberdeen Health and Welfare Department, in collaboration with the Education Department for the last fifteen years. We have been gratified both by the number of qualified nursery nurses who have elected to remain in our Nursery Service and also by the number who have obtained desirable posts in nursery or private service throughout the world.

The course will be re-organised to meet with changing circumstances.

(d) *Private Day Nurseries.*

There were 4 new private nurseries registered under the Nurseries and Child Minders Act, 1948, in 1967. The number of places available was 356. The total private nurseries registered at the end of December, 1967, was 21.

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

4.—HEALTH EDUCATION.

(Miss D. Joan Lamont, Director of Advanced Nursing Education and Health Education.)

Features of the Year.

(1) In 1966, when the grand total of lecture-discussions rose to a previously unapproached total of 2,122, a warning note was sounded about quality being more important than quantity: for creating behaviour change a few lively groups each of a dozen actively participating and enthusiastic members may be more worthwhile than several passive audiences each running to well over a hundred. In 1967 the over-all number of meetings addressed rose to the hitherto unimagined figure of 2,878—or more than 35 per cent above the “remarkable figure” of 1966, and it is the more important to reiterate the warning about quality. Nevertheless, it is pleasant to chronicle the fact that what started a dozen years ago as an attempt to hold a thousand meetings a year (the “Thousand Salvo Blitz on Disease” of the newspaper headline), and increased year-by-year to over two thousand has now soared by over one third to the spectacular total of 2,878 meetings with total audiences of 66,797.

(2) Essentially 1967 fell into two parts. In the early months the Health Education Section was in the unique position of being fully staffed, many plans for future developments were worked out and a start was made on the implementation of at least some of these schemes. From April onwards—not only during eight months of 1967 but up to the date of compilation of this report—there were again vacant posts and consequent staffing re-organisation and the remaining members of the Section struggled hard both to continue the well-tried and successful schemes of previous years and to initiate some of the developments that had been worked out in the winter of 1966-67. For sustained and highly successful efforts despite staff shortages great credit is due not only to all members of the Health Education Staff but also to the Health Visitors and Health Visiting Officers who helped to maintain and to advance health education of the community in a particularly difficult year.

(3) **Exhibitions and Displays.** Perhaps one of the most exciting developments of the year was the introduction of exhibition material on health in the Publicity Department's windows in Union Street. Beginning in a small way—every second month and lasting a fortnight—it is hoped that this scheme will increase in scope and frequency. The subjects for display in 1967 were carefully selected to focus attention on seasonal health hazards, e.g. Prevention of Accidents related to Spring cleaning or Guy Fawkes night, or directed towards particular members of the general public—housewives and food handlers, smokers of all ages or the very young.

The presentation of health propaganda in this way demands special techniques and valuable experience was gained by the health education lecturers and the artist in the use of lighting and colour schemes and new materials such as polystyrene.

Since the image of health influences the acceptability of teaching about it, such displays should not be fuddy-duddy or amateurish in their presentation. These displays certainly avoided such pitfalls and aroused considerable interest amongst the general public.

Most of the material is interchangeable and will be used again in schools and clinics. This innovation therefore was achieved with minimal expense.

(4) Earlier years had been notable for the development and expansion of Ante-Natal teaching and health education at evening and afternoon groups.—The year under review marked a considerable advance in school health education: 19 Primary Schools had established health education programmes (compared with 9 at the end of 1966) and the development in Secondary Schools showed promise.

(5) Staff shortages have of course produced some regressions—for instance the discontinuation of special ante-natal classes for unmarried mothers. More important perhaps is the general braking effect such shortages produce and, if prolonged, the insidious inhibition of progress that could come about through loss of morale.

Teaching of Prospective Parents.

The importance of Courses for expectant mothers and prospective fathers has been stressed in previous reports.—This valuable and well established health teaching continued despite staffing difficulties during the year.

At the beginning of the year, 13 sessions a week were devoted to ante-natal teaching programmes—5 at the Aberdeen Maternity Hospital, 6 at Peripheral clinics, 1 at Castle Terrace (as an overflow from the Aberdeen Maternity Hospital or when classroom accommodation was not available), and 1 at Richmondhill House. The programmes extend over 8 consecutive weeks and are taken by a Health Visitor or Health Education Lecturer.

During the year however, because of staffing changes or absences the programme at Northfield Clinic and Richmondhill House had to be abandoned.

The innovation of a special class for multiparae giving selective preparation—because of their experience of the process of childbirth and child rearing—also had to be discontinued.

Despite the fall in numbers of sessions the total numbers recorded were as high as in previous years—723 day time meetings and 6,514 attendances.

Psychoprophylaxis or relaxation methods together with health teaching on nutrition, child development and needs form the content of the programme. In-service training in psychoprophylaxis continues to be given to Health Visitors by Mrs. Abbot.

Evening Courses (of 7 weeks' duration) for both parents were also held at Castle Terrace.

There were 59 such meetings with total attendance of 1,281—the actual number of persons attending being 381 (as compared with 371 in the previous year).

A follow-up system was set under way to investigate the reasons for the non-attendance or default of the 115 primigravidae from Ante-Natal Courses. This was carried out by family Health Visitors and some of the information obtained will be used to streamline organisation or to alter the teaching programme.

Teaching of Parents of Pre-School Children.

Evening groups—known as Parents' Clubs—but primarily mothers' groups—continued to meet weekly during the Autumn and Spring at Charlotte Street, Northfield, Mastrick and Holburn Clinics.

Holburn at one time sustained 2 such evening groups—one for mothers of younger children and one for mothers of older children, the latter being a continuation group of the first Club set up a dozen years ago and now fully autonomous.

Amalgamation of these 2 groups took place during the year because of falling attendances. Programmes covered a wide range of topics, consumer spending, banking and savings and many aspects of community health and education services. Health flavoured many of these sessions and guest speakers commented on the lively and informed discussion by members of the group.

Afternoon groups met at all the Child Health Clinics including the newly opened Kincorth Clinic. Formal and pre-planned syllabuses of subjects were not provided this year and Health Visitors were encouraged to sustain and develop group discussion spontaneously from the expressed needs of the mothers. Visual materials, e.g. films were provided to stimulate or maintain interest when requested.

Evening and afternoon meetings together totalled 257 with 3,111 attendances.

Other meetings.

Other meetings—apart from health education in schools (considered later)—totalled 794: 671 day meetings with 16,238 attendances, and 123 evening meetings with 9,182 attendances. While many subjects were discussed, according to the nature and desires of the audiences, mention may here be made of the general and successful attempt to increase interest in family planning among all social groups.

Health Education in Infant and Primary Schools.

In the report of 1966 it was suggested that the development of planned programmes of health teaching in primary schools (in addition to informal health teaching by Health Visitors at school health surveys) was probably the most notable health education feature of 1966 and the parallel and complementary roles of Health Visitor and class teacher were explained.

In 1967 the number of health education sessions in schools doubled and 19 schools by comparison with 9 in the previous year had well established health education programmes. This is a remarkable achievement when viewed against a background of staff change in personnel and patterns of work.

Even so, analysis of records for individual schools still show some schools in which "no progress" is recorded and some in which the entry reads "No Health Visitor", which may be interpreted in terms of availability or willingness to teach in this setting.

Health Education in Secondary Schools.

During the first two terms of 1967, health education programmes were provided by the Health Visitors attached to Northfield, Powis, Ruthrieston and Torry Schools. These health teaching sessions ranged over topics such as adolescence, personal relationships, community health and leisure activities and also covered matters of present public and individual concern such as drug addiction.

In order to provide a more comprehensive service at 6 of the larger Secondary Schools, a team approach was designed and set up in September. Two teams of a Health Visitor and a Health Visiting Officer would provide the health care and health education for particular schools. This approach has already shown signs of success—e.g. improved contact between home and school and more home visiting by Health Visitors; an increase of teaching sessions; increased interest by head teachers, and greater class participation at actual sessions. Again, staff mobility has curtailed a promising beginning, two of the four team members having moved and a third having intimated his impending departure. Since replacement must wait on newly qualified staff—the delay is disheartening.

The total number of health education sessions taken by the staff of the Health and Welfare Department was 1,051 and total attendances 30,472.

Health Education at Youth Groups.

Health education programmes relevant to the needs of young adults were provided at two senior Youth Clubs within the City—a series of topics being covered in large groups followed by small discussion groups led by the Clubs' regular staff. Invitations have been accepted for evening sessions outside the City with Youth Fellowships and Clubs.

Broadcasts and Publicity Material.

Members of staff took part in 6 broadcasts or television programmes on health topics.

As in previous years, printed material was prepared and distributed, e.g. the Aberdeen Clean Food Guide.

Visual Aids.

The appointment of Mrs. Elizabeth Bennett early in the year added enormously to the effectiveness of the Health Education Section. The production of high quality and sophisticated visual aids is a vital component of any successful health teaching scheme—acting as stimulant and reinforcement to learners and teachers alike.

Visitors from other Departments and overseas are frankly envious of the standards achieved by the Health Education Section in this respect.

Most certainly the progress made in this aspect of health education over the year exemplifies what can be achieved when individual ideas, specialist skills and organisational abilities are harnessed together.

5.—HEALTH VISITING.

(Miss Margaret Nairn, Chief Nursing Officer.)

Features of the Year.

(1) Locally (as well as nationally) the staff shortage continued and even grew. Lest it be thought that the continuing shortage implies some fault in Aberdeen it should be pointed out (a) that the Mallaby Report (1967) gives some indication of the unparalleled national shortage of qualified health visitors—unparalleled, that is, in other Local Authority professions; (b) that the Health Visitor Training Schools in Britain contained in 1967 barely sufficient places for the numbers of entrants deemed necessary by the Jameson Committee eleven years earlier—when there were far fewer dependent young and dependent old; and (c) that in 1967 about ten per cent of places in Britain's Training Schools were vacant. In Aberdeen for the third consecutive year staff losses slightly outnumbered staff gains. When one thinks of the increasing numbers both of old people and children in the city it is startling—and saddening—to realise that the number of health visitors in post at the end of 1967 (73) was four below the total of three years earlier.

(2) As was pointed out in the report for 1966, it is the young health visitors of 1-5 years post-qualification experience who tend to move to posts overseas or to promotion posts in Britain, so that Aberdeen's staff has become rather unbalanced in respect of age—with disproportionate numbers of persons in the middle or later fifties and of persons very recently qualified.

(3) As in 1966, the total amount of staff sickness was very high—perhaps in part an indication of staff overwork and in part a reflection of the age-structure of the staff.

(4) Since there were slightly fewer health visitors and since increasing concentration on emotional health and on psycho-social counselling tends to make individual visits of longer duration, the total number of home visits inevitably fell (by about five per cent. in 1967).

(5) Broadly health visitors had to cope with rather more expectant mothers than in the previous year (despite the fall in the birth rate) but had to allocate their visits carefully, paying a smaller total number of visits; they had to deal with rather more pre-school children but again were forced to see them less often on average; they had to pay slightly fewer visits to school children; but (since the elderly and the sick were increasing sharply) they paid more visits to old people and more visits in connection with after-care of persons leaving hospital.

(6) The total sessions devoted to child health clinics fell, but, by deliberate policy, in an attempt to counteract or partially counteract staff shortages by expansion of group health education, the number of sessions devoted to health education rose.

(7) Both specialisation in particular branches of health visiting and general practice attachment continued to extend. By the end of the year $22\frac{1}{2}$ health visitors were in specialist posts, 17 family health visitors were working from practices and 33 family health visitors had districts.

(8) Liaison both with hospital staffs and with workers in other Corporation departments continued and even increased during the year.

(9) At the end of the year a Glasgow paediatrician published a survey of nutrition of babies in various areas, including Aberdeen, and some of the findings caused temporary consternation among Aberdeen health visitors. However an investigation (completed just after the end of the year) showed that the diets and nutrition of Aberdeen babies were good, and the earlier findings may well have been merely the results of a small sample and of a retrospective questionnaire that relied extensively on the memories of mothers.

(10) As indicated in the chapter on Care of Mothers and Children one feature of the year, associated with the advice given by health visitors, was a very sharp rise in attendances at the family planning clinic.

(11) While many of the duties of health visitors demand the full nursing, midwifery and health visiting trainings of the qualified health visitor (and indeed necessitate periodic attendances at study week-ends and refresher courses to keep knowledge up-to-date), some duties can be tackled by less highly qualified staff. Towards the end of the year an attempt was made to cope with staff shortage by increasing the establishment of health assistants (i.e. enrolled nurses who, after a short public health training, act as assistants to health visitors).

Staffing.

Although ten newly qualified health visitors joined the staff (mostly on completing their post-nursing course in September, 1967) the losses outweighed the gains. At the end of the year there were $18\frac{1}{2}$ unfilled posts on the authorised establishment.

Reasons for health visitors leaving during 1967 were—marriage and domestic circumstances (3), transfer to duties—usually with house provided (3), posts overseas (2), transfer to mothercraft teachers (2), advanced training (1), and health visiting posts elsewhere (3).

Insufficiency of numbers of health visitors combining reasonable practical experience with modern outlook (in a profession with duties and training that have changed enormously in the last fifteen or sixteen years) also made it difficult to fill posts of group adviser, field work instructor and clinic superintendent: in all these senior or semi-senior grades there were vacancies throughout the year.

Distribution of Staff.

As indicated earlier, 50 members of staff served as family health visitors ($47\frac{1}{2}$ of them also acting as school health visitors) so that on average each served

a community of 3,700 inhabitants. Of these 50, 17 worked from practices (and requests by general practitioners for further attachments had to be temporarily refused owing to shortage) and 33 from compact districts.

Of the 22½ health visitors on specialised duties, 4 are graded as Group Advisers on facets of health visiting, 8 work full-time on highly specialised tasks, 2 are specialised on tuberculosis (a dwindling sphere) and 6 on school health (necessitated by practice attachment since children in one practice attend various schools), while the remainder of the 22½ is made up of portions of the time of various officers with mixed duties (e.g. spending part of their time as clinic superintendents and part on district work).

Division of staff time.

In 1967 health visitors devoted 1,078 sessions to ante-natal, post-natal and family planning clinics (about 20 per cent. more than in 1966 or 1965); 2,489 sessions to child health clinics (an appreciable decrease); 1,028 sessions to health education at clinics (more than in any year except 1966); 718 sessions to health education in schools (far more than in any previous year); 128 to health education otherwise than in schools and clinics; 2,035 sessions to school visits; 20,551 sessions to home visiting (more than in any previous year despite staff drop); 882 to attendance at hospitals; 592 to work in general practice surgeries; and other sessions to special clinics and office work.

During the year 1,124 working days were lost through sickness among the health visiting staff, and 14 days of compassionate leave were granted. In addition, two health visitors were given (because of domestic reasons) six months and two months unpaid leave of absence during the year.

Home visits.

For change of attitude and behaviour home visiting is, of course, crucial.

Reference has already been made to the tendency of individual visits to lengthen: it takes far longer to offer guidance on prevention of behaviour problems, emotional difficulties or psychosomatic disorders of the old or the young than to give advice on hygiene or diet. It will be recalled that in 1965 and 1966 the two-fold difficulty of dwindling staff and lengthening visits was successfully met by internal re-organisation and the provision of some car allowances, and that the total number of visits in these years—145,427 and 145,190 respectively—was higher than in any earlier year. Inevitably however, there was a five per cent. fall in total visits in 1967—to 138,249.

Ante-Natal Visits.

The number of ante-natal mothers referred to the health visiting staff for visits has increased slightly, to 3,190 in 1967 (as compared with 3,126 in 1966). The total number of visits to ante-natal mothers in 1967 was 9,238 (as compared with 9,686 in 1966). In other words health visitors had to do a little "rationing" of their visits, restricting themselves on average to about 3 visits per expectant mother.

Visits to the Elderly.

The total number of home visits to the elderly in 1967 was 20,230 (as compared with 19,391 in 1966), an increase of 839 visits from what had been the highest figure on record.

255 of these visits were made at the request of general practitioners or hospital doctors.

In addition to the above-mentioned 20,230 visits by health visitors, a total of 3,256 visits were paid to 982 elderly persons by health assistants, i.e. the assisting grade previously mentioned who are already proving their value.

The total number of visits paid to the elderly by health visitors and health assistants in 1967 was therefore 23,486 (as compared with 22,856 in 1966).

VISITATION BY HEALTH VISITORS.

	No. of 1st Home Visits in 1967	Total Visits 1967	1966	1965	1964	1963
Expectant mothers	3,190	9,238	9,686	10,184	10,191	10,959
Children born in 1967	2,891	21,811	23,929	25,736	23,725	24,842
Children born in 1966	3,483	21,816	24,719	23,419	23,622	28,825
Children born in 62/65	10,181	40,295	41,334	39,769	38,764	38,779
Cases of Tuberculosis	754	3,499	4,959	5,214	5,989	6,440
Elderly	4,693	20,230	19,391	18,833	15,832	17,105
Other domestic help visits	—	1,193	929	1,011	1,090	1,013
Mental Health care and after-care	635	4,030	4,525	5,062	4,525	3,538
Other hospital after-care	1,033	5,068	4,588	4,042	3,654	3,304

Total Visits = 127,180

For clarity it should perhaps be stated that visits to the elderly in the above table are solely health visitors' visits, including those in connection with home helps; in particular 3,382 visits carried out by home help organisers are not included.

It will be noted that the total visits enumerated in the table comes to 127,180, whereas, the grand total of visits is stated elsewhere to be 138,249. The difference is explained as follows:—

- (a) Visits to the homes of school children 7,364 in 1967 are not included (since they are mentioned in the Report of the School Health Service).
- (b) 3,705 visits were paid in connection with infectious disease, housing, nursery investigations, special problems, &c., and are not included in the table.

Liaison Services.

H.V./G.P. Attachment.

During the year there has been a slight increase in the number of health visitors working with general practitioners, to a present total of 17 full-time health visitors and 1 part-time health assistant. As the caseloads of individual health visitors working with a particular practice increased it was found necessary to attach more health visitors to the same number of group practices.

There have been several further requests by general practitioners for health visitor attachments, but although both health visitors and general practitioners favour linkage where practicable, extension of attachment in the near future would be difficult. In particular:—

- (1) A number of health visitors (especially in the older age group) may never hold a driving licence and a car is essential for work in general practice, as at present organised.
- (2) Younger health visitors may be financially unable to buy cars—even although an adequate car allowance is available.
- (3) Increase in attachments will create appreciable problems in respect of the districts of non-attached family health visitors: as these districts extend (concomitantly with exclusion of households advised by practice-attached health visitors) cars and car allowances may become essential.
- (4) For group health education the ideal unit is something larger than a two or three doctor practice: within the existing local pattern (roughly $\frac{1}{4}$ attached, $\frac{1}{2}$ district and $\frac{1}{4}$ specialist) attached health visitors can undertake their own group education within the practice (provided there are facilities) but can also refer individuals to other health education facilities, e.g. classes for prospective parents. Extension of the number of attachments might well damage these facilities.
- (5) The problem of school children becomes increasingly pressing, since the children from one practice attend many schools, and the appointment of a school health visitor for each school or couple of schools is not the complete answer.

TOTAL ATTENDANCES AT G.P. SURGERIES.

Child Welfare Clinics in surgeries—

General Practitioner consultations	1,980
General Practitioner vaccinations and immunisations	4,129
Health Visitor consultations at surgery	2,430
	<hr/>
Total	8,539
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Total Attendances—

*1st Attendances—born 1967	595
Return	3,104
*1st Attendances—born 1966	637
Return	2,720
*1st Attendances—born 1962/65	634
Return	849
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Total	8,539
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Ante-Natal Clinics in surgeries—

*1st Attendances	472
Return	2,130
	<hr/>
Total	2,602
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1st Attendances in current pregnancy 252

Post-Natal Clinics in surgeries—

*1st Attendances	160
Return	59
	<hr/>
Total	219
	<hr/> <hr/>

1st Attendances following recent pregnancy 136

*This year in Aberdeen.

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.

A 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 to assist her there have been allocated a part-time health visitor and a full-time health assistant. 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 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 for 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 1967 Miss MacQuien paid 1,863 visits as compared with 1,618 in 1966.

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. One vacancy for a mental after-care officer has not been filled during 1967, hence the drop in the number of home visits to parents of mentally handicapped children.

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 1967 FOR MENTAL
HEALTH CARE AND AFTER-CARE.

	No. of 1st Visits 1967	Total Visits 1967	Total Visits 1966	Total Visits 1965	Total Visits 1964	Total Visits 1963
Mentally Ill	228	2,107	2,123	2,089	2,127	1,619
Mental Handicap	341	1,600	2,402	2,515	1,966	1,628
District H.V. visits to mentally ill	66	323	498	458	432	2 91
Total	635	4,030	5,023	5,062	4,525	3,538

Special Clinic—Woolmanhill.

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

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

In 1967, the number of visits to homes was 137.

School Health Service.

The employment of seven health assistants to assist the health visitors in schools has greatly improved the time and opportunity available for health visitors to expand their 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 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 present 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.

Refresher Courses and In-Service Training.

Forty-nine health visitors attended approved refresher courses and Study Days arranged by the Scottish Health Visitors' Association, Royal College of Nursing, Central Council for Health Education and the Mental Health Association.

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

Visits to the Department of Overseas and Post-Graduate Students.

Eleven 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 benefitted from the exchange of ideas and knowledge of working conditions in other countries.

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. The health visitors spend one or more sessions with the student, giving instruction on the techniques of home visiting as applied to the different age groups in the community. The students also visit homes with the health visitor to observe families in their own environment and to get a glimpse of the problem associated with this environment.

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

Medical Students	88
Royal Infirmary Student Nurses	246
Student District Nurses	14
Other Students	24

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 the clinics. The enthusiasm of these young schoolgirls for the work done at the clinics 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 gain an insight into the functions of the clinic.

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

*(Miss D. Joan Lamont, Director of Advanced Nursing Education
and Health Education.)*

1966-1967 will be remembered as a settling down period for the new syllabus and field work requirements for health visitor training but perhaps more notably for the extension of the Course from an academic to a calendar year.

Health visitor students will follow henceforth a 3 term academic Course with field work placements, throughout, with an additional 9-12 week term of full time supervised health visiting in an approved area.

Such an area must provide an acceptable range of health visiting experience and suitable supervision by a Group Adviser or other senior member of staff.

During this final term students are responsible for the full range of a health visitor's work but with a limited case load. Contact is maintained with the Training School through Study Days and other means.

The importance of this final period cannot be overstressed. Irrespective of the results of the written and oral examinations a student cannot be granted the Certificate of the Council for the Training of Health Visitors until a satisfactory report has been given on the student's health visiting practice during this period.

Before students were placed, therefore, considerable time was devoted to discussions with Nursing Officers of those areas not previously linked with training in order to achieve suitable standards of experience and supervision. These meetings were mutually beneficial in that they tended to prevent an over academic approach to what is essentially a practical job of work, and at the same time disseminated information about the changes in training, teaching methods and curricula which must inevitably reflect on the quality of service students can be expected to give.

Final Results.

16 students were awarded the Certificate of the Council for the Training of Health Visitors in September, 1967. 4 gained Distinctions.

2 students were referred in parts of the examination and have subsequently obtained their Certificates following a re-sit examination.

Health Visiting Officers.

No decision has yet been reached by the Ministry of Health and the Department of Home and Health on the official recognition of male health visiting officers as health visitors.

In 1966-1967, 8 men followed the same syllabus and sat the same examination as their health visitor student colleagues.

The 8 successful candidates were awarded the Certificate of the Aberdeen Training School. History was also made when the Prize for the Top Student of the Year was gained by a male student—Mr. Patrick Nash.

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 institutions and Departments of the Corporation. The Fieldwork Instructors were also present.

The prizes were presented by Miss Patricia E. O'Connell, S.R.N., H.V. Tutor's Cert., F.R.S.H., a member of the Council for the Training of Health Visitors and Principal Health Visitor Tutor, Department of Social Studies, Southampton University.

The Prizewinners were:—

(1) *City of Aberdeen Prize for the Best All Round Student of the Year*—

Mr. Patrick T. Nash, S.R.N., R.M.N.

(2) *City of Aberdeen Proxime Accessit Prize*—

Miss Fiona Macfarlane, R.G.N., S.C.M.

(3) *Medical Officer of Health's Prize for Family Studies*—

Mrs. Letitia Wilson, R.S.C.N., R.G.N., S.C.M.

(4) *Violet Robertson Memorial Prize for Health Teaching*—

Miss Fiona Macfarlane.

(5) *Tutors' Prize for Health Teaching*—

Mr. Patrick Nash.

Distinction in Health Teaching during the Course were obtained by the following students—

Miss Macfarlane.

Mr. Nash.

Miss Conely.

Miss Koram.

Miss P. Milne.

Mrs. Wilson.

Madeline McIver Memorial Prize.

It was decided earlier in the year to perpetuate in tangible form the memory of one of the Training School's lecturers and examiners and a rare and gifted person who had influenced immeasurably the standards and ideals of the School—Miss Madeline McIver. To this end a Fund was set up and contributed to by former students, now working not only in the United Kingdom but all over the world. From the considerable sum of money collected an annual prize will be awarded.

Because Miss McIver shared the view that health visiting required not only academic and practical skills but also the human qualities of tolerance, sensitivity and compassion and in remembrance of her own capacities for fostering such abilities in others, the Prize in 1967 was awarded for Health Visiting. The assessment was based on the studies of families carried out by students and from reports and discussions with fieldworkers on the progress and development of students during the Course.

In 1967 the Madeline McIver Memorial Prize was awarded to Miss Fiona Macfarlane.

Staffing.

The number of Fieldwork Instructors increased by one during the year.

In April, 1967, the Tutorial Staff were diminished by 50 per cent. with the appointment of Miss A. Maxwell as Health Visitor Tutor to the new Health Visiting Course set up in the Duncan of Jordanston College of Art, Dundee, and Miss A. Coleman as Health Visitor Tutor to the new Course in Health Visiting at Reading School of Technology. Because of the shortage of Health Visitor Tutors nationally the replacement of these valued members of staff will not be possible until July, 1968, with inevitable curtailment of many activities previously contemplated, e.g. Study Days and Refresher Courses.

Other Training School Activities.

Secondment of Student Nurses for public health experience continued and the pattern of 1 week and 2 week courses for relatively junior and more senior nurses was retained. The day to day running of the Courses continued under the aegis of Miss Coleman, Health Visitor Tutor and Mrs. Wilson, Group Adviser.

Stress was again laid on participation and active involvement of students in group discussions and in project work relating to the community aspects of health and disease. The presentation of the result of such group activities reached new standards of excellence and the frank appraisal by young members of the nursing profession and of traditional procedures and services was both salutary and stimulating.

These Courses ran continuously throughout the Autumn and Spring terms with a break during the Summer term. Approximately 360 student nurses were involved.

Extension of classrooms at the Training School allowed these activities to be carried out at the Training School instead of Balnagask and this proved economical in the use of staff and services.

Extra Mural Activities.

Despite staff shortages, Health Visitor Tutors continued to serve on relevant Professional Committees whenever possible. Miss Lamont continued as a member of the Council for the Training of Health Visitors and Chairman of the Scottish Advisory Committee to that Council. Miss Hay remained a member of the General Nursing Council for Scotland.

Visitors to the School.

The Royal College of Nursing again placed a Health Visitor Tutor Student at the Aberdeen Training School for experience in teaching and administration, and students from the Nursing Studies Unit, Edinburgh University, were also welcomed.

Overseas visitors from Pakistan, Greece and Scandinavia stimulated, and perhaps were stimulated by, discussions with the Tutorial Staff during the year.

Ward Sisters from the Aberdeen Hospitals came to the School for a 3 day course organised by Miss Coleman and involving Tutorial and health visiting staff. Sessions were spent with specialist and family Health Visitors, and with G.P. attached Health Visitors and much fruitful discussion followed. Exchange visits when Health Visitors will learn about clinical and nursing advances in the hospital field are planned for next year as a result of this innovation.

7.—DOMICILIARY MIDWIFERY.

(Dr. E. V. Taylor, Principal Assistant M.O., and Miss L. S. Stephen, Supervisor of Midwives.)

Features of the Year.

(1) Home confinements became even more uncommon. The number of women confined at home fell from 130 in 1965 and 66 in 1966 to 40 in 1967. Additionally 2 women were confined at home without arrangements being made for home delivery and were in due course transferred to hospital. Also 16 women for whom arrangements had been made (and who had received part or all of their ante-natal care from general practitioners and domiciliary midwives) were transferred to hospital for delivery. In other words the domiciliary midwives were involved in the ante-natal care of only 56 women and in the delivery of only 40 women.

(2) Since the total number of domiciliary midwives (apart from the supervisor and apart from one employed at the family planning clinic) was only eight, it remained impracticable to ask them to undertake the maternity nursing of most of the very large numbers of women discharged from hospital on the fifth and subsequent days. Domiciliary midwives therefore continued to attend mainly women discharged from hospital not later than the fourth day—249 in 1967—and indeed probably spent more time in travelling than in professional work.

(3) As in previous recent years visiting of the vast majority of mothers discharged from hospital after the fourth day, was undertaken by health visitors. (It is perhaps unsatisfactory and very expensive to employ overworked and scarce officers with three professional qualifications for maternity nursing on the 5th to 9th days after confinement and to have a tiny number of domiciliary midwives spending more than half their working time in travelling; but until such time as the Corporation elects to incorporate the district nursing service in the Health and Welfare Department and to allow the employment of district nurse/midwives in a few peripheral areas no practicable solution appears available.)

(4) Medical aid was requested by the midwives in 9 cases.

(5) Two babies born at home weighed $5\frac{1}{2}$ pounds or less. One baby was cared for at home and lived. The other was admitted to hospital on day of delivery and lived.

(6) During the first three months of 1967, 3 cases had Trilene Analgesia: since then all Trilene apparatus has been withdrawn from use. During 1967, 33 mothers were given Entonox, which continues to prove very satisfactory. 18 mothers were given Pethedine during labour.

(7) All municipal midwives were again recognised as approved teachers of student midwives.

(8) All municipal midwives continued to help in the teaching of general nurse students during their obstetric courses, instructing them on district midwifery, one day to each student nurse.

Staff.

- (a) 1 Supervisor, 7 midwives (domiciliary) and 1 (family planning clinic).
- (b) Allocated from Regional Hospital Board—1 midwife.
- (c) Other practising midwives—1 private, 99 in hospital.

Midwifery Districts.

The City is divided into 7 districts. Part II student midwives each continue to spend five weeks on district work.

Transport.

During 1967, 4 midwives received mileage allowances for their cars, while the others used taxis and public transport.

Refresher Course.

During 1967, 2 midwives and 1 supervisor attended a refresher course in Glasgow, April 1st - 8th.

TOTAL NUMBER OF BIRTHS OCCURRING AT HOME.

Live=42 Still=0 Total=42

TOTAL DELIVERIES AT HOME.

	Doctor Engaged	No Doctor Engaged	Total
Municipal Midwives	38	—	38
Hospital Midwives (on District) .	2	—	2
Private Practising Midwives . . .	—	—	—
No Midwife Engaged	—	2	2
Total	40	2	42

8.—HOME NURSING.

Features of the Year.

(1) The number of patients under the age of 65 years visited by the Day Nursing Service increased to 1,679 as compared with 1,630 in 1966. Until 1965 the total of patients under 65 years had undergone a year-by-year fall.

(2) The number of elderly patients visited by the Day Nursing Service again increased, a total of 2,730 in 1967 as compared with 2,532 in 1966, and 2,413 in 1965.

(3) The total number of visits increased to 121,080 as compared with 117,349 in 1966, i.e. an increase of 3,731 visits from last year's figures.

Day Service.

In 1967 there was an increase of 49 patients under 65 years of age and an increase of 198 over 65 years requiring nursing care, i.e. a total rise of 247 patients.

There is little change in the number of patients in the various categories of diseases except in the "Anaemia" and "Miscellaneous" groups.

There was an increase of 1,289 visits to patients suffering from various forms of anaemia, a considerable number of whom (as in the previous year) were referred from ante-natal and post-natal clinics.

Visits paid to patients with miscellaneous disorders increased by 4,244. This group include visits paid for the purpose of taking catheter specimens of urine, throat swabs, removal of sutures, dressing of abscesses, eye treatment and other conditions which do not come into the usual classification of diseases.

Night Service.

During 1967, there was a decrease of 58 patients and visits were also decreased by 344. 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.

During 1967 there was an increase in the number of district nursing sisters working with general practitioners. There are now 11 full-time and 2 part-time district nursing sisters and 1 full-time state enrolled nurse attached to 7 medical group practices.

Although there have been further requests for attachments, they will be considered when staff and transport are available.

Change of Accommodation.

On 29th November, 1967, the Aberdeen District Nursing Association removed from Ingleboro House (a residence which they had occupied since 1897) to 35, Queen's Road. The new premises, which consist of general and private offices, classroom, district room, cloakrooms, &c., have proved to be most satisfactory and adequately meet the requirements of the Service. All staff are now non-resident.

The Staff of the District Nursing Association.

At the end of the year 1967, the staff on day duty was as follows:—

- 1 Superintendent.
- 2 Assistant Superintendents.
- 32 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.
 - 1 Full-time S.E.N.
 - 1 Part-time S.E.N.
 - 1 Part-time Nursing Auxiliary.

The staff on night duty is:—

- 7 Part-time R.G.N.
- 2 Part-time S.E.N.

Training.

There were two training courses in 1967 and fourteen nurses completed the district nurse training course.

The Marie Curie Memorial Foundation (Nursing Service).

The above service for nursing cancer patients in their homes has been working satisfactorily since November, 1964, and at present there are 9 Marie Curie Nurses appointed part-time on night duty (2 or 3 nights per week).

The Marie Curie Nursing Service, with the Medical Officer of Health acting as administrative 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 116 patients have been recommended for night nursing care and of these 86 have died; 6 were convalescent; 21 were transferred to hospital; and 3 continue at 31st December, 1967, to be nursed at home.

NUMBER OF PATIENTS AND VISITS.

	1963	1964	1965	1966	1967
DAY NURSING SERVICE					
Patients under 65 yrs.	1,800	1,737	1,574	1,630	1,679
Patients over 65 yrs.	2,323	2,384	2,413	2,532	2,730
Total Patients . . .	4,123	4,121	3,987	4,162	4,409
Total Visits	113,107	115,673	117,947	117,349	121,080
NIGHT NURSING SERVICE					
Patients under 65 yrs	62	18	19	32	17
Patients over 65 yrs.	262	209	178	216	173
Total Patients . . .	324	227	197	248	190
Total Visits	3,034	2,633	2,742	2,912	2,568

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.
Abdominal . . .	275	386	661	4,038	5,185	9,223	340	321	513	68	19	61
Accidents . . .	57	164	221	1,251	2,966	4,217	85	136	145	26	6	44
Amputations . .	8	13	21	489	956	1,445	4	17	8	4	1	8
Anæmia	93	738	831	1,422	11,661	13,083	372	459	439	69	9	314
Cancer	153	237	390	4,094	7,367	11,461	173	217	76	113	134	67
Cardiac	104	265	369	4,067	10,444	14,511	61	308	97	61	65	146
Cerebral Hæm. .	122	231	353	3,926	10,280	14,206	43	310	48	97	58	150
Diabetes	12	39	51	1,331	4,818	6,149	16	35	15	7	1	28
Gynæcological & Obstetrical . .	—	72	72	—	889	889	58	14	59	5	—	8
Miscellaneous . .	172	350	522	4,419	7,056	11,475	222	300	350	81	9	82
Nervous	49	117	166	1,976	4,478	6,454	88	78	74	23	6	63
Respiratory . . .	109	140	249	2,916	3,066	5,982	90	159	133	46	18	52
Rheumatism . . .	26	189	215	1,395	8,322	9,717	52	163	52	41	11	111
Senility	15	69	84	556	2,136	2,692	—	84	12	22	15	35
Varicose Ulcers .	24	34	158	1,779	5,947	7,726	40	118	75	21	—	62
Tuberculosis . .	22	24	46	1,035	815	1,850	35	11	22	6	1	17
Total	1,241	3,168	4,409	34,694	86,386	121,080	1,679	2,730	2,118	690	353	1,248

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.
Abdominal . . .	3	8	11	6	191	197	3	8	3	2	—	6	—
Accidents . . .	1	6	7	16	62	78	—	7	1	3	—	3	—
Cancer	2	4	6	7	168	175	—	6	1	—	—	4	1
Cardiac	13	26	39	112	326	438	4	35	11	7	—	18	3
Cerebral Hæm. .	19	41	60	252	660	912	2	58	14	16	—	21	9
Miscellaneous . .	3	15	18	67	143	210	3	15	3	8	—	5	2
Nervous	1	9	10	56	61	117	3	7	3	4	—	2	1
Respiratory . . .	5	17	22	35	115	150	2	20	9	6	—	6	1
Rheumatism . . .	1	10	11	3	245	248	—	11	2	4	—	2	3
Senility	—	3	3	—	30	30	—	3	—	1	—	2	—
Diabetes	1	1	2	7	5	12	—	2	—	—	—	1	1
Gynæcological . .	—	1	1	—	1	1	—	1	—	1	—	—	—
Total	49	141	190	561	2,007	2,568	17	173	47	52	—	70	21

Marie Curie Scheme 53 63 116 364 1,106 1,470 52 64 6 21 — 86 3

9.—MEDICAL ASPECTS OF HOUSING.

(Dr. Christian M. T. Robb, Senior Assistant Medical Officer.)

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, complaints about dampness, closure of unfit houses, &c. However, the adverse effects on mental and physical health of some young families living in inadequate accommodation, and of older couples and single people living in property, often sub-standard, with many stairs and outside toilet facilities, are reflected by the yearly increases in the medical certificates received from family and hospital doctors, and health visitors.

In 1967, 2,673 such certificates were furnished by applicants in support of their housing claims as compared with 2,202 in 1966. Health visitors with their detailed knowledge of the families concerned provide a valuable source of information when the assessment is made of the points to be allocated in these cases.

More people now are surviving into their sixties, seventies and eighties. Although disease is not synonymous with old age, some of these carry into their declining years a legacy of chronic disease. The present policy is to maintain them in their homes with the help of various domiciliary services, and rehousing to more suitable accommodation helps them to lead a fairly independent existence in the community.

Sometimes, however, rehousing is not the complete answer. There is also an increasing need for a certain degree of supervision as provided by a warden attached to a group of cottages for elderly people. An example of this is seen at Bede House Court at St. Machar Drive, and also in three of the Old People's Homes in the City where special purpose cottages have been built in the grounds and are connected to the Homes by a buzzer system. There are still many old people living alone with very few outside contacts who could benefit considerably from such "sheltered" housing.

During 1967 there has also been an increase in the number of requests for joint tenancies (on medical grounds) to be set up so that a son or daughter can provide care and support necessary for an elderly relative who is no longer able to live alone.

10.—MENTAL HEALTH SERVICES.

(Dr. W. J. W. Rae, Junior Depute Medical Officer of Health.)

Features of the Year.

(1) The end of the year marked the first anniversary of the opening of Park House Senior Occupation and Training Centre for 60 mentally handicapped adults. This highly successful venture is run on a three-tier system—that is, occupation and social training for the more severely handicapped; simple employment and social training for medium grade handicapped persons; and social training, and training for employment in the community for the few higher grade trainees who qualify for such training (remembering that all trainees were judged to be unemployable at the age of 16 years).

During the year, many small, suitable contracts were secured which produced useful employment for trainees and which helped to offset the cost of training materials used in the Centre; and, by the end of the year, one trainee had been found outside employment (under the supervision, of course, of a mental after-care officer).

(2) Pitfodels Day Care Centre for 36 mentally handicapped children up to the age of 16 years was opened in the late autumn. This Centre which caters for children who are so handicapped as to be ineducable and untrainable in the educational setting, at present offers 7 part-time places to children from the adjacent counties. The Centre replaces Queen's Cross Day Centre (a voluntary, part-time Centre) and the children attend from one to five days weekly, according to ability, thus affording training facilities for the children and a worthwhile measure of relief for their parents.

(3) A disappointing feature of the year was the fact that prepared foundations for the erection of the second Senior Occupation and Training Centre at the Cornhill/Stockethill site were not available at the end of the year—nor indeed at the time of writing. The waiting list for such facilities stands at over 60 mentally handicapped adults.

Services, staff employed and future needs.

The detailed description given in the 1966 Report stands, with the following additions.

(a) Senior Occupation and Training Centres.

The first Senior Occupation and Training Centre, was opened late in 1966, but the urgent need for a second Centre (mentioned in previous reports) is shown by the fact that over 60 adults are on the waiting list for Centre facilities. This waiting list increases yearly, due mainly to Special School and Junior Occupation Centre leavers who are judged to be unemployable at the age of 16 years. If kept at home, these adults place a heavy burden with regard to care and supervision upon their parents.

Construction of the second Centre—for 80 adults—has not yet commenced, although it had been hoped that a start would be made in the autumn of 1967. There is great need for a second Centre now, and firm plans should be made for the provision of a third Centre in about 5 years' time.

(b) Day Care Centres.

Pitfodels Day Care Centre for 36 severely mentally handicapped (ineducable and untrainable) children up to the age of 16 years opened in the autumn of the year under review. At present the Corporation is able to offer 7 part-time places at the Centre to county children who attended the voluntary Queen's Cross Day Centre—which Pitfodels Centre replaces. Severely retarded pre-school children are also accepted at the Centre, at which all children attend part-time or full-time—according to ability—up to a maximum of 5 days weekly. The children are transported to and from the Centre, and many are so handicapped as to require taxi transport with appropriate escort arrangements.

Pitfodels Centre should cope with the need for Day Care Centre facilities in the City for the next few years.

(c) Unmet Needs.

As mentioned in previous Reports, there is increasing need, with the passage of time, for the following provisions:—

- (a) A Hostel for the Adult Mentally Handicapped in the Community; and
- (b) An Old People's Home for the Elderly Mentally Infirm.

Reasons as to why such needs have arisen were fully described in the Annual Report for 1966.

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 1967 some 4,030 visits were made to mentally ill and mentally handicapped persons by staff engaged on mental health duties. Of the 4,030 home visits made (5,023 visits in 1966) 1,534 visits were at the request of the hospital services or patients' general practitioners. 323 of the visits were made by field health visitors.

Mental after-care officers had case loads of 146 mentally ill persons and 365 mentally handicapped persons—a total case load of 511 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. All of them are visited in accordance with the terms of the Mental Health (Guardianship) (Scotland) Regulations, 1962. The problems encountered during 1967 were fortunately mostly of a relatively minor nature, but perhaps the main difficulty emerging now-a-days is the provision of alternative accommodation where required.

During the year 12 periodic statutory reviews were carried out on patients subject to the 1960 legislation. Two patients were discharged from formal guardianship to informal supervision and two new patients were placed under guardianship.

The holiday scheme started last year was continued and two patients were accommodated for holiday periods at Viewpark Home, Alyth, Perthshire.

By the end of the year the Register of Mentally Handicapped Persons contained 560 names. This Register was commenced in 1963 and is now being reviewed in order to bring it up-to-date.

(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 1967 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	18	9	27
Recommended Cases where a Mental Health Officer had to assist relatives with the application to the Sheriff	16	26	42
	<u>34</u>	<u>35</u>	<u>69</u>

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, 1967 . . .	4	1	5
Number of patients under guardianship as at 31st December, 1967:—			
In the City	12	2	14
In the County	7	3	10

11.—DOMESTIC HELP SERVICE.

Features of the Year.

(1) Following the retirement of Miss Elizabeth Brown (to whose long and valued service tribute was paid in the annual report for 1966) from the post of Senior Home Help Organiser, the Medical Officer of Health and the Chief Nursing Officer jointly persuaded Miss Margaret Sheridan to fill the vacancy on a temporary basis and on the understanding that she could in due course return to health visiting duties if she so desired. Since Miss Sheridan carried out the duties of this tremendously exacting post with great efficiency from the summer of 1966 to the early spring of 1968, this report must start with an acknowledgment of her public spiritedness, ability and enthusiasm. Perhaps of all jobs in the Health and Social fields this is the most thankless, since inevitably each general practitioner and each health visitor tends to stress or over-stress the needs of his or her individual client, and the person in charge of the service has to arbitrate between a multitude of potential clients, each vigorously sponsored by one or more professional workers, has nearly always to provide fewer sessions of help than the professional worker and the client would like, and has frequently to say "On fair comparisons with other people your patient is not entitled to domestic help".

(2) Simultaneously with the above appointment the Medical Officer of Health set up a small committee to study the organisation and functioning of the Service. The committee made various recommendations which were duly implemented or are in process of being implemented.

(3) One of the main recommendations of the small committee was that a short course of training for home helps—initiated some years earlier but discontinued owing to shortages of professional staff—be re-introduced. The willing co-operation of clients, home helps and members of the professional staff made possible the immediate implementation of this recommendation: each home help in post attended a short course of training in 1967—a mammoth achievement for a staff of 400 individuals (or the equivalent in part-time workers of 252 whole-time employees).

(4) The year witnessed a general continuation of recent trends. There was again an increase 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 with a small decrease in the number of cases of long-term illness under 65 years of age and a fall in the number of maternity cases.

(5) In figures, these changes produced a new record total of 2,414 households assisted in the course of the year, and of these 1,921 were households with elderly persons. Further details will be found in the Table at the end of this Section, but it is worth stressing here that the number of households assisted has risen year-by-year from 807 in 1952 to the present figure of 2,414.

(6) The number of visits paid to households in connection with arranging and supervising the service was 2,622 by the two Home Help Organisers, 3,382 by the three Home Help Supervisors and 957 by District Health Visitors.

(7) An informal list of persons available for work as private domestic helps, maintained by the Organisers, still proves useful. During 1967 the names of 60 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	1967	1966	1965	1964	1963	1962	1961	1960
Whole-time	56	58	50	50	52	61	62	63
Part-time	339	350	350	310	300	259	251	233

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

Year	1967	1966	1965	1964	1963	1962	1961	1960
(1) Maternity Cases	45	66	108	92	114	119	127	130
(2) Long-term illness (under 65)	194	203	182	167	149	133	106	125
(3) Short-term illness (under 65)	254	275	262	270	264	280	347	357
Total of (1), (2) and (3)	493	544	552	529	527	532	580	612
(4) Infirm and Elderly	1,921	1,825	1,655	1,586	1,534	1,440	1,346	1,234
Grand Total	2,414	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.

12.—CONTROL OF INFECTIOUS DISEASES.

(*Mr. J. B. Tait, Statistician.*)

Features of the Year.

(1) The total of all infectious diseases notified rose to 694, as compared with 258 in 1966 (the lowest total ever recorded in Aberdeen); 431 in 1965; 587 in 1964; and over 2,000 fifteen years ago. The relatively high total in 1967 is largely attributable to an outbreak of measles, 504 cases of which were notified to this department. Apart from measles the grand total of notifications would have been under 200 for the first time.

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

(3) There was a substantial decrease in the prevalence of dysentery—53 cases.

(4) There were no notifications of acute influenzal pneumonia and there was a decrease in notifications of acute primary pneumonia—17 cases.

(5) There were substantial increases in notifications of whooping cough—37 cases—and chickenpox—51 cases.

(6) There was a slight decrease in notifications of scarlet fever—17 cases.

(7) For the fifth successive year, there were no cases of poliomyelitis.

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

	No. of Cases			
	1967	1966	Increase	Decrease
Cerebro-Spinal Fever	1	1	—	—
Chickenpox	51	—	51	—
Diphtheria	—	—	—	—
Dysentery	53	140	—	87
Erysipelas	3	3	—	—
Infective Jaundice	—	9	—	9
Malaria	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—
Acute Influenzal Pneumonia	—	17	—	17
Acute Primary Pneumonia	17	29	—	12
Poliomyelitis	—	—	—	—
Puerperal Fever	—	—	—	—
Puerperal Pyrexia	—	—	—	—

	No. of Cases		Increase	Decrease
	1967	1966		
Scarlet Fever	17	24	—	7
Paratyphoid Fever	—	2	—	2
Typhoid Fever	—	—	—	—
Whooping Cough	37	2	35	—
Food Poisoning	11	12	—	1

Cerebro-spinal Fever.

One case was notified in 1967 as compared with one in 1966; one in 1965; two in 1964; two in 1963; and six in 1962. There was no death in 1967.

Chickenpox.

In 1967, 51 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 12th successive year, no cases were notified. A tabular statement of cases and deaths in recent years may be of interest.

Year	Cases	Deaths
1967	0	0
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 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 today 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.

53 cases were notified as compared with 140 cases in 1966; 273 in 1965; 2 in 1964; 164 in 1963; and 116 in 1962. There was one death in 1967.

Encephalitis Lethargica.

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

Erysipelas.

There were three cases of erysipelas in 1967, the same number as in 1966, and comparing with two in 1965; nine in 1964; one in 1963; and seven in 1962. It is interesting to note that a quarter of a century ago the annual number of cases normally exceeded one hundred.

Infective Jaundice.

No cases of Weil's disease were notified in 1967.

Leprosy.

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

Malaria.

In 1967 no cases were notified. The only cases reported in the past eight years occurred in 1965 and 1960.

Measles.

In 1967, Aberdeen suffered the largest outbreak of measles for fifteen years. Although, like chickenpox, measles is not compulsorily notifiable, 504 cases were reported in 1967. There were no deaths.

Ophthalmia Neonatorum.

No cases were notified. The only cases reported in the last fourteen years were one in 1964; one in 1959; and one in 1958.

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.

No cases were notified in 1967 as compared with 17 cases in 1966; 5 in 1965; 1 in 1964; 11 in 1963; and 1 in 1962. There were 12 deaths from influenzal pneumonia in 1966; none in 1965; none in 1964; 6 in 1963; and none in 1962.

Pneumonia, Acute Primary.

There were 17 cases and 2 deaths in 1967 as compared with 29 cases and 3 deaths in 1966; 24 cases and 7 deaths in 1965; 49 cases and 5 deaths in 1964; 52 cases and 12 deaths in 1963; and 62 cases and 7 deaths in 1962.

During the ten years 1957-1966, the annual average number of cases was 121 and the annual average number of deaths was 15. Of the 17 cases in 1967, 11 or 65 per cent. received institutional treatment.

Poliomyelitis.

No cases were notified. The only cases reported in the last seven years were three in 1962. There has been one death—in 1958—from this disease in the last thirteen years.

Vaccination against poliomyelitis is mentioned elsewhere in this report.

Puerperal Fever and Puerperal Pyrexia.

In 1967 no cases of puerperal fever were notified. The only cases reported in the previous seven years were 2 in 1964 and 1 in 1963.

The last death from this disease occurred in 1959.

No cases of puerperal pyrexia were notified in 1967. The only cases reported in the previous seven years were 1 in 1965; 4 in 1963; and 3 in 1961.

Scarlet Fever.

In 1967, 17 cases of scarlet fever were notified as compared with 24 cases in 1966; 29 in 1965; 14 in 1964; 4 in 1963; and 10 in 1962.

There were no deaths for the nineteenth consecutive year.

Smallpox.

Aberdeen has remained free from smallpox since 1930.

Analysis of vaccinations carried out in 1967 is given elsewhere.

Typhoid and Paratyphoid Fevers.

No cases of typhoid fever were notified in 1967. The only cases reported in recent years occurred during the typhoid fever outbreak of 1964, when 419 cases were notified, and there was one death.

No cases of paratyphoid fever were notified in 1967. There were two cases of paratyphoid B in 1966; none in 1965; two in 1964; two in 1963; and one in 1962. In 1958 there was an outbreak of paratyphoid B and 25 cases were notified.

Whooping Cough.

37 cases of whooping cough were notified in 1967 as compared with 2 cases in 1966; 26 in 1965; 22 in 1964; 43 in 1963; and 36 in 1962. No deaths have occurred in the last 12 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 health clinics and at home by general practitioners.

Food Poisoning.

In 1967, 11 cases were reported as compared with 12 in 1966; 8 in 1965; 13 in 1964; 5 in 1963; and 6 in 1962.

Infections Generally.

The following tables deal with the various infectious diseases. Table 1 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 1957 to 1967.

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 1967.

Disease.	1967												Whole Year.	
	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.		
Cerebro-spinal Fever	—	—	—	—	1	—	—	—	—	—	—	—	—	1
*Chickenpox	7	8	5	6	6	4	7	1	4	2	1	—	—	51
Continued Fever (Undulant)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	5	20	27	1	—	—	—	—	—	—	—	—	—	53
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Erysipelas	—	—	—	1	—	—	—	—	—	—	—	—	2	3
Jaundice, Acute Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leprosy	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*Measles	37	85	91	130	84	47	14	10	1	—	4	1	—	504
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia Acute	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Influenzal	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Primary	3	—	—	1	3	—	2	1	1	3	—	—	3	17
Poliomyelitis, Acute	2	—	—	—	—	—	—	—	—	—	—	—	—	2
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	4	1	2	2	2	1	1	—	1	—	3	—	—	17
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid A.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	3	1	1	3	8	3	4	4	2	3	4	1	—	37
Food Poisoning	1	1	—	—	1	—	2	5	1	—	—	—	—	11
Total	60	116	126	144	105	55	30	21	10	8	12	7	—	694
Influenza, excl. Influenzal Pneumonia	2	—	—	1	—	—	—	—	—	—	—	—	—	3

*Not Compulsorily Notifiable.

TABLE II.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES
(EXCLUDING TUBERCULOSIS) DURING 1967.

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	51	1	20	29	1	—	—	—	1	50
	Deaths	—	—	—	—	—	—	—	—	—	—
Cholera	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant)	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Dysentery	Cases	53	1	32	5	6	5	3	1	20	33
	Deaths	1	1	—	—	—	—	—	—	1	—
Encephalitis Lethargica	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases	3	—	—	2	—	1	—	—	1	2
	Deaths	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute Infective	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Leprosy	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Malaria	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Measles	Cases	504	22	325	150	5	2	—	—	1	503
	Deaths	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	Cases	—	—	—	—	—	—	—	—	—	—
Plague	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Primary	Cases	17	1	3	1	1	2	2	3	4	11
	Deaths	2	—	—	—	—	—	—	1	1	6
Poliomyelitis, Acute	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	Cases	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	Cases	17	—	4	13	—	—	—	—	1	16
	Deaths	—	—	—	—	—	—	—	—	—	—
Smallpox	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid A	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid B	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—
Whooping Cough	Cases	37	4	15	18	—	—	—	—	—	37
	Deaths	—	—	—	—	—	—	—	—	—	—
Food Poisoning	Cases	11	1	—	1	3	—	4	2	4	7
Total	Cases	694	30	400	216	16	12	6	8	6	40
	Deaths	3	1	—	—	—	—	—	1	1	2

TABLE III.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES, INCLUDING TUBERCULOSIS, DURING EACH YEAR FROM 1957 TO 1967.

Disease.		1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	ANNUAL AVERAGE 1957 to 1966.
Cerebro-Spinal Fever . . .	Cases	1	1	1	2	2	6	3	3	5	9	5	3.7
	Deaths	0	0	0	0	0	2	0	2	1	0	0	0.5
Chickenpox . . .	Cases	51	0	1	3	2	6	5	0	0	8	7	3.2
	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	0	1	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	53	140	273	2	164	116	26	186	57	41	328	133.3
	Deaths	1	0	0	0	0	0	0	0	0	0	1	0.1
Encephalitis Lethargica . . .	Cases	0	0	0	0	0	0	1	2	0	0	0	0.3
	Deaths	0	0	0	0	0	0	0	1	0	0	0	0.1
Erysipelas . . .	Cases	3	3	2	9	1	7	15	11	14	12	18	9.2
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Infective Jaundice Acute . . .	Cases	0	9	12	35	31	18	24	16	8	0	0	15.3
	Deaths	0	0	1	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	0	1	0	0	0	0	1	2	3	0	0.7
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Measles . . .	Cases	504	19	48	14	147	52	57	38	39	0	64	47.8
	Deaths	0	0	0	0	0	0	0	1	0	0	1	0.2
Ophth. Neonatorum	Cases	0	0	1	0	0	0	0	0	1	1	0	0.3
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
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	0	17	5	1	11	1	16	4	152	2	169	37.8
	Deaths	0	12	0	0	6	0	7	0	11	1	12	4.9
Pneumonia, Acute Primary . . .	Cases	17	29	24	49	52	62	114	181	236	241	221	120.9
	Deaths	2	3	7	5	12	7	11	16	54	15	20	15.0
Poliomyelitis, Acute	Cases	0	0	0	0	0	3	0	0	1	10	5	1.9
	Deaths	0	0	0	0	0	0	0	0	0	1	0	0.1
Puerperal Fever	Cases	0	0	0	2	1	0	0	0	3	7	9	2.2
	Deaths	0	0	0	0	0	0	0	0	1	0	0	0.1
Puerperal Pyrexia	Cases	0	0	1	0	4	0	3	0	0	0	2	1.0
	Deaths	17	24	29	14	4	10	13	38	84	88	42	34.6
Scarlet 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
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	56	63	58	48	48	68	86	89	118	99	318	99.5
	Deaths	5	3	6	1	7	4	9	9	12	13	10	7.4
Tuberculosis, Non- Respiratory . . .	Cases	8	13	9	12	14	14	10	12	15	22	20	14.1
	Deaths	0	1	1	1	2	1	2	0	2	1	2	1.3
Typhoid and Para- typhoid Fevers	Cases	0	2	0	420	2	1	0	0	0	25	0	45.0
	Deaths	0	0	0	1	1	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	37	2	26	22	43	36	42	10	31	234	28	47.4
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Influenza, excl. Influenzal Pneumonia . . .	Deaths	0	5	0	2	0	2	2	0	2	0	6	1.9

13.—HOME AND ROAD SAFETY.

As was mentioned in last year's annual report a study completed in 1966 showed that the incidence of home accidents—previously spectacularly reduced in Aberdeen—had risen sharply, the groups of greatest increase being the elderly and pre-school children, and the only group showing a fall being school pupils; and it was thought that the explanations of the rise were (a) staff time necessarily spent on typhoid control in 1964 and 1965; and (b) shortage of health visitors; and that the explanation of the continued reduction in school children lay in the continued development of health education.

A third edition of the Aberdeen Home and Road Safety Handbook was widely distributed in the winter of 1966-67, and accident hazards were a feature of a special exhibition and were given considerable attention in parents' health clubs and in programmes of health education conducted in schools by health visitors and male health visiting officers.

Sheer shortage of health education, health visiting and medical staff made a further investigation of accidents an impossibility in 1967 (and indeed these shortages will also render such investigation impossible in 1968).

14.—PREVENTION OF BREAK-UP OF FAMILIES.

*(Dr. J. M. Wallace, Principal Assistant M.O., and Miss M. Nairn,
Chief Nursing Officer.)*

Many portions of the public health services, both preventive and supportive, help to prevent or reduce 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 5 occasions.

Case Conferences were held on 31 occasions, with 58 separate discussions on the problems of 27 different families (comprising 20 cases under review from last year, 2 cases previously referred to the Co-ordinating Committee, and 5 new cases). In the course of the year 3 cases were closed—two of these being substantially improved and one with definite but slight improvement. By the end of the year

one further case requiring policy decision had been referred to the Co-ordinating Committee making a total of three cases still under discussion there, while the remaining 21 cases were under review at Case Conference level.

The useful 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.

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.

Twenty-one private nurseries were registered at the end of last year and this year a further four applications were granted although at the end of the year only nineteen 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.

(Dr. D. Barclay, Senior Depute M.O.H.)

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

In the following analyses figures for the previous year are given—for comparison—in brackets.

Carried forward from 1966	20	(18)
New Patients—1967	55	(51)
No. of treatments	1,122	(994)
Patients discharged	21	(19)

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

Carried forward from 1966	3	(2)
New Patients—1967	6	(11)
No. of treatments	46	(71)
Patients discharged	6	(5)

Categories of Patients—

Hemiplegias	25	(24)
Osteoarthritis	7	(6)
Disseminated Sclerosis	5	(4)
Parkinson's Disease	1	(2)
Mentally Handicapped Children (Pitfodels Day-care Centre)	8	(4)
Fractures	2	(2)
Miscellaneous	7	(9)

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

(Dr. William Rae and Dr. James Wallace.)

(A) TUBERCULOSIS.

(a) Features of the Year.

In 1967 the downward trend in notification of Tuberculosis, which had been halted for the previous two years, was again resumed. New notification of all forms of tuberculosis numbered 62, comprising 54 respiratory and 8 non-respiratory, as compared with 71 in 1966 when there were 59 respiratory and 12 non-respiratory notifications.

During 1967 there were five deaths from all forms of tuberculosis as compared with four in 1966 and seven in 1965.

(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. Two health visitors and two clinic nurses are now 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.

Dr. Douglas Bell, the Senior Chest Physician, retired at the end of April, 1967, from a post which he had occupied since 1946. He had of course witnessed a spectacular decline in the incidence of tuberculosis and it is of interest to record that the present-day total of **notifications** is less than the annual number of **deaths** in that immediate post-war period.

(d) Mass Miniature Radiography.

During 1967, among its other tasks, the Mobile Unit X-rayed 6,868 staff and students of Colleges in Aberdeen, 1,258 teachers and other staff of City Schools 2,185 employees of factories in Aberdeen. In addition to other chest or heart abnormalities these surveys revealed two cases of 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 465 new contacts were examined and 291 out of 354 other contacts kept under observation from previous years were also seen (92 per cent. acceptance rate). Two of these contacts were found to have primary tuberculosis, and one other developed active pulmonary tuberculosis.

(f) Positive Reactors amongst School Leavers.

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

During 1967, 274 children in this category were examined, and of these one was found to have manifest tuberculosis, and one had suspect disease.

(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 1967.

RETURN FOR PERIOD 1ST JANUARY, 1967, TO 31ST DECEMBER, 1967.

GROUP	Tuberculin Tested		Negative Re-actors		Vaccinated during 1967	
	M.	F.	M.	F.	M.	F.
(1) Nurses	31	249	5	15	6	13
(2) Medical Students	71	47	4	5	4	5
(3) Contacts	99	91	77	69	75	68
(4) Special Groups not included in (1) to (3) above:—						
(a) School leavers*	1,136	1,079	939	878	925	876
(b) New born babies*	—	—	—	—	75	69
(c) Students	2	4	1	1	—	1
(5) Others	11	11	5	6	5	6

*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 138 patients received milk free of charge at a cost to the Corporation of £1,129 18s. 3d.

(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 1967 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 1967.

	AGE-GROUPS.								TOTAL
	Un- der 1	1- 5.	5- 15.	15- 25.	25- 35.	35- 45.	45- 65.	65 up- wards.	
RESPIRATORY.									
1967 Males	1		2	6	6	3	15	7	40
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
1967 Females	—	1	—	5	1	2	3	2	14
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
NON-RESPIRATORY.									
1967 Males	—	1	1	2	—	—	—	—	4
1966 Males	—	—	—	—	1	2	—	—	3
1965 Males	—	—	—	2	—	—	1	—	3
1964 Males	—	—	—	1	—	—	2	1	4
1967 Females	—	—	—	—	1	1	1	1	4
1966 Females	—	—	—	—	4	1	—	4	9
1965 Females	—	—	—	1	3	—	—	2	6
1964 Females	—	—	—	1	1	2	3	1	8
RESPIRATORY AND NON RESPIRATORY.									
1967 Male and Female	1	2	3	13	8	6	19	10	62
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

There were 54 cases of respiratory tuberculosis notified locally, plus two 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 eight confirmed cases, comprising three with bone and joint disease, three with genito-urinary disease and two with tuberculosis of superficial glands.

The total number of persons residing in Aberdeen who, at 31st December, 1967, were known to be suffering from tuberculosis was 651, comprising 580 respiratory and 71 non-respiratory cases. There is again a reduction from the previous year's figures: this would be accounted for by (a) the continued review of the register; and (b) the fact that modern drug therapy can result in more rapid and more effective cure.

(k) Mortality.

Table B gives particulars of those who died during 1967 (with the previous year's figures for comparison), as submitted to the Scottish Home and Health Department. It shows five deaths from respiratory tuberculosis, all females, and all but one were over 60 years of age. There were no deaths from non-respiratory tuberculosis.

CITY OF ABERDEEN.

CASES AND DEATHS FROM RESPIRATORY TUBERCULOSIS. 1951-1967.

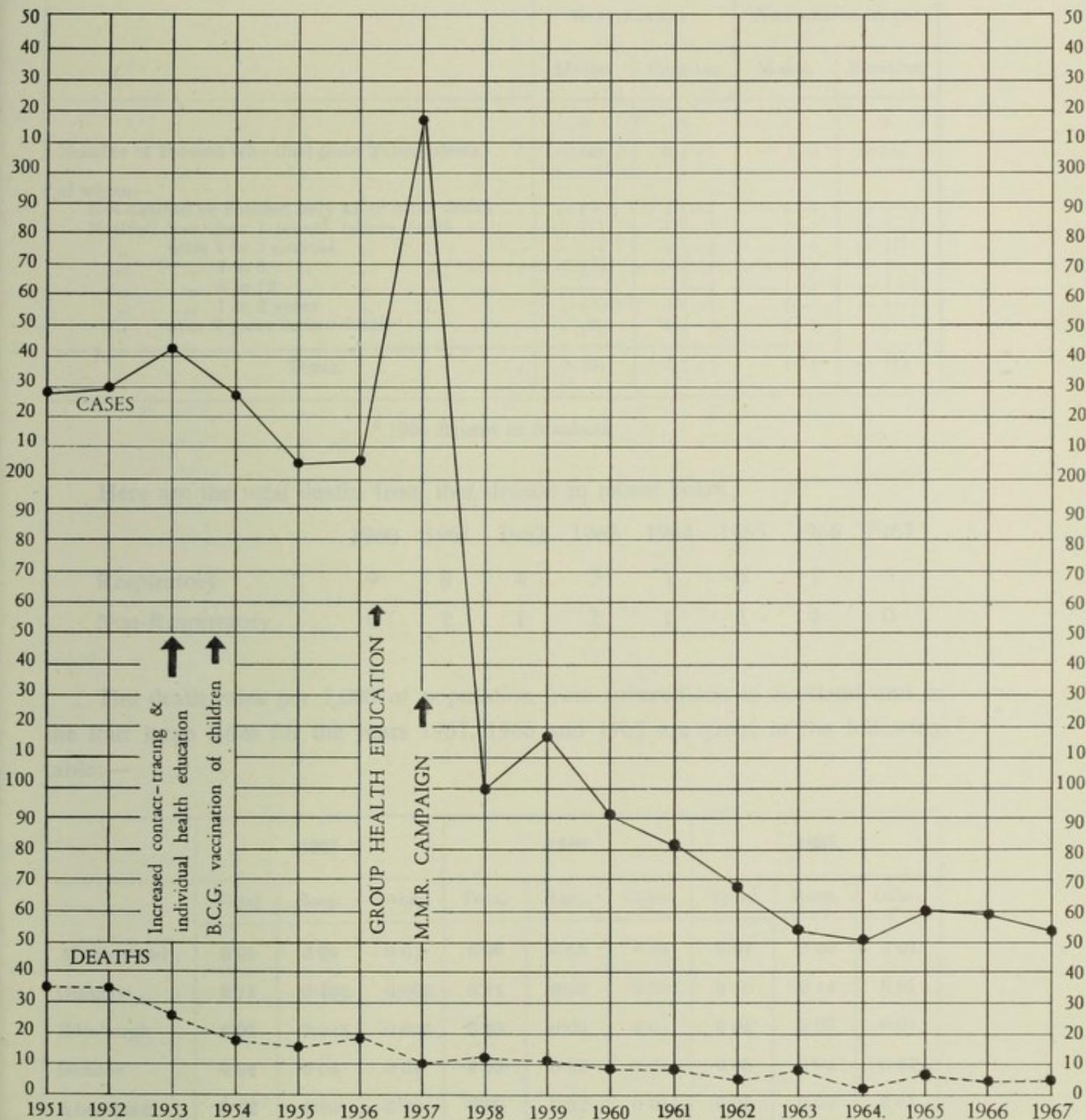
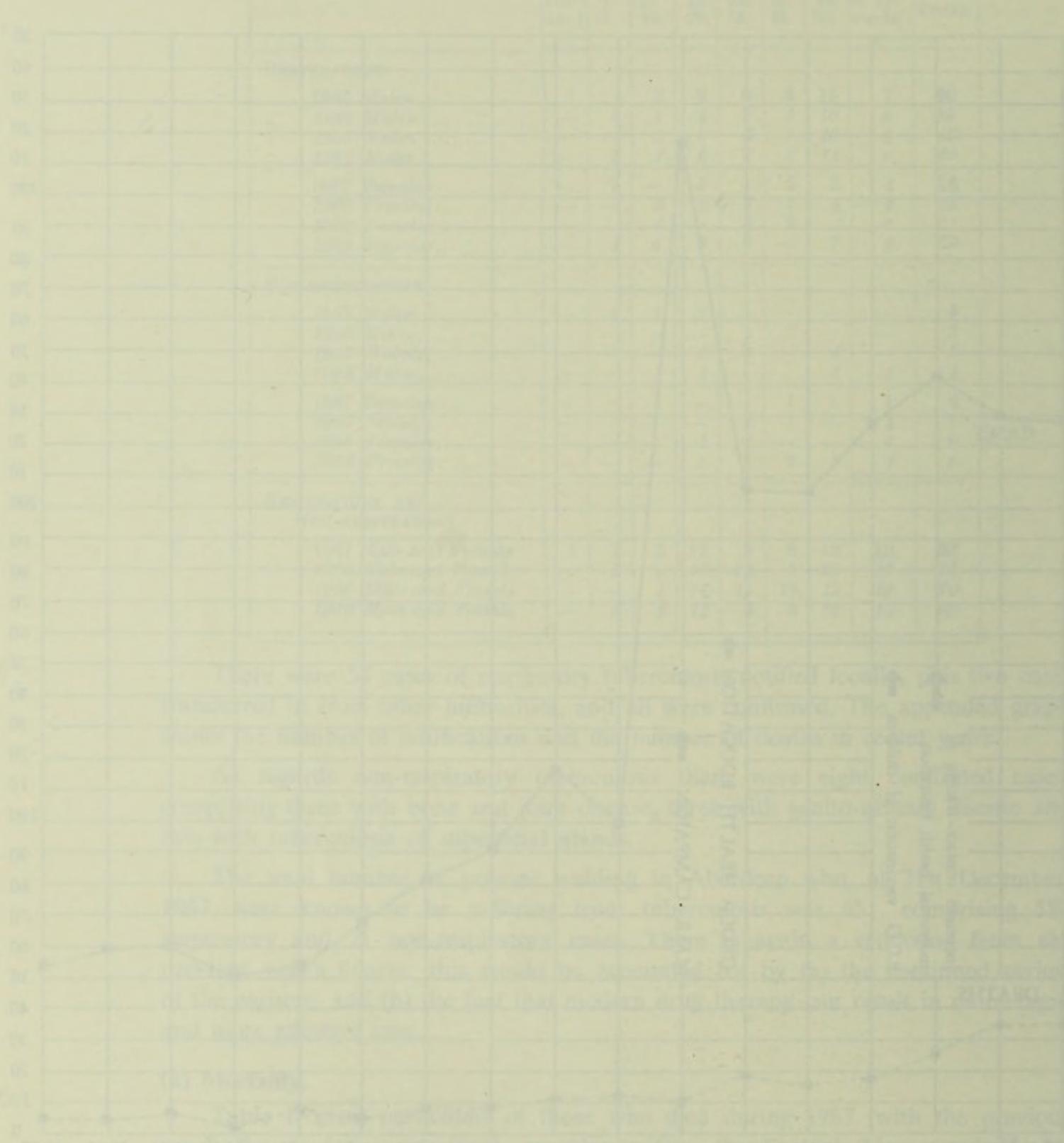


Table 10. Number of Cases of Tuberculosis in 1917
City of Chicago
Cases and Deaths from Respiratory Tuberculosis 1911-1917



Respiratory tuberculosis, with its characteristic tendency to spread in the winter months, was the most common form of tuberculosis in Chicago in 1917. It was the only form of tuberculosis which showed a marked increase in the number of cases during the year. The number of deaths from this form of tuberculosis was also increased, but not to the same extent as the number of cases. The increase in the number of cases of respiratory tuberculosis in 1917 was due to a number of factors, including the increased prevalence of the disease in the city, the increased number of cases which were reported, and the increased number of cases which were fatal.

**TABLE B.—NUMBER OF PERSONS WHO DIED FROM TUBERCULOSIS IN ABERDEEN, WITH PARTICULARS AS TO PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH—
YEAR 1967.**

	RESPIRATORY.		NON-RESPIRATORY.	
	Males.	Females.	Males.	Females.
Number of Persons who died from Tuberculosis .	* — (5)	* 5 (—)	* — (—)	* — (1)
of whom—				
Not notified or notified only at or after death .	— (—)	2 (—)	— (—)	— (—)
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)	1 (—)	— (—)	— (—)
TOTAL	— (5)	5 (—)	— (—)	— (1)

* 1966 figures in brackets.

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

	1960	1961	1962	1963	1964	1965	1966	1967
Respiratory	9	9	4	7	1	6	3	5
Non-Respiratory	0	2	1	2	1	1	1	0

The death rates per 1,000 of population from tuberculosis in Scotland and in the four large cities for the years 1967, 1966 and 1965 are given in the following table:—

	1967			1966			1965		
	Total	Resp.	Other	Total	Resp.	Other	Total	Resp.	Other
All Scotland	0·05	0·04	0·01	0·06	0·05	0·01	0·07	0·06	0·01
Glasgow	0·11	0·105	0·009	0·11	0·10	0·01	0·15	0·14	0·01
Edinburgh	0·02	0·013	0·004	0·03	0·02	0·01	0·04	0·03	0·01
Dundee	0·04	0·03	0·01	0·03	0·02	0·01	0·03	0·02	0·01
Aberdeen	0·03	0·03	0·00	0·02	0·02	0·01	0·04	0·03	0·01

ABERDEEN—TUBERCULOSIS NOTIFICATIONS
BREAKDOWN BY AGE-GROUP

AGE		Aberdeen County of City		St. Clements		St. Nicholas		St. Machar		Woodside
		M.	F.	M.	F.	M.	F.	M.	F.	M.
Under 1 year . . .	Cases	1	—	—	—	1	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—
1 - 4 years . . .	Cases	1	1	—	—	—	1	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—
5 - 14 years . . .	Cases	3	—	—	—	(1)	—	2	—	—
	Deaths	—	—	—	—	—	—	—	—	—
15 - 24 years . . .	Cases	8	7	(1)	2	—	1	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—
25 - 34 years . . .	Cases	4	2	1	—	—	—	—	—	—
	Deaths	—	1	—	—	—	—	—	—	—
35 - 44 years . . .	Cases	5	3	1	—	—	1	1	1	1
	Deaths	—	—	—	—	—	—	—	—	—
45 - 54 years . . .	Cases	3	1	1	—	—	—	—	—	1
	Deaths	—	—	—	—	—	—	—	—	—
55 - 64 years . . .	Cases	12	3	1	1	2	—	2	1	1
	Deaths	—	1	—	1	—	—	—	—	—
65 - 74 years . . .	Cases	6	1	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—
75 - 84 years . . .	Cases	1	1	1	—	—	—	—	—	—
	Deaths	—	2	—	—	—	—	—	—	—
85 + years . . .	Cases	—	1	—	1	—	—	—	—	—
	Deaths	—	1	—	1	—	—	—	—	—
TOTAL	Cases	44	20	6	4	4	3	5	2	4
		64		10		7		7		5
	Deaths	—	5	—	2	—	—	—	—	—
		5		2		—		—		—
RATES	Cases	.533	.206	.992	.602	.731	.435	.851	.305	.702
		.356		.788		.566		.564		.383
	Deaths	—	.052	—	.301	—	—	—	—	—
		.028		.158		—		—		—

Figures in brackets refer to non-respiratory cases.

CASES AND DEATHS—1967.
 10th WARD.

Northfield		Mastrick		Rosemount		Rubislaw		Holburn		Ruthrieston		Ferryhill		Torry	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	(1)	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	(1)	1	1	—	—	1	1	1	1	—	—	—	2	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	2	—	—	—	—	—	1	—	—	—	—	(1)	—	—
—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
1	—	1	(1)	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	1	—	1	—	1	(1)	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	1	(1)	—	—	1	—	1	—	1	—	1	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	—	6	3	2	1	2	1	4	2	3	1	1	1	3	1
4	—	9	—	3	—	3	—	6	—	4	—	2	—	4	—
—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	—
—	—	—	—	1	—	1	—	—	—	1	—	—	—	—	—
.431	—	.636	.295	.302	.121	.342	.125	.762	.282	.370	.106	.102	.087	.585	.178
.213	—	.459	—	.201	—	.217	—	.487	—	.229	—	.094	—	.372	—
—	—	—	—	—	.121	—	.125	—	—	—	.106	—	—	—	—
—	—	—	—	.067	—	.072	—	—	—	.057	—	—	—	—	—

Rates are per 1,000 population.

(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 elsewhere.

Care and After-care.

Shortage 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 1967. 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 16 health visitors were attached full-time to practices. 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 20,230 visits (a new high record) to 4,693 old persons for prevention, care and after-care during the year. This figure includes 255 visits made at the request of the old persons' general practitioners or hospital authorities. (The comparable figures for 1966 were 19,391 visits to 3,565 old persons, with 317 special request visits.) The district health visitors' home visiting programme to the elderly is augmented by 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 1967, health assistants paid 3,256 visits to 982 old people and, as a result the total number of visits to old people rose from 18,833 two years ago to 23,486 this year.

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.

(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 30 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 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 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 care and 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 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 for discharged hospital patients with Departmental 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 help to keep the elderly in the community, and delay admission to old people's homes.

19.—VACCINATION AND IMMUNISATION.

(*Dr. Elspeth V. Taylor, Principal Assistant Medical Officer.*)

Routine Prophylaxis.

Routine protective measures against smallpox, diphtheria, whooping cough, poliomyelitis, tetanus and tuberculosis were continued. Preliminary figures suggest that approximately 70 per cent 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 37 notified cases of whooping cough in children under school leaving age and 4 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. This year (owing to change of arrangements) these tables should not be taken as statistically complete because of the time-lag now permissible in notification to the Executive Council by General Practitioners, and hence to this Department.

The figures at present available do indicate certain trends:—

- (a) That more vaccinations are now being undertaken by G.P.s than by Local Authority Doctors;
- (b) That Tetanus immunisation is being stepped up. There is a reciprocation of records between the hospital casualty department and the Local Authority;
- (c) That re-inforcing doses of Diphtheria-Tetanus are being given increasingly by the clinics and general practitioners with a consequent falling off of doses given at school.

The present departmental policy is to encourage mothers to have their children given the pre-school booster dose before the child enters school.

(1) VACCINATION AGAINST SMALLPOX.

Primary Vaccinations 1967.

Year of Birth	Typical Reaction	No Local Reaction	Not Examined	Total
1967	51	...	...	51
1966	1,153	30	6	1,189
1965	586	46	15	647
1964	95	12	3	110
1963	53	4	1	58
1962	42	3	1	46
1961	7	...	...	7
1960 or earlier	151	2	...	153
Totals for 1967	2,138	97	26	2,261*
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	2,224
Totals for 1963	1,963	102	29	2,094

* Note time-lag in notification. Probable figure for 1967 is as high as for 1966.

Revaccinations against smallpox during 1967.

REVACCINATION.

Year of Birth	Typical Reaction	No Local Reaction	Not Examined	Total
1967	...	...	...	...
1966	2	...	...	2
1965	5	...	...	5
1964	9	2	...	11
1963	13	3	1	17
1962	13	3	1	17
1961	13	...	2	15
1960	16	...	1	17
1959	12	2	1	15
1958	19	1	1	21
1957 or earlier	1,316	123	67	1,506
TOTALS FOR 1967	1,418	134	74	1,626
TOTALS FOR 1966	2,451	218	299	2,968

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 1967 and 1966 are also shown.

VACCINATION AGAINST SMALLPOX.

Number Vaccinated—	Primary Vaccination				Revaccination	
	1967	1966	1965	1964	1967	1966
(a) By General Practitioners	1,184 (52·5%)	1,279 (49%)	1,048 (46%)	1,020 (46%)	1,613 (99·2%)	2,939 (99%)
(b) By Local Authority Medical Staff	1,077 (47·5%)	1,322 (51%)	1,219 (54%)	1,206 (54%)	13 (·8%)	29 (1%)
Total	2,261	2,601	2,267	2,226	1,626	2,968

PROPORTIONS OF CHILDREN VACCINATED BY YEAR OF BIRTH.

Year of Birth	Percentage Vaccinated by		
	End of 1967	End of 1966	End of 1965
1966	2.4	2.4*	—
1965	47.9‡	47.7	2.9*
1964	68.1	67.6	46.2
1963	67.5	67.0	62.8
1962	67.5	67.3	65.2

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

‡ Time-lag over notification. Real figure is probably much higher.

(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	Diphtheria & Pertussis	Diphtheria & Tetanus	Diphtheria	Pertussis	Tetanus
1967	960	—	4	1	—	—
1966	1,307	—	10	—	—	—
1965	78	—	7	—	—	—
1964	21	—	3	—	—	—
1963	16	—	2	—	—	1
1962	3	—	7	—	—	—
1961	1	—	1	1	—	—
1960 or earlier	1	—	43	—	—	99
Total	2,387*	—	77	2	—	100

*Time lag in notification. Real figure is probably higher than the 2,565 in 1966.

REINFORCING DOSES.

Year of Birth	Number receiving maintenance injections					
	Diphtheria, Pertussis & Tetanus	Diphtheria & Pertussis	Diphtheria & Tetanus	Diphtheria	Pertussis	Tetanus
1967	—	—	—	—	—	—
1966	286	—	63	—	—	6
1965	962	—	71	—	—	29
1964	165	—	25	1	—	48
1963	37	—	20	—	—	97
1962	384	1	1,410	7	—	73
1961	28	—	718	8	—	71
1960	8	—	11	2	—	104
1959	6	—	7	—	—	116
1958	36	—	2,430	65	—	80
1957 or earlier	14	—	12	1	—	284
Total	1,926	1	4,767	84	—	908

DIPHTHERIA IMMUNISATION.

Number of Children immunised each year since 1960.

Age in years on 31st December of the corresponding year.	1960	1961	1962	1963	1964	1965	1966	1967	Total Immunised at 31st December, 1967.
Under 1 Year	1,122	1,056	1,017	1,199	1,103	1,193	1,034	965	Aged under 5 Years 11,532 (75.53%)* Aged 5 Years and over 12,321
1 Year	1,430	1,473	1,471	1,480	1,415	1,423	1,482	1,317	
2 Years	247	145	120	120	106	96	109	85	
3 "	87	60	53	38	33	42	69	24	
4 "	49	52	35	21	14	28	32	18	
5 "	93	91	19	13	15	13	35	10	
6 "	219	197	161	173	135	131	16	3	
7 "	106	93	91	3	247	67	15	44	
Immunisations	3,353	3,167	2,967	3,047	3,068	2,993	2,792	2,466	Grand Total 1960---1967 23,853
Reinforcing Injections	4,866	5,323	5,298	3,603	9,011	6,610	7,305	6,778	48,794

* Time-lag in notification. Real percentage is almost certainly higher than 1966 figure of 76.8%.

DIPHThERIA IMMUNISATION.

	Primary Inoculations				Reinforcing Injections			
	1967	1966	1965	1964	1967	1966	1965	1964
Number Inoculated—								
(a) By General Practitioners	1,074 (44%)	1,191 (43%)	1,129 (38%)	1,058 (35%)	1,302 (19%)	1,180 (16%)	908 (14%)	801 (9%)
(b) At Child Health Clinics	1,349 (55%)	1,577 (56%)	1,677 (56%)	1,700 (55%)	2,289 (34%)	2,380 (32%)	1,709 (26%)	1,473 (14%)
(c) By School Health Service	43 (1%)	24 (1%)	187 (6%)	310 (10%)	3,187 (47%)	3,817 (52%)	3,993 (60%)	6,737 (75%)
Total	2,466	2,792	2,993	3,068	6,778	7,305	6,610	9,011

WHOOPING COUGH IMMUNISATION.

	Primary Inoculations				Reinforcing Injections			
	1967	1966	1965	1964	1967	1966	1965	1964
Number Inoculated—								
(a) By General Practitioners	1,068 (45%)	1,185 (43%)	1,125 (41%)	1,058 (39%)	980 (51%)	905 (44%)	727 (37%)	652 (34%)
(b) By Local Authority Staff	1,319 (55%)	1,540 (57%)	1,647 (59%)	1,624 (61%)	947 (49%)	1,135 (56%)	1,236 (63%)	1,257 (66%)
Total	2,387	2,725	2,772	2,682	1,927	2,040	1,963	1,909

TETANUS IMMUNISATION.

	Primary Inoculations		Reinforcing Injections	
	1967	1966	1967	1966
Number Inoculated—				
(a) By General Practitioners .	1,077 (42%)	1,203 (38%)	1,373 (18%)	1,279 (18%)
(b) By Local Authority Staff .	1,487 (58%)	1,944 (62%)	6,228 (82%)	6,025 (82%)
Total . . .	2,564*	3,147	7,601	7,304

* Time-lag in notifications.

(3) VACCINATION AGAINST POLIOMYELITIS.

PRIMARY INOCULATION.

Year of Birth	Salk Vaccine 2nd Injection/ 3rd Quadruple	Oral Vaccine (Three Doses)	Total
1967	—	526	526
1966	12	1,457	1,469
1965	4	146	150
1964	—	58	58
1963	—	43	43
1962	—	28	28
1961	—	9	9
1943 - 60	—	126	126
1933 - 42	—	119	119
Prior to 1933 and persons of unknown age	—	61	61
Total	16	2,573	2,589*

* Time-lag in notifications. The 1966 figure was 3,296 and there is no reason to assume that there has been a regression.

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	
1967 . . .	—	—	—	—	6	—	6
1966 . . .	—	—	—	—	34	—	34
1965 . . .	—	—	—	—	68	—	68
1964 . . .	—	—	—	—	15	—	15
1963 . . .	—	—	—	1	17	1	19
1962 . . .	—	—	—	34	1,825	3	1,862
1961 . . .	5	—	—	—	34	—	39
1943-60 . .	—	—	—	—	37	—	37
1933-42 . .	—	—	—	—	8	—	8
Prior to 1933 and persons of unknown age . . .	—	—	—	2	3	—	5
Total . . .	5	—	—	37	2,047	4	2,093

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

POLIOMYELITIS IMMUNISATION.

	Primary Inoculation			Reinforcing Doses		
	1967	1966	1965	1967	1966	1965
Number Inoculated—						
(a) By General Practitioners	1,137 (44%)	1,486 (45%)	1,071 (37%)	835 (40%)	1,114 (45%)	1,001 (41%)
(b) By Local Authority Staff	1,452 (56%)	1,810 (55%)	1,803 (63%)	1,258 (60%)	1,365 (55%)	1,417 (59%)
Total . . .	2,589	3,296	2,874	2,093	2,479	2,418

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
1967	1,455	526	36.15	6	0.41
1966	2,865	2,083	72.42	44	1.53
1965	3,165	2,580	81.54	225	7.42
1964	3,078	2,286	74.26	289	9.37
1963	3,273	2,596	79.31	366	11.15
1962	3,190	2,566	80.43	2,051	64.29
1961	3,191	2,563	80.30	2,116	66.31
1943 - 60	57,421	43,306	75.41	23,836	41.51
1933 - 42	30,066	12,009	39.94	341	1.13
Total	107,704	70,695	69.35	29,274	27.18
Prior to 1933	Not Estimated	12,169	—	382	—
Grand Total	—	82,864	—	29,656	—

*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. From 1968 onwards this will be undertaken by the Health and Welfare Department at the Beach Boulevard Clinic. Immunisation against other diseases is normally given by general practitioners.

20.—PORT HEALTH ADMINISTRATION.

(*Dr. D. Barclay, Senior Depute M.O.H.*)

Features of the Year.

It is perhaps symptomatic of the world-wide gradual decline of major infections that, whereas in previous years ships arrived from infected areas on an average of once a fortnight, in 1967 they arrived on an average only once per month. As in past years work at the Port proceeded smoothly and there were no importations of disease. Since the absence of dramatic occurrences 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 1967 there arrived at the port 560 vessels from overseas (including 15 from areas infected by plague, cholera, smallpox, &c.) and 1,702 vessels from Britain. (These figures are fairly normal, e.g. in the previous year 472 vessels arrived from overseas, including 20 from infected areas.) 1,181 vessels were inspected (compared with 1,024 in the previous year), with medical examination of crews and passengers undertaken where appropriate.

There were 9,281 landings from British and foreign vessels, and the total quantity of fish condemned as unfit for human consumption was 78,323 pounds (as compared with 49,490 pounds in 1966 and 55,429 pounds in 1965).

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	560	322,882
Coast-wise Arrivals	1,702	716,086
	<hr/>	<hr/>
	2,262	1,038,968
	<hr/> <hr/>	<hr/> <hr/>

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

Sousse 7	Kenitra 5	Sfax 3
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Fishing Vessels.

No. of landings from British fishing vessels	9,064
No. of landings from foreign fishing vessels	217

Particulars re Inspection of Vessels.

Inspections in respect of foreign arrivals	614
Inspections in respect of coast-wise arrivals	489
Inspections in respect of British fishing vessels	61
Inspections in respect of foreign fishing vessels	17
	1,181
	1,181

Particulars of De-ratting Certificates.

No. of De-ratting Certificates issued	Nil
No. of De-ratting Exemption Certificates issued	70
No. of Rodent Control Certificates issued	21

Fish Inspection.

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

	1965.	1966.	1967.
White fish and herring	465 $\frac{3}{4}$ cwts.	432 $\frac{3}{4}$ cwts.	696 $\frac{1}{2}$ cwts.
Halibut	19 cwts. 1 $\frac{1}{4}$ sts.	9 cwts. 1 st.	2 cwts. 6 $\frac{1}{2}$ sts.

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 1967 arrivals of 46 long-stay immigrants were notified to this Department but 78 in all were in fact contacted. This is a substantial increase over previous years. One immigrant was found to have pulmonary tuberculosis. It will be noted that the number contacted exceeded the number notified—it is interesting that so many arrivals are apparently not being notified to the proper Authority.

21.—ENVIRONMENTAL HYGIENE AND ANALYTICAL WORK.

(*Dr. D. Barclay, Senior Depute M.O.H.*)

800 samples were submitted for examination under the Food and Drugs Acts. 60 of these samples were the subject of adverse reports. One sample 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.

The Road Safety Act which became operative during October prescribes levels of alcohol in blood and urine which when exceeded by anyone in charge of a vehicle constitutes an offence. The specimen of blood and/or urine provided is analysed in the laboratory. Complex electronic apparatus is used in this analysis and the determination of the alcohol content of the fluid is achieved on a portion about the size of a pinhead. Once again there has been an increase in the number of bloods and urines submitted for the determination of alcohol in cases of offences under the Road Traffic Acts.

Toxicological specimens are submitted by Procurators Fiscal and Police for analysis which may help in establishing the cause of death. One such investigation in a Northern County consisted of proving that, when a particular water heater was used in the shower compartment of a caravan site, a fatal concentration of carbon monoxide gas was generated in a very short period of time.

Miscellaneous specimens covered a wide field of investigation such as ascertaining the composition of a dust that was proving to be a nuisance to tracking the source of an offending effluent in a sewer.

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	800
Milk tested for effective pasteurisation	202
Fertilisers and Feeding Stuffs	18
Rag Flock and Other Filling Materials	3
Waters and Effluents	32
Swimming Bath Waters	504
Blood and Urines for alcohol content	232
Toxicological specimens	127
Miscellaneous	26

1,944

Atmospheric Pollution—

Sulphur Dioxide by Volumetric Method	620
Smoke Deposits	620
Lead Peroxide Cylinders	92
Deposit Gauge Rain Waters	24
	<hr/>
	1,356
	<hr/> <hr/>

22.—FOOD HYGIENE.*(Dr. D. Barclay, Senior Depute M.O.H.)***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 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 inspector.

(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.**—These officers, with recognised certificates from Domestic Science Colleges, appointed in 1966, devoted their whole time energies to the problem of food hygiene in food premises and have proved most useful additions to the staff dealing with this problem.

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 1967 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 1966.

Class of Animal	Total Slaughtered	Carcases Totally Condemned	Carcases Partially Condemned	Weight (in lbs.) of Meat and Offal
Cattle . . .	110,336	46	121	34,406
Sheep . . .	82,624	328	92	18,040
Pigs . . .	10,732	339	101	46,618
Calves . . .	202	15	1	795
	203,894	728	315	99,859

In addition, there were 684 lots of offal with a total weight of 199,446 lbs. The total weight of condemned meat and offal is thus, 299,305 lbs.

Once again there were no prosecutions under the Slaughter of Animals (Scotland) Act, 1928. Some 67 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.

The Foot and Mouth Restriction Order entailed the licencing into the city of all animals for slaughter. This amounted to some 32,864 animals.

Under the Public Health Meat Regulations, 1961, ante-mortem inspection of all animals had to be carried out. During 1967 the number of animals segregated under instruction for emergency slaughter was 9.

Export Licences.

No Export Licences were issued in 1967.

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

(Dr. J. M. Wallace, Principal Assistant Medical Officer.)

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 are allocated to the Sanitary Section of the Department. At the end of the year staff employed comprised twelve inspectors designated in terms of the Act and three other staff employed for most of their time on work in connection with the Act.

The total number of registered premises was 2,530 with 20,008 employees (8,025 male and 11,983 female). During the year 1,593 premises received a general inspection and a total of 4,087 visits were 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 is 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 1967, 32 notifiable accidents were reported and 6 non-notifiable accidents were also dealt with. There were no deaths. Amongst these notifiable the main causes were falls of persons (12 accidents), mishaps whilst handling goods (8 accidents) and collisions with objects or persons (6 accidents); there was one accident involving machinery but none with prescribed dangerous machines.

There has been an increase in the number of investigations deemed necessary from 19 in 1966, to 28 in 1967, and six formal written notices were served as compared with two the previous year. 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 were generally satisfactory but two occupiers proved somewhat recalcitrant.

From these trends one has the impression that there may be a very small minority of occupiers who are as yet not taking seriously enough their responsibilities under this Act.

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. A gratifying result of surveys has been the Corporation's decision to take the necessary steps to create the first smokeless zone in the city in the Financial Year 1969-1970.

25.—FACTORIES ACT, 1961.

(Dr. J. M. Wallace, Principal Assistant Medical Officer.)

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 1967 there were 1,381 factories registered in the City as compared with 1,397 in 1966, and 1,169 visits of inspection were paid by the Sanitary Inspectors as compared with 1,610 visits in 1966. The premises were, generally speaking, satisfactorily maintained. The majority of 562 defects found were not serious, and 516 of these were remedied in the course of the year. In 15 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, 1967, the total number of outworkers was 46, comprising 24 employed in the net industry, and 22 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	99	81	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,184	967	11	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	98	121	2	—
Total	1,381	1,169	15	—

2. Cases in which defects were found:—

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	421	390	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	1	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	29	28	—	—	—
(b) Unsuitable or defective	68	63	—	3	—
(c) Not separate for sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	42	34	—	—	—
Total	562	516	—	3	—

3. Number of defects found in the previous year and remedied in the current year=44.

4. Outworkers.

Nature of Work	Number in List	Cases of default	Unwholesome premises
Making, &c., of wearing apparel	24	—	—
Nets, other than wire	22	—	—
Others	—	—	—
Total	46	—	—

26.—NOISE ABATEMENT ACT, 1960.

(Dr. D. Barclay, Senior Depute M.O.H.)

One gaming club in the city decided to introduce late night cabaret and at the same time introduced a late night noise problem for neighbouring residents. Staff were involved in a good deal of late night monitoring and by the end of the year works were in progress in an attempt to eliminate complaints.

To deal with the question of noise in general there is increasing evidence that noise has accounted for damage to hearing and health to a far greater extent than had been previously believed. Elimination or reduction of noise both in works and out-of-doors is an outstanding and growing need.

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

(Dr. D. Barclay, Senior Depute M.O.H.)

[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) A third peripheral chiropody clinic was opened in Kincorth, further cutting down patients' travel, and removing the need for some domiciliary visits.

(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.

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-two people in other Homes.

At 31st December, 1967, the number of aged and infirm in residential accommodation, in respect of whom the Corporation contributes towards the cost of maintenance, was as follows:—

Local Authority Homes—

Opened	Homes	Male	Female	Total
1954	*Albyn Home	7	16	23
1950	*Balnagask House	12	12	24
1951-53	*Ferryhill Home	7	15	22
1955	Newhills Home	26	28	54
1953	*Northfield Lodge	8	30	38
1955	*Polmuir Home	12	17	29
1962	Rosewell House	8	24	32
1958	*Thorngrove Home	9	39	48
1966	Westbank Home	9	17	26

Voluntary Homes—

Aberdeen Old People's Welfare Council	5	19	24
Church of Scotland Homes	3	1	4
Nazareth House, Claremont Street	3	16	19
Thomas Burns Home, Edinburgh	—	1	1

Local Authority Homes in other areas 3 1 4

112 236 348

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 348 at the end of 1967, compared with 352 residents at the end of 1966. At the end of the year 11 residents were in hospital and there was one reserved place, and 1 vacancy.

During the year there were 151 admissions to Local Authority Homes—87 new admissions, 5 transfers between Homes, 30 for holiday periods and 29 re-admissions from hospital. There were 23 admissions to Voluntary Homes of which 7 were re-admissions from Hospital.

Waiting List for Old People's Homes.

At the end of the year, 258 old people (69 males and 189 females) were on the urgent waiting list for admission to a Home. 70 other applicants were in hospital (22 males and 48 females); and the non-urgent list totalled 168 old people (40 males and 128 females). The urgent figure of 258 compares with 191 at the close of 1966, 154 at the end of 1965 and 150 at the end of 1964. In other words there is urgent need for more homes.

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 1967, health visitors and health assistants paid a total of 23,486 visits to 5,675 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.*

1,921 households of persons of pensionable age received assistance from the Home Help Service, compared with 1,825 households in 1966 and 1,655 in 1965. 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 1967 are as follows:—

	Total All Ages	Total of Pensionable Age	Total of Pensionable Age (1966)
No. of patients attended—Day Nursing Service .	4,409	2,730	2,532
No. of patients attended—Night Nursing Service	190	173	216
Total No. of patients attended—Day and Night Nursing Service	4,599	2,903	2,748

4. *Meals on Wheels Service.*

This service, run by the W.R.V.S., is subsidised by the Corporation paying a proportion of the cost of the meals supplied during the year. About 140 old people received 13,985 meals during 1967 (14,587 meals were supplied during 1966). Nine physically handicapped persons received meals during 1967.

5. *Chiropody Services.*

There was a gratifying increase in chiropody. A total of 4,985 old persons (4,417 in 1966) living at home received treatment—2,677 of them at the clinics and 2,308 in their own homes. In addition 360 persons (364 in 1966) 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 1967, 1,670 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 7,660 elderly persons, compared with 6,640 in 1966, 5,814 in 1965 and 5,226 in 1964.

Physically Handicapped Adults.

(i) *Domiciliary Arrangements.*

The scheme for physically handicapped adults has been in operation for fourteen years. At the end of the year there were 839 persons on the register (compared with 731 at the end of 1966)—quite a large increase. Patients were referred from many sources. In addition to the 839, 70 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 1967 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 become 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: in 1967 the Corporation spent £818 on adaptations to the homes

of 108 physically handicapped persons. During 1967 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 1967 twenty-three 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.*

1967 has been a busy year for everyone at the Workshop. One Senior Occupational Therapist left to be married in March and a replacement was appointed keeping the establishment at—

2 Senior Occupational Therapists.

2 Occupational Therapy Assistants (one part-time).

The following table shows details of changes among the people attending the Workshop, with reasons for removal from the Register:—

	Men	Women	Total
New Referrals	18	7	25
Removed:—			
1. Discharged	9	4	13
2. Deceased	3	1	4
3. Prolonged Hospitalisation	5	—	5
4. Found Employment	3	1	4
5. Retired	—	1	1
6. Transferred to Park House	1	2	3
7. Transferred to Red Cross, Inverness	—	1	1

Work.

There has been a vast increase in the demand for granite souvenirs, providing constant work for many members. The coat-hanger and bath-seat production has been maintained and many individual orders for woodwork, toys, &c. have been fulfilled. The ladies have been kept fully occupied with sewing contracts for the Aberdeen Royal Infirmary Linen and Comfort Guild, as well as sub-contract work for a firm in town. Soft toys have been eagerly sought after and orders placed for more, while lamps and shades have also proved popular.

Many people, professional and otherwise, have come to be shown round the Workshop and their interest is encouraging. Most of them have been Medical Social Workers, Student Health Visitors and practising Health Visitors, and the resulting co-operation is of benefit to all.

The Art Class on Wednesday afternoons has produced one successful painter in oils, and has generally helped to bring out latent talent in several members.

The Cookery classes continue to be well-attended and the co-operation of the Director of Education in this project is much appreciated.

Socially.

The Friday night Social Club has continued to flourish and there have been several highlights during the year including a Burns Supper, a summer bus outing, a Hallow E'en Party and a Christmas Party. All were very successful and enjoyed by members and friends alike.

Domiciliary Occupational Therapy.

The total of visits are reduced because of holidays and staff shortage through illness and holidays, &c.

Housebound patients find time lies heavily on them when they cannot do anything and are very happy to be given handicrafts to do. The housebound are tied to only a few handicrafts because of their disability and where possible like to get as many changes as possible.

Number of patients for the year	44
Number of visits for the year	343
Patients receiving Occupational Therapy	24
Patients in hospital	3
Patients unable to do Occupational Therapy	3
Patients transferred to Occupational Therapy Workshop	8
Patients not requiring Occupational Therapy	5
Deceased	1

Blind Persons.

A clinic for ascertainment of blind persons is held monthly at Woolmanhill, staffed by a Consultant from the 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 1967, 43 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 1967 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 1967 for holiday arrangements in these Homes.

Register of the Blind.—The number of blind persons on the register of the Blind on 31st December, 1967, was 368. The numbers according to different age groups were as follows:—

	Under 2	2-4	5- 15	16- 17	18- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80- 84	85- 89	90 and over	Total	Grand Total
Male	—	—	1	1	3	8	8	15	29	13	20	31	10	7	3	149	} 368
Female	—	1	—	1	—	4	7	5	34	31	29	53	30	20	4	219	

Blind Persons' Clinic—

Examinations—1967	Clinic	Own Home	Total
First Examination	16	20	36
Re-examination	18	5	23
	<hr/>	<hr/>	<hr/>
	34	25	59
	<hr/>	<hr/>	<hr/>

The total number of persons examined was 59 as compared with 40 in 1966.

Of the 36 persons examined for the first time, 26 (72 per cent.) were certified blind within the meaning of the Blind Persons Act, 1920.

The following statement gives the numbers of blind persons of 16 years and upwards who were employed at 31st December, 1967:—

	Male	Female
(a) In Institutions for the Blind undergoing industrial training	1	1
In workshops	34	4
* (b) Outwith Institutions for the Blind	12	1

(*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 1967, temporary accommodation was provided for 11 women with 6 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, 54 families (involving 72 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; Nazareth House; Ashley Lodge; Forestgait; and Summerhill.

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

It was not found necessary during 1967 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 96 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 373 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 1967 burial or cremation of 46 persons—22 men, 18 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, 19 residents died in Old People's Homes during 1967.

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

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

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 1967 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 1,461—an increase of 56. Of those examined 813 were males and 648 were females.

30.—SCHOOL HEALTH SERVICE.

Introduction.

The pattern of School Health Service activities during 1966-1967 followed, for the fourth successive year, the reorganised system described in previous reports. 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 at-risk selected groups (and, in view of shortage of professional staff, the Corporation have been fortunate to have the full-time services of an audiometrist for a considerable number of years); specific eye testing was carried out at 7 years and 11 years; colour vision was tested at 11 years, or at any other age in case of doubt; B.C.G. screening was undertaken at around 13 years; and apart from the examinations so far described, selective and follow-up examinations were carried out by the School Health Service at monthly visits to all schools, and increased time was devoted to the teacher/health visitor or teacher/health visitor/doctor consultations.

The new system has been acclaimed in previous reports as a greatly improved service—for the child, for the teacher, for the health visitor/school nurse and for the school doctor. During the previous year (1965-1966) there was, for the first time in Aberdeen's history, practically no shortage of health visitors for at least part of the year. Unhappily, this position has not been maintained: shortage of staff increased during the session under report, and has become even more serious at the time of writing. The shortage has been offset, to some extent, by the reorganised School Health Service arrangements, and by the use of Health Assistants in the schools. The 7 health assistants employed—the establishment was filled during 1966-1967—in schools helped to relieve health visitors for other, more skilled duties but, as stated in a previous report, it is now obvious that future plans for the Service must include a considerably increased establishment of health assistants and this should probably include a few male health assistants.

Despite the increasing shortage of health visiting staff—which throws considerable strain on those health visitors who are in post—progress was maintained in the field of health education, although at a rate of advance considerably slower than is desirable. (The work of health education staff in schools is described elsewhere in this report.) The tempo in this field is quickening, however, and plans for health and sex education in schools are being reviewed at the time of writing. In these new plans, the health visitor has an important role to perform and this aspect of School Health work again pinpoints the need to strive, by all available means, to attract health visiting staff to fill the establishment for these key workers.

A disturbing national trend also points to the urgent need for increased health education provision in schools. The session 1966-1967 saw the advent of the Flower People—with 'flower power', 'drop-outs', 'freak-outs', 'love-ins' and efforts to justify and legalise drug taking by the young. We may comfort ourselves with the thought that this is the latest transient phase but, following 'mods' and 'rockers', and previously 'teddy-boys' (fortunately all observed in very diluted form in Aberdeen), these phases must surely indicate the frustration, disappointment and disillusion of the younger generation, and are an expression of the difficulty which youngsters are experiencing in jumping the gap from school to adult life and in merging happily in the adult community. Educationists, including health educationists, would be well advised to increase urgently the scope of their efforts to help youngsters to bridge this gap. Quite apart from the 'peacock' efforts of youngsters to draw attention to themselves, the youthful trends described indicate a public malaise which, let it be noted, only teachers and health educationists are in a position to combat. We must prepare youngsters for all aspects of adult life in our society and forewarn them not only about what to expect of and from adult life, but also about how to cope with the difficulties and responsibilities which they will face for the first time on leaving the secure and protected environment of the school group. Perhaps, at the same time, youngsters should be required to shoulder more responsibility whilst still at school. The solutions are not easy, but the problems must be tackled urgently as a means of psychological prophylaxis. The task is not made easier by the apparently-widening gap between the generations in our community life, or by the fact that there are at present too few workers available to undertake this vital instruction.

The results of shortage of professional staff are highlighted in the section of this report on the School Dental Services. During the session under review, only the equivalent of three dental officers out of an establishment of 6 were in post. As a result, only less than half of the population of school children could be routinely examined. As would be expected, the number of emergency cases rose slightly during the year—and it is fully expected that the number of emergency dental cases will rise during the session 1967-1968.

The successful working of the School Health Service depends, in no small measure, on the close liaison and full co-operation enjoyed by the Service with the Regional Hospital Board and especially with those specialists concerned with the health of the young. Two examples are the combined efforts of the two sectors of the National Health Service in the prevention, diagnosis and treatment of defective hearing, and of defective vision. These close links have been forged and strengthened over many years and, although not always referred to in annual reports, are fully appreciated and never taken for granted by the School Health Service.

Periodic reorganisation is essential to the progress of any service. When the Senior Assistant Medical Officer (Schools) retired in 1963, her administrative duties were taken over by the Junior Depute Medical Officer of Health, in addition to his mental health commitments. This necessary linkage revealed several advantages,

especially in connection with the handicapped child, the disturbed child and the maladjusted child. In the interests of economy and efficiency with regard to staff utilisation, it has been decided, at the time of writing, to amalgamate the pre-school and the school medical services (as has, of course, been done for several years with other portions of the Health and Welfare Department, a notable example being the health visiting service). The Principal Assistant Medical Officer for Maternal and Child Health Services will, during the session 1967-68, also assume administrative responsibility for the School Health Service, on behalf of the Medical Officer of Health, with a Senior Assistant Medical Officer as her deputy in this field. The Junior Depute M.O.H. will, however, retain medical responsibility for School Health Services in the Special School (Beechwood) and in Rubislaw Junior Occupation Centre.

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, as already suggested—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. With the passage of time, more health visitors and more head teachers have expressed willingness and even keen desire to participate in school health education programmes.

The assistance given by the new grade of health assistants (i.e. state enrolled nurses with further public health training who act as assistants to health visitors) has again proved invaluable during the year. As previously stated, expansion of this grade will be required in the future.

(2) *Truancy and Delinquency*—396 children were dealt with by School Welfare Officers for truancy (a slight decrease over the previous year). 686 children and young persons (an increase of 94 compared with the previous year) appeared before the Courts for delinquency. These figures show an unwelcome increase, the total number of charges being 1,402. 36 children were sent to approved schools.

266 delinquents were under 14 years of age and 420 were between the ages of 14 and 17 years. Housebreaking, theft and malicious mischief accounted for 1,026 offences. 3 teenagers were charged with drug offences.

The preventive duties performed by the School Welfare Department, in co-operation with store security officers and parents, do much to reduce 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 170 children (96 boys and 74 girls) were dealt with. This is a decrease of 36 children compared with last year.

(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 and for discussion with class teachers about the problems of individual children.

(4) *Staffing*—As has been already reported, there were staffing difficulties during the session under review—especially in the dental and health visiting fields. It is obvious that no quick solution or relief is available to improve the staffing position which may yet worsen.

(5) *Handicapped List*—During 1966-1967, 61 pre-school children had their names included in the Educational Assessment List and, at the end of the session, the names of 138 children below the age of 5 years were noted for educational assessment visits by the school medical officer before school entry.

The Educational Assessment List is maintained by the School Health Service in close co-operation with the At Risk Register which is kept by the Maternal and Child Health Division of the Department. Whereas the At Risk Register is concerned with children who are at risk of, suspected of, or suffering from any handicap, the Educational Assessment List is concerned with any child whose handicap or suspected handicap may interfere with his or her educability in any way. 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. The list of handicapped children was enlarged to include those notified by hospitals who, although not handicapped or suspected of being handicapped, are "at risk" of handicap due to genetic, medical and other reasons.

58 home visits and 57 school visits were paid by the school medical staff during 1966-1967 to assess the suitability of children for entrance to or continuation at ordinary schools.

Plans have been laid before the Corporation for a combined Assessment Centre, Special Day Nursery and Special Nursery School, and the intention is that this unit 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 remains undoubted.

(7) *Absence from School*—The overall school attendance rate for the year was 93.95 per cent. School Welfare Officers paid 11,796 visits on account of illness (compared with 13,958 visits in 1965-1966).

(8) *Home Tuition*—Home tuition was provided in 1966-1967 for 10 pupils (20 pupils in 1965-1966). Tuition in hospital was provided for 5 pupils. The figure for home tuition includes children who suffer from such 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 1966-1967, 2,815 pupils attended the Eye Clinic for examination and treatment by the consultant staff. Additionally, 109 pre-school children attended the Eye Clinic for diagnosis and treatment.

(10) *Hearing*—Pure tone audiometry was carried out in schools on 10,300 pupils in the 5, 11 and 15 year old groups, certain selected groups, and where defective hearing was suspected by the school medical officer, health visitor or teacher. This total also includes those who required follow-up audiometry. This valuable service, which has been fully described in previous reports also serves Beechwood Special School for handicapped pupils.

The Deafness Diagnosis Clinic held 47 sessions during the year and 73 children from Aberdeen City and 56 children from neighbouring areas were examined.

(11) *Promotion of Health*—On the therapy side of health supervision, 231 home visits were paid by health visitors as a result of medical follow-up sessions and 1,230 children were referred to general practitioners or hospital clinics for conditions which might not otherwise have received medical attention. Additionally 71,759 inspections were carried out by health visitors and health assistants, and 7,442 home visits were paid by health visitors for counselling, guidance and family health education in relation to the problems and needs of school pupils.

(12) *Remedial Facilities*—The Department of Physical Education runs eight area Remedial Clinics for pupils suffering from such conditions as bronchitis, asthma, poor posture and flat feet—an increase from three Clinics in the previous year. A qualified teacher of physical education is in charge of the clinics at which 72 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, as previously reported.

(13) *Road Safety Instruction in Schools*—As in previous years, Aberdeen City Police instructed school pupils in road safety measures. Arrangements were made for three or four visits to be paid to some of the larger schools and for two visits to be paid to the majority of the other schools. Additionally, to date 5,450 children have been trained for the Cycling Proficiency Test and the successful pupils have received the appropriate badges and certificates of the Royal Society for the Prevention of Accidents.

(14) *Scottish Home and Health Department Circular No. 24/1967*—This final section is provided in response to S.H.H.D. Health and Welfare Services Circular No. 24/1967.

(a) The alternative method of health supervision recommended in S.H.H.D. Circular No. 58/1962 was implemented four years ago.

(b) Aberdeen Corporation follow a policy of modernising older schools in the City and, as previously reported, the standard of sanitary conditions in schools is good and always improving. Following the 1964 typhoid outbreak adequate hand washing and hand drying facilities were provided in all City schools: this statement is not meant to imply the previous existence of many serious defects.

(c) (i) Health Education is carried out by all school medical officers at an individual level with regard to school children. Occasionally, at the request of a Head Teacher, group instruction is undertaken.

(ii) Health Education by health visitors is undertaken at individual and group level, and increasingly at class level in the primary schools. The health visitor has always been deeply involved in individual and group health education—one of the most important of her functions with all age groups—but the increasing role of class health educator has arisen because Head Teachers have specifically requested this service. Health education work is also carried on in the majority of Junior Secondary Schools and in the Special School, by health visitors and male health visiting officers. The extent of this work is indicated by the fact that 526 health education sessions were carried out in schools by the health visiting staff during the year 1966 (compared with 140 sessions during the year 1962).

(d) Ascertainment of Mental Handicap:—

	Pre-school Children.	School-age Children.	Total Children.
(i) Number of children suspected of mental handicap and referred for examination	58	57	115
(ii) Number of children ascertained as M.H. and transferred to special school/ classes	17	49	66
(iii) Number of children ascertained as M.H. and transferred to Junior Occupation Centre	1	1	2
(iv) Number of children ascertained as M.H. for whom no special education facilities are available	—	—	—
(v) Number of children reported under Section 65 of the Education (Scotland) Act, 1962	5	—	5

(e) No specific research projects were completed during the session 1966-1967, although one possible project—at too embryonic a stage to describe—was considered. (In the report for 1965-1966, the results of a study by a male health visiting officer on the smoking habits of a 14-year-old group of school children were described.)

(f) Staff statistics:—

Whole-time equivalent of medical officers (Schools)=5.2 medical officers.
 Whole-time equivalent of health visitors (Schools)=12.2 health visitors.
 Whole-time equivalent of health assistants (Schools)=7.0 health assistants.

GENERAL STATISTICS.

A. Number of Schools:—

Primary	49
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	31,634
Number of children in average attendance	30,093
Further Education—	
Pre-Nursing College	
College of Commerce	
Technical College	

B. Systematic Medical Inspection.

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

In all 5,122 children were medically inspected, compared with 5,162 in the previous year. The numbers seen were as follows:—

(a) Systematic examinations—

Entrants	2,726
Leavers	2,396
	<hr/>
	5,122
	<hr/> <hr/>

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

Entrants	270
Leavers	336
	<hr/>
	606
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(c) The percentage attendance of parents at Routine Medical Inspection was as follows:—

Entrants	91.75
Leavers	38.48
Overall Average	66.83

(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 5⁷ means 5 years 7 months:—

Age Group (years).	BOYS				GIRLS			
	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	1,417	5 ⁷	43·75	43·75	1,309	5 ¹	44·00	45·25
14—15	1,220	14 ⁶	63·00	110·75	1,176	14 ³	61·75	117·25

C. Non-Routine Sessions.

(a) SCHOOLS.

Monthly Visits and Re-examinations.

627 sessions were devoted by school medical officers and health visitors (attending together) to monthly visits and re-examinations. At the monthly visits, 1,819 pupils were referred (by health visitors and teachers) during the session. The total number of defects followed up was 8,672 as compared with 9,869 last year and included 149 sessions for vision testing of 7 year olds and vision and colour vision testing of 11 year old pupils.

	Referred.	Other.
Cleanliness	48	86
Nutrition	11	153
E.N.T.	88	1,371
Hearing	83	679
Speech	11	122
Eyes	258	3,174
Skin	260	503
Orthopaedic	70	246
Behaviour	51	63
General	236	910
Special Examinations (Further Education, &c.)	65	184

Resulting from the above sessions:—

231 special home-visits were paid by the Health Visitors

590 children were referred to Clinics.

640 children were referred to General Practitioners.

28 parent interviews were arranged.

In addition:—

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

30 school-visits were paid in accordance with the medical examination of Child Guidance cases.

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

(b) COLLEGES.

Pre-nursing College.

College of Commerce.

Technical College.

405 pupils were medically examined.

Resulting from the above sessions:—

8 pupils were referred to clinics; and

24 pupils were referred to General Practitioners.

(c) NURSERY SCHOOLS.

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

9 children were referred to clinics.

15 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 ailments clinic during the year:—

	Pediculosis.	Scabies.	Impetigo.	Miscellaneous.
Number of families involved	80	17	4	12
Number of families visiting more than once	4	5	—	—
Number of children in families	203	65	10	39
Number of schools involved	30	13	2	8

Treatment at City Hospital.

This involved 20 families (including 70 school children) for treatment of scabies and 35 families (including 89 school children) for treatment of pediculosis.

E. School Eye Clinic.

As a result of vision-testing in schools, 2,815 children were referred to the School Eye Clinic which is staffed by consultants appointed by the North-Eastern Regional Hospital Board.

In addition 109 pre-school children were also referred from Child Welfare Clinics. These figures compare with 2,369 children and 111 pre-school children in the previous year.

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

The total number of inspections by health visitors and health assistants for 1966-1967 is 71,759 compared with 58,404 in 1965-1966. 7 health assistants (State Enrolled Nurses with subsequent in-service public health training) visit schools to carry out hygiene inspections. This development allows the health visitor more time for health education duties in schools:—

Figures for 1966-1967 are as follows:—

	Ordinary.	Selected.	Totals.
(i) Total number of inspections by Health Visitors	20,445	7,137	27,582
Total number of inspections by Health Assistants	35,485	8,692	44,177
	<hr/>	<hr/>	<hr/>
	55,930	15,829	71,759
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(ii) Total number showing defects of hygiene:—

	Ordinary.	Selected.	Totals.
Vermin	80	117	197
Nits	521	638	1,159
Impetigo	9	51	60
Scabies	46	59	105
Bad Clothing	92	109	201
Bad Footwear	53	38	91
	<hr/>	<hr/>	<hr/>
	801	1,012	1,813
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(iii) Total number showing physical, mental or
behaviour defects—

Physical—

	Ordinary.	Selected.	Totals.
By Health Visitors	1,756	1,124	2,880
By Health Assistants	8,082	2,283	10,365

Behaviour and Mental—

By Health Visitors	22	215	237
By Health Assistants	77	35	112

	9,937	3,657	13,594
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(iv) Number treated in schools—

	Ordinary.	Selected.	Totals.
By Health Visitors	300	1,272	1,572
By Health Assistants	540	498	1,038
	840	1,770	2,610

Home Visits by Health Visitors.

The Health Visitors paid visits to 7,442 homes for counselling and guidance about school children. A classification of visits is as follows:—

	1st Visits.	Revisits.	Totals.
Physical	730	831	1,561
“Settling-in”, behaviour, &c.	2,901	2,538	5,439
Cleanliness, &c.	227	215	442
	3,858	3,584	7,442

Health Assistants paid visits to 58 homes for reasons including guidance, and demonstration of cleansing verminous heads.

G. Audiometric Results.

	One ear affected			I/Both	I/II	Both ears affected		II/III	III/Both
	Normal/I	Normal/II	Normal/III			II/Both	I/III		
In ordinary schools	448	18	2	170	6	9	—	1	—
Linksfeld School for the Deaf	—	—	—	—	—	4	—	—	42

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 1966-1967 are as follows:—

Total number of visits paid to schools	130
Number of school children fully immunised for the first time for diphtheria	1
Number of school children fully immunised for the first time for tetanus	89
Number of school children who received a reinforcing injection for diphtheria	112
Number of school children who received a reinforcing injection for diphtheria/tetanus	4,500
Number of school children fully immunised for the first time for diphtheria/tetanus	20
Number of school children who received a reinforcing injection for tetanus	12

Prevention of Tuberculosis.

3,344 pupils aged thirteen were tested for susceptibility. 703 (or 21.0 per cent.) were found to already have acquired an immunity (and of these 218 had previously received B.C.G. immunisation) whilst 2,641 (or 79.0 per cent.) were tuberculin negative. Of the latter 2,597 received B.C.G. vaccine. Chest X-rays were carried out as required.

I. School Meals.

An average of 56 breakfasts were supplied each day (as compared with 65 in 1965-1966). Two-course lunches have been supplied daily during the year to an average of 6,323 pupils (as compared with 5,423 in 1965-1966).

J. School Milk.

The average number of bottles (one-third pint) pasteurised milk daily was 26,540 as compared with 26,106 in the previous year.

DENTAL SERVICES.

The Chief Dental Officer reports as follows:—

The dental service for school children proceeded as outlined in previous reports, within the limitations imposed by staff shortages.

Staffing.

The perennial shortage of dental staff continued as before. Instead of a complement of six dental officers, there was only the equivalent of three including the auxiliary aid. A part-time dental officer was appointed during the summer, but subsequently failed to confirm the appointment.

As a consequence, dental treatment was carried out only at the Central, Mastrick and Northfield Clinics. Hilton Clinic was in use for some three months at the beginning of the school session, while the Torry Clinic was unused throughout the year.

Dental Inspection and Treatment.

The staff shortage is reflected in the number of children examined routinely during the session. Less than half the school population was seen—the smallest number for several years.

Some 16,000 children were examined, and of these some 10,524, or 66 per cent., were found to be in need of dental attention.

There was a slight rise in the number of emergency cases at the end of the year, and it is feared that this number will increase in the coming year, as emergencies seem to vary inversely with the smaller number inspected.

Dental Health Education.

At the beginning of the school session, Aberdeen, along with the other Scottish Authorities, issued dental packs to children enrolling at school for the first time. Each pack contained a brush, tube of paste, the rules for dental health, a club card, and a letter to parents from the Chief Dental Officer. The letter sought the help of parents in seeing that tooth-brushing was carried out regularly, and advised on the restriction of between meal eating.

The schools co-operated well in the scheme, and it appears that this project on dental health education was appreciated.

In addition to this, the dental auxiliary continued her dental health education programme in schools throughout the year.

Dental Inspection and Treatment 1966-67.

(1) Number of Children Examined—

(a) At Routine Inspection	15,718
(b) As Specials	395
	16,113
	16,113

(2) Number with Dental Defects	10,524
(3) Number offered Treatment	9,234
(4) Number Actually Treated	3,028
(5) Number of Attendances	7,688
(6) Fillings—	
(a) Permanent Teeth	5,065
(b) Temporary Teeth	3,069
	8,134
	8,134

(7) Extractions—

(a) Permanent Teeth	488
(b) Temporary Teeth	1,572

Total	2,020
-----------------	-------

(8) Number of Administrations of a General Anaesthetic	44
--	----

(9) Other Operations—

(a) Permanent Teeth	2,145
(b) Temporary Teeth	467

Total	2,612
-----------------	-------

Orthodontic Treatment.

(A) Number of Children given Orthodontic Treatment	224
(B) Number of Cases continued from previous year	142
(C) Number of New Cases	82
(D) Number of Cases Completed	118
(E) Number of Cases continuing at end of year	106
(F) Number of Attendances for Treatment	826
(G) Number of Appliances Fitted	111

(H) Number of Extractions for Orthodontic Purposes—

(a) Permanent Teeth	103
(b) Temporary Teeth	63

Total	166
-----------------	-----

(I) Number of Radiographs for Orthodontic Purposes—

(a) Intra-Oral	21
(b) Extra-Oral	132

Total	153
-----------------	-----

Return of number and percentage of individual children

NATURE OF DEFECT.	Total Examined. All ages.
1. Clothing unsatisfactory	5,122
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	"

EXAMINATIONS.

in each age-group suffering from particular defects.

ENTRANTS.				LEAVERS				ALL AGES.			
Boys 1,417		Girls 1,309		Boys 1,220		Girls 1,176		Boys 2,637		Girls 2,485	
1	·07	—	—	—	—	—	—	1	·04	—	—
8	·56	9	·69	4	·33	3	·26	12	·46	12	·48
1	·07	—	—	1	·08	1	·09	2	·08	1	·04
—	—	—	—	—	—	—	—	—	—	—	—
2	·14	—	—	7	·57	—	—	9	·34	—	—
—	—	—	—	—	—	—	—	—	—	—	—
4	·28	2	·15	—	—	1	·09	4	·15	3	·12
4	·28	2	·15	3	·25	5	·42	7	·27	7	·28
1	·07	—	—	2	·16	—	—	3	·11	—	—
—	—	1	·08	—	—	—	—	—	—	1	·04
2	·14	1	·08	3	·25	—	—	5	·19	1	·04
10	·71	12	·92	64	5·25	35	2·98	74	2·81	47	1·89
32	2·26	35	2·67	6	·49	17	1·45	38	1·44	52	2·09
—	—	—	—	2	·16	1	·09	2	·08	1	·04
100	7·06	72	5·5	79	6·48	31	2·64	179	6·79	103	4·14
75	5·29	43	3·28	29	2·38	15	1·28	104	3·94	58	2·33
53	3·74	53	4·05	6	·49	7	·60	59	2·24	60	2·41
—	—	1	·08	2	·16	1	·09	2	·08	2	·08
57	4·02	47	3·59	27	2·21	35	2·98	84	3·19	82	3·30
209	14·75	193	14·74	14	1·15	43	3·66	223	8·46	236	9·50
47	3·32	42	3·21	15	1·23	17	1·45	62	2·35	59	2·37
86	6·07	111	8·48	8	·66	15	1·28	94	3·56	126	5·07
10	·71	4	·31	11	·90	10	·85	21	·80	14	·56
2	·14	1	·08	1	·08	2	·17	3	·11	3	·12
—	—	—	—	1	·08	1	·09	1	·04	1	·04
59	4·16	44	3·36	9	·74	8	·68	68	2·58	52	2·09
—	—	1	·08	2	·16	—	—	2	·08	1	·04
63	4·45	54	4·13	47	3·85	43	3·66	110	4·17	97	3·90
27	1·91	16	1·22	14	1·15	21	1·79	41	1·55	37	1·49
10	·71	3	·23	12	·98	7	·60	22	·83	10	·40
14	·99	14	1·07	72	5·90	71	6·04	86	3·26	85	3·42
5	·35	2	·15	4	·33	2	·17	9	·34	4	·16
6	·42	3	·23	12	·98	9	·77	18	·68	12	·48

Return of number and percentage of individual children

NATURE OF DEFECT.	Total exam- ined. All ages.
9. Ears—(Continued)—	
(b) Defective Hearing :	
Grade I	5.122
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 1,417		Girls 1,309		Boys 1,220		Girls 1,176		Boys 2,637		Girls 2,485	
14	.99	3	.23	2	.16	2	.17	16	.61	5	.20
—	—	—	—	1	.08	2	.17	1	.04	2	.08
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
23	1.62	7	.53	3	.25	1	.09	26	.99	8	.32
4	.28	1	.08	6	.49	1	.09	10	.38	2	.08
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
6	.42	10	.76	6	.49	6	.51	12	.46	16	.64
17	1.20	3	.23	4	.33	2	.17	21	.80	5	.20
—	—	—	—	—	—	—	—	—	—	—	—
6	.42	1	.08	3	.25	—	—	9	.34	1	.04
1	.07	1	.08	—	—	—	—	1	.04	1	.04
3	.21	1	.08	3	.25	4	.34	6	.23	5	.20
—	—	—	—	—	—	—	—	—	—	—	—
4	.28	3	.23	1	.08	—	—	5	.19	3	.12
2	.14	—	—	13	1.07	3	.26	15	.57	3	.12
14	.99	7	.53	8	.66	5	.42	22	.83	12	.48
—	—	—	—	—	—	—	—	—	—	—	—
4	.28	3	.23	10	.82	4	.34	14	.53	7	.28
—	—	—	—	—	—	1	.09	—	—	1	.04
—	—	—	—	—	—	2	.17	—	—	2	.08
5	.35	8	.61	12	.98	13	1.11	17	.64	21	.85
—	—	—	—	—	—	—	—	—	—	—	—
2	.14	—	—	20	1.64	4	.34	22	.83	4	.16
67	4.73	39	2.98	36	2.95	27	2.30	103	3.91	66	2.66
468	33.03	506	38.65	554	45.41	460	39.12	1,022	38.76	966	38.88
120	8.47	110	8.40	154	12.62	152	12.93	274	10.39	262	10.54
24	1.69	11	.84	24	1.97	9	.77	48	1.82	20	.80
5	.35	9	.69	6	.49	8	.68	11	.42	17	.68
568	40.08	508	38.81	344	28.20	394	33.50	912	34.58	902	36.30
171	12.07	133	10.16	89	7.30	110	9.35	260	9.86	243	9.78
61	4.30	32	2.44	49	4.02	43	3.66	110	4.17	75	3.02
—	—	—	—	—	—	—	—	—	—	—	—
136	9.60	134	10.24	183	15.00	153	13.01	319	12.10	287	11.55
861	60.76	796	60.81	256	20.98	378	32.14	1,117	42.36	1,174	47.24
1,282	90.47	1,219	93.12	426	34.92	496	42.18	1,508	64.77	1,715	69.01

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.	Nature of Defect.	Number Examined.	Number Defective.	Percentage Defective.
1. Clothing unsatisfactory	5,122	1	·02	9. Ears—			
2. Footgear unsatisfactory	..	24	·47	(a) Diseases:			
3. Cleanliness—				Otorrhœa	5,122	13	·25
(a) Head: Nits . . . . .	..	3	·06	Other diseases . . . . .	..	30	·59
Vermin . . . . .	..	—	—	(b) Defective hearing:			
(b) Body: Dirty or				Grade I . . . . .	..	21	·41
Verminous . . . . .	..	9	·18	Grade IIa . . . . .	..	3	·06
4. Skin—				Grade IIb . . . . .	..	—	—
(a) Head: Ringworm . . . . .	..	—	—	Grade III . . . . .	..	—	—
Impetigo . . . . .	..	7	·14	10. Speech—			
Other diseases . . . . .	..	14	·27	Defective articulation . . . . .	..	34	·66
(b) Body: Ringworm . . . . .	..	3	·06	Stammering . . . . .	..	12	·23
Impetigo . . . . .	..	1	·02	11. Mental and Nervous Condi-			
Scabies . . . . .	..	6	·12	tion—			
Other diseases . . . . .	..	121	2·36	(a) Backward . . . . .	..	5	·10
5. Nutritional State—				(b) Dull . . . . .	..	—	—
Slightly defective . . . . .	..	90	1·76	(c) Mentally deficient (educable)	..	1	·02
Bad . . . . .	..	3	·06	(d) Do. (ineducable)	..	—	—
6. Mouth and teeth unhealthy . . . . .	..	282	5·51	(e) Highly nervous or unstable	..	28	·55
7. Naso-pharynx—				(f) Difficult in behaviour . . . . .	..	26	·51
(a) Nose:				12. Circulatory System—			
(i) Obstruction requiring				(a) Organic heart disease:			
observation . . . . .	..	162	3·16	(i) Congenital . . . . .	..	10	·20
(ii) Obstruction requiring				(ii) Acquired . . . . .	..	2	·04
operative treatment . . . . .	..	119	2·32	(b) Functional conditions . . . . .	..	11	·21
(iii) Other conditions . . . . .	..	4	·08	13. Lungs—			
(b) Throat:				Chronic bronchitis . . . . .	..	8	·16
(i) Tonsils requiring obser-				Suspected tuberculosis . . . . .	..	18	·35
vation . . . . .	..	166	3·24	Other diseases . . . . .	..	34	·66
(ii) Tonsils requiring oper-				14. Deformities—			
ative treatment . . . . .	..	459	8·96	(a) Congenital . . . . .	..	21	·41
(c) Glands:				(b) Acquired (infantile para-	..	1	·02
(i) Requiring observation	..	121	2·36	lysis) . . . . .	..	2	·04
(ii) Requiring operative				(c) Acquired (probably rickets)	..	38	·74
treatment . . . . .	..	220	4·30	(d) Acquired (other causes) . . . . .	..	26	·51
8. Eyes—				15. Infectious diseases . . . . .	..	169	2·30
(a) External diseases:				16. Other diseases or defects . . . . .	..	
Blepharitis . . . . .	..	35	·68	17. Classification:			
Conjunctivitis . . . . .	..	6	·12	Group I . . . . .	..	1,988	38·81
Corneal opacities . . . . .	..	2	·04	Group IIa . . . . .	..	536	10·46
Squint . . . . .	..	120	2·34	Group IIb . . . . .	..	68	1·33
Other diseases . . . . .	..	3	·06	Group IIc . . . . .	..	28	·55
(b) Visual acuity with/without				Group III . . . . .	..	1,814	35·42
glasses:				Group IVa . . . . .	..	503	9·82
Fair . . . . .	..	207	4·04	Group IVb . . . . .	..	185	3·61
Bad . . . . .	..	78	1·52	Number notified to parents as			
Recommended for refrac-				suffering from defects . . . . .	..	606	11·83
tion . . . . .	..	32	·62	Number under observation . . . . .	..	2,291	44·73
				Number of parents present at			
				inspection, . . . . .	..	3,423	66·83
				Number wearing glasses . . . . .	..	171	3·34

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	974	35.7	1,014	42.3	1,988	38.9
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	230	8.4	306	12.8	536	10.5
(b) Oral Sepsis, etc.	35	1.3	33	1.4	68	1.3
(c) Both (a) and (b)	14	.5	14	.6	28	.5
Total	279	10.2	353	14.8	632	12.3
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks	1,076	39.5	738	30.8	1,814	35.4
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	304	11.2	199	8.3	503	9.8
(b) Where improvement only is considered possible, e.g., without complete restoration of function	93	3.4	92	3.8	185	3.6
Total	397	14.6	291	12.1	688	13.4
Total number of children examined	2,726	100%	2,396	100%	5,122	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	—	1	—	1
2. Partially sighted—	—	23	—	23
3. Deaf—				
Grade I	388	—	—	388
Grade IIA	47	—	—	47
Grade IIB	—	12	—	12
Grade III	—	42	—	42
4. Defective Speech— Defects of articulation requiring special educational measures	592	125	—	717
5. Mentally defective children (between 5 and 16 years)—				
(a) Educable (I.Q. approx. 50-70)	—	287	—	287
(b) Trainable	—	52	—	52
(c) Ineducable	—	—	22	22
6. Epilepsy—				
(a) Mild and occasional	64	12	—	76
(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)	5	—	—	5
(b) General orthopædic conditions	76	29	—	105
(c) Organic Heart Disease	50	3	—	53
(d) Other causes of ill-health	252	11	—	263
8. Multiple defects—				
(a) Mentally defective and deaf	—	7	—	7
(b) Physically defective and mentally defective	—	6	—	6
(c) Mentally defective (ineducable) and blind	—	—	1	1

TABLE IV.
HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN.

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.						
1946-47	5	2	42.3	41.8	13	5	58.7	90.4
1956-57	5	3	42.5	42.3	13	5	60.0	96.9
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
1966-67	5	7	43.75	43.75	14	6	63.0	110.75

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.						
1946-47	5	2	42.7	40.2	13	4	59.3	92.6
1956-57	5	2	42.1	41.0	13	4	60.3	100.9
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
1966-67	5	4	44.0	45.25	14	3	61.75	117.25

31.—COST OF THE SERVICES.

(Mr. C. Grainger, Administrative Officer.)

The net cost of the Health, Welfare, School Health and other related services in 1966/67 (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 £714,262, equivalent to two and three fifths pence per day for each inhabitant of the City.

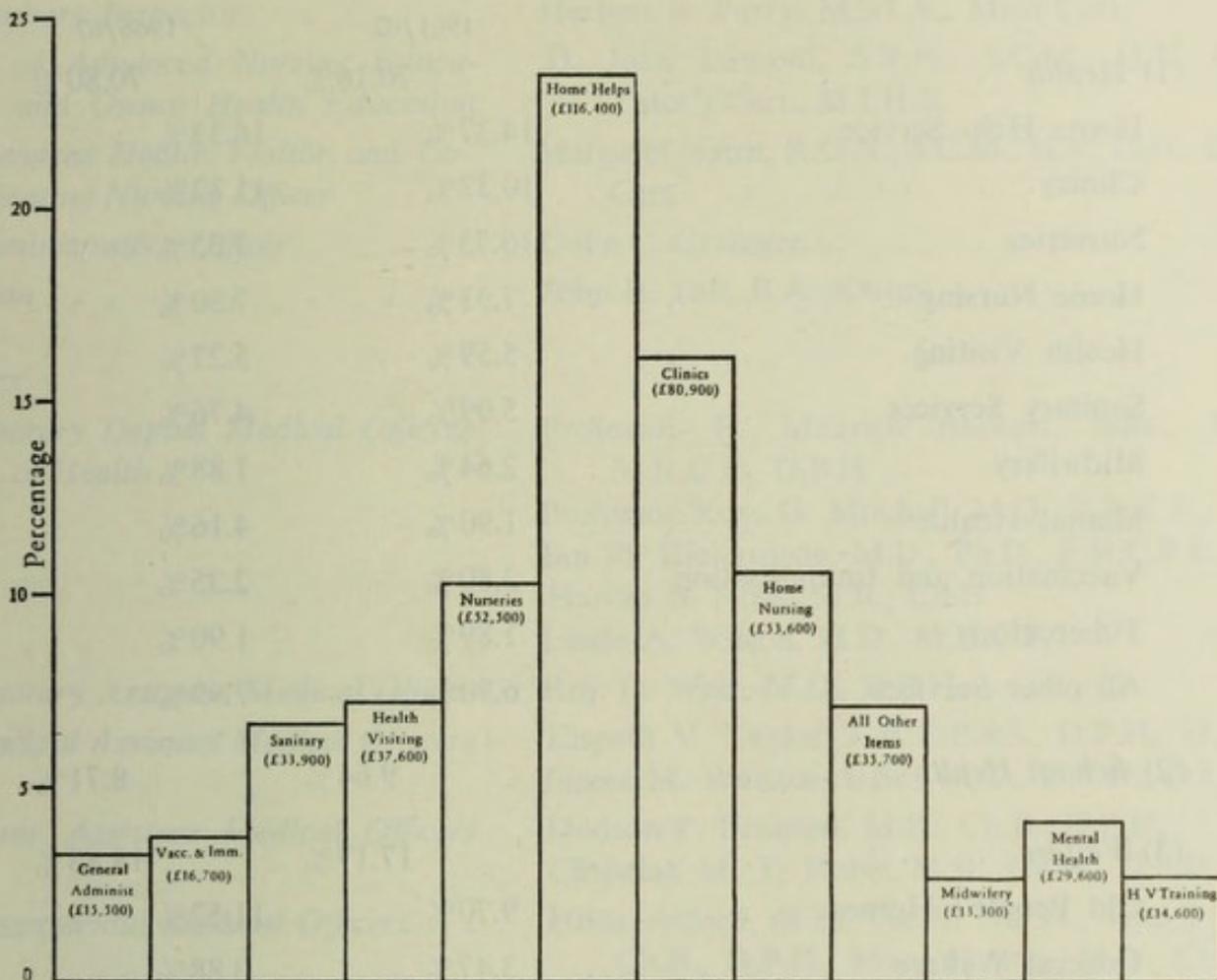
(a) Health Services alone.

The net cost of the Health Services was £505,662 (or 12.76d. 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 1961/62 as this shows a clearer picture of the changes which have taken place during that time than figures for the immediately preceding year.

Item	Percentage		Item	Percentage	
	1961/62	1966/67		1961/62	1966/67
Home Helps . . .	20.48	22.53	H. V. Training (largely national expenditure and refunded to Corporation . . .	2.64	2.89
Clinics	14.72	16.30	Tuberculosis . . .	2.69	2.68
Nurseries	15.30	10.39	Chiropody	1.54	1.75
Home Nursing . . .	11.31	10.70	Health Education . .	0.52	1.19
Health Visiting . .	7.97	7.45	Public Health (Scot- land) Act, 1897 . .	—	0.09
Sanitary Services .	7.26	6.78	Pensions, &c.	0.91	0.59
Midwifery	3.76	2.65	Clean Air Act	0.13	0.16
Mental Health . . .	2.71	5.87	Welfare Foods	0.55	0.37
Vaccination and Immunity	3.99	3.32	All other items	—	0.22
General Administration, &c.	2.66	3.07			

The 1966/67 proportions are illustrated in the following diagram.

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



(b) Entire Service 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 1966/67 as compared with 1961/62.

	1961/62	1966/67
(1) <i>Health</i>	70.16%	70.80%
Home Help Service	14.37%	16.33%
Clinics	10.32%	11.32%
Nurseries	10.73%	7.35%
Home Nursing	7.93%	7.50%
Health Visiting	5.59%	5.27%
Sanitary Services	5.09%	4.76%
Midwifery	2.64%	1.88%
Mental Health	1.90%	4.16%
Vaccination and Immunisation	2.80%	2.35%
Tuberculosis	1.89%	1.90%
All other Services	6.90%	7.99%
(2) <i>School Health</i>	9.64%	8.71%
(3) <i>Welfare</i>	17.17%	18.83%
Old People's Homes	9.70%	11.52%
General Welfare	3.47%	3.88%
Blind	2.26%	1.60%
Physically Handicapped	1.15%	1.35%
Old People's Welfare Council	0.59%	0.49%
(4) <i>Miscellaneous</i> (includes Lodging House, Meat Inspection, &c.)	3.03%	1.66%

32.—STAFF AS AT 31st DECEMBER, 1967.

<i>Medical Officer of Health and Director of Welfare</i>	Ian A. G. MacQueen, O.B.E., M.A., M.D., D.P.H., F.R.S.H., M.I.H.E.
<i>Senior Depute Medical Officer of Health</i>	David Barclay, M.B., Ch.B., D.P.H.
<i>Junior Depute Medical Officer of Health</i>	William J. W. Rae, M.D., D.P.H.
<i>Chief Dental Officer</i>	Archibald Hay, L.D.S.
<i>Public Analyst</i>	Thomas M. Clark, O.B.E., B.Sc., F.R.I.C.
<i>Chief Sanitary Inspector</i>	Herbert B. Parry, M.S.I.A., Meat Cert.
<i>Director of Advanced Nursing Education and Group Health Education</i>	D. Joan Lamont, S.R.N., S.C.M., H.V. Cert., H.V. Tutor's Cert., M.I.H.E.
<i>Superintendent Health Visitor and Co-ordinating Nursing Officer</i>	Margaret Nairn, R.G.N., S.C.M., H.V. Cert., P.H. Admin. Cert.
<i>Lay Administrative Officer</i>	Colin C. Grainger.
<i>Statistician</i>	John B. Tait, B.A. (Oxon).

Medical—

<i>Honorary Depute Medical Officers of Health</i>	Professor E. Maurice Backett, B.Sc., M.B., B.S., M.R.C.P., 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.
<i>Honorary Assistant Medical Officer</i>	Roy D. Weir, M.D., D.P.H.
<i>Principal Assistant Medical Officers</i>	Elsbeth 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.
<i>Senior Assistant Medical Officers</i>	Dodson P. Brunton, M.B., Ch.B., D.P.H. Christian M. T. Robb, M.B., Ch.B., D.P.H.
<i>Departmental Medical Officers</i>	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., Margaret S. M. McGregor, M.D., D.P.H., (Part-time). (1 vacancy.)

Dental—

<i>Chief Dental Officer</i>	Archibald Hay, L.D.S.
<i>Senior Dental Officer</i>	Vacant.
<i>Dental Officers</i>	Elizabeth S. Walker, L.D.S., Hilda C. Blair, L.D.S. (Part-time), Lois K. Gourdie, L.D.S. (Part-time). (3 vacancies).

H.V. Training and Health Education—

<i>Director of Advanced Nursing Education and Group Health Education</i>	D. Joan Lamont, S.R.N., S.C.M., H.V. Cert., H.V. Tutor's Cert., M.I.H.E.
<i>Principal Health Visitor Tutor and Principal Health Education Lecturer</i>	Alice M. G. Hay, R.G.N., S.C.M., R.F.N., H.V. Cert., H.V. Tutor's Cert.
<i>Health Visitor Tutor and Senior Health Education Lecturer</i>	Vacant.
<i>Health Visitor Tutor and Senior Health Education Lecturer</i>	Vacant.
<i>Centre Superintendent Health Visitor and Health Education Lecturer</i>	Maisie A. Abbot, R.G.N., S.C.M., H.V. Cert.
<i>Male Health Visiting Officer and Health Education Lecturer (Organiser of Display Material)</i>	Edward B. McMillan, R.G.N., B.T.A., O.N.C., M.H.V.O.
<i>Display Material Artist</i>	Elizabth M. Bennett.
<i>Dental Auxiliary</i>	Margaret Kinghorn.

Health Visiting, Midwifery and Social Work—

<i>Superintendent Health Visitor and Co-ordinating Nursing Officer</i>	Margaret Nairn, R.G.N., S.C.M., H.V. Cert., P.H. Admin. Cert.
<i>Supervisor of Midwives and Deputy Superintendent Health Visitor</i>	Lisetta J. Stephen, R.G.N., S.C.M., H.V. Cert.
<i>Deputy Superintendent Health Visitor</i>	Annie Bennet, R.G.N., S.C.M., H.V. Cert.
<i>Social Adviser</i>	Margaret Bell, B.A. (Admin.) (Part-time).
<i>Group Advisers</i>	Anne F. Wilson, 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. (2 vacancies.)
<i>Clinic Superintendents</i>	Wilma M. M. Craigmile, R.G.N., S.C.M., H.V. Cert., 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., Nan Sutherland, R.G.N., S.C.M., H.V. Cert., Dip. H.E., Catherine Wilson, R.G.N., S.C.M., H.V. Cert. (4 vacancies).
<i>Mental After-Care Officers</i>	6 (including 1 vacancy).

<i>Health Visitors and Male Health Visiting Officers</i>	75 (including 12½ vacancies).
<i>Domiciliary Midwives</i>	10 (including 2 vacancies).
<i>Health Assistants</i>	12 (including 5 vacancies).
<i>Clinic Sisters</i>	6 (including ½ vacancy) .
<i>Social Worker (part-time)</i>	1.

Welfare—

<i>Assistant Welfare Officer & Mental Health Officer</i>	Norman W. Strath.
<i>District Welfare Officers & Mental Health Officers</i>	4

Sanitary—

<i>Chief Sanitary Inspector</i>	Herbert B. Parry, M.S.I.A., Meat Cert.
<i>Senior Sanitary Inspector</i>	William Jackson, M.S.I.A., Meat Cert.
<i>Fish Inspector</i>	Sydney Howell, M.S.I.A., Meat Cert.
<i>District Sanitary Inspectors</i>	6
<i>Senior Assistant Sanitary Inspectors</i>	4 (all vacant).
<i>Assistant District Sanitary Inspectors</i>	4 (2 vacant).
<i>Apprentice Sanitary Inspectors</i>	6
<i>Probationer Sanitary Inspector</i>	1
<i>Technical Assistants</i>	2.
<i>Food Hygiene Officers</i>	2.
<i>Shops Act Inspectors</i>	2
<i>Rat Catchers</i>	5 (1 vacant).

Meat Inspection—

<i>Senior Meat Inspector and Diseases of Animals Inspector</i>	W. McDonald, Meat Inspector's Cert.
<i>Assistant Senior Meat Inspectors</i>	3
<i>Assistant Meat Inspectors</i>	3

Clerical—

<i>Lay Administrative Officer</i>	Colin C. Grainger.
<i>Assistant Administrative Officers</i>	Alexander Gill, Alice M. Ledingham.
<i>Senior Clerical Staff</i>	V. Anderson, M. M. Barry, J. S. Cowie, D. R. Gibb, J. M. Lovie, V. F. S. Manson, R. Melrose, I. Pitkethly, S. Smith, H. Taylor.
<i>Other Clerical Staff</i>	34 (including 4 vacancies).

Nurseries—

<i>Supervisor of Nurseries and Matron of Pitfodels Residential Nursery</i>	Hilda M. F. Williamson, S.R.N., R.M.N.
<i>Pitfodels Residential Nursery</i>	50 (including 20 vacancies).
<i>Charlotte Street Day Nursery—Matron—Penelope Sandison, R.G.N.</i>	18 (including 1 vacancy).
<i>Linksfeld Day Nursery—Matron—Elizabeth A. D. Stobo, S.R.N., S.C.M.</i>	9
<i>Deeside Day Nursery—Matron—Christina Milne, S.R.N.</i>	13
<i>View Terrace Day Nursery — Matron—Flora Addison, R.G.N., B.T.A.</i>	14

Old People's Homes—

<i>Balnagask—</i>	6½
<i>Superintendent and Matron—Mr. and Mrs. J. M. Kilgour</i>	
<i>Ferryhill—</i>	6
<i>Matron—Annie F. Sutherland</i>	
<i>Northfield—</i>	10
<i>Matron—Ann J. Grant</i>	
<i>Albyn—</i>	5½
<i>Superintendent and Matron—Mr. and Mrs. J. C. Wilson</i>	
<i>Newhills—</i>	16½
<i>Superintendent and Matron—Mr. and Mrs. W. G. Low</i>	
<i>Polmuir—</i>	7½
<i>Superintendent and Matron—Mr. and Mrs. F. Grant</i>	
<i>Thorngrove—</i>	13
<i>Matron—Mary H. Middleton</i>	
<i>Rosewell—</i>	11
<i>Matron—Jessie N. Mundie</i>	
<i>Westbank—</i>	8
<i>Matron—Isabella B. Forsyth</i>	
<i>Supernumerary</i>	1 Matron. 1 Ward Orderly.
<i>Night Attendants</i>	Equivalent to 1,020 nights.

Senior Occupation and Training Centre—

Supervisor/Manager— 8
Ann D. Lennon

Day Care Centre—

*Matron—*Marjory Craig . . . 11.

Miscellaneous—

Dietitian S. Orkin, B.H.S., S.R.D. (part-time).
Audiometrician M. I. Durno.
Orthoptist Vacant.
Senior Chiropodists J. Hogg.
C. Melhuish.
A. Cormack (part-time).
6 vacancies.
Senior Physiotherapist B. White.
Physiotherapist Vacant.
Senior Occupational Therapists A. Mitchell.
L. G. Varey.
Occupational Therapist I. M. Malcolm (part-time).
Occupational Therapy Assistant 1
Dental Surgery Assistants 6 (including 5 vacancies).
Clinic Attendants 7
Male Visitor, School Health Service 1
Practical Supervisors of Domestic Helps 3
Domestic Helps Equivalent to 252 full-time.
Drivers and Porters 4
Laboratory Technician 1

Lodging House—

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



