

[Report 1970] / Medical Officer of Health, Aberdeen City.

Contributors

Aberdeen (Scotland). City Council.

Publication/Creation

1970

Persistent URL

<https://wellcomecollection.org/works/byhfcb8h>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC. 4675

E. G.



CITY OF ABERDEEN.

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1970



*With the Compliments of the Medical
Officer of Health*

ST. NICHOLAS HOUSE,
BROAD STREET,
ABERDEEN, AB9 2HG.

With the Commission of the National
Office of Public

OF THE HOUSE
OF REPRESENTATIVES
WASHINGTON, D. C.



CITY OF ABERDEEN.

REPORT

BY THE


MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1970

ABERDEEN:
PRINTED BY G. CORNWALL & SONS

MCMLXXI



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28646320>

CONTENTS.

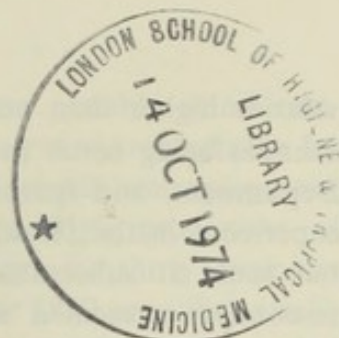
	PAGE
SUMMARY OF STATISTICS	iv
PREFACE	v
1. FAMILY PLANNING SERVICES	1
2. SCREENING FOR CERVICAL CANCER	4
3. HEALTH EDUCATION	6
4. HEALTH VISITING	13
5. DOMICILIARY MIDWIFERY	22
6. THE HEALTH VISITOR TRAINING SCHOOL	24
7. FOOD HYGIENE	27
8. CARE OF MOTHERS AND YOUNG CHILDREN	29
9. PHYSIOTHERAPY SERVICE	38
10. PREVENTION OF ILLNESS, CARE AND AFTER-CARE	39
11. HOME NURSING	45
12. DOMESTIC HELP SERVICE	49
13. HEALTH-PROMOTING, DISEASE-PREVENTING AND SUPPORTIVE SERVICES FOR THE ELDERLY	50
14. VACCINATION AND IMMUNISATION	51
15. MEDICAL ASPECTS OF HOUSING	63
16. PORT HEALTH ADMINISTRATION	64
17. HOME AND ROAD SAFETY	66
18. CONTROL OF INFECTIOUS DISEASES	68
19. ENVIRONMENTAL HYGIENE AND ANALYTICAL WORK	77
20. OFFICES, SHOPS AND RAILWAY PREMISES ACT	78
21. CLEAN AIR ACT	79
22. NOISE ABATEMENT ACT	79
23. NURSING HOMES REGISTRATION ACT	79
24. MEDICAL EXAMINATIONS	79
25. SCHOOL HEALTH SERVICE	81
26. FACTORIES ACT	116
27. AGRICULTURAL (SAFETY, HEALTH AND WELFARE) PROVISIONS ACT	118
28. BACKGROUND DATA	118
29. VITAL STATISTICS	120
30. A NOTE ON STILL-BIRTHS AND INFANT DEATHS	138
31. COST OF THE SERVICES	141
32. SENIOR STAFF	144
33. INDEX	146

CITY OF ABERDEEN.

SUMMARY OF STATISTICS FOR RECENT YEARS.

	1964	1965	1966	1967	1968	1969	1970
Estimated population at mid-year	185,034	184,414	183,463	182,117	181,386	181,089	181,751
Marriage rate	9.1	9.2	9.5	10.1	10.0	10.1	10.1
Birth rate	17.0	17.5	15.9	15.3	15.7	14.1	14.4
Illegitimate birth rate per 100 live births	6.0	6.5	7.5	7.3	9.5	9.1	7.3
Still-birth rate per 1,000 live and still births	15	12	10	8	10	11	11
Infant mortality rate per 1,000 live births	19	19	15	23	19	17	15
Neonatal mortality rate per 1,000 live births	14	15	10	16	12	11	10
Maternal death rate per 1,000 live and still births	—	0.3	0.3	—	0.3	—	—
Death rate from tuberculosis (all forms)	0.01	0.04	0.02	0.03	0.04	0.03	0.06
Death rate from respiratory tuberculosis	0.01	0.03	0.02	0.03	0.03	0.02	0.04
Death rate from principal infectious diseases	0.02	—	0.09	—	0.03	0.02	0.05
General death rate	11.6	11.7	12.3	11.3	12.2	12.5	11.7
Death rate from malignant diseases	2.51	2.48	2.51	2.60	2.49	2.78	2.93
Death rate from violence	0.53	0.49	0.71	0.58	0.70	0.62	0.58
Death rate from respiratory diseases (other than tuberculosis)	0.89	0.89	1.11	0.88	1.32	1.05	1.13
Average age at death (in years)	67.2	67.8	68.0	67.4	68.1	68.9	68.8
Deaths over 50 years as percentage of all deaths	89.6	89.7	90.7	89.7	90.0	91.9	91.3

All the above rates are per 1,000 population unless otherwise stated.



PREFACE.

In the most northerly sizeable city in the Commonwealth there is in summer a very brief interval between the last rays of the setting sun and the bird chorus that greets the dawn. From the point of view of Public Health Services (or "Community Medicine") 1970 resembled that short interlude.

Until 1969 many of us in the Health Department had been genuinely interested in social welfare and in sociological research: several members of the medical and health visiting staff had published research studies in the social field; more than one health visitor tutor or administrative nursing officer had addressed national conferences and proposed developments in social work or social administration; I myself had been invited to contribute a chapter to a standard textbook on social services. Six weeks before 1970 started we handed over old people's homes and mental welfare services to the new Social Work Department, taking pride in transferring services in good working order, feeling some inevitable regret at the change, but nevertheless believing that we would now have more time to get down to our primary tasks of improving emotional and physical health and reducing disease. Within a few months three unexpected features emerged. First, confusion: one encountered Councillors who thought Child Health Clinics were in the Social Work Department (presumably because of the old name, "Child Welfare Clinic"), General Practitioners who believed that various health services—from chiropody to contraception—were now in another Department, and even (outside Aberdeen) an elderly M.O.H. who imagined that one of the Health Visitor's biggest and still growing functions, health maintenance and health counselling of the elderly, had in some way ceased to exist. Confusion died out in due course, but while it lasted it operated in the direction of minimising the Health Department's size, complexity and functions—an unfortunate happening in a year of universal economy drive.

The second unexpected feature was overwork. We had all tried in 1969 to assess fairly the social components of our work, and agreed to reduce the Health establishment by 1 Medical Officer, 4 Mental After-Care Officers, 4 Health Visitors, and so on. We might perhaps have been wiser to say "If twenty people in different Health posts each spend 5 per cent. of their time on Social Work duties, we'll need the same twenty people for these particular Health posts and also a couple of additional members of staff for collaboration with the new Department". As 1970 progressed it became increasingly difficult for members of staff to tackle all their existing duties, and there was little time for expansion and development of educative and preventive services.

The third feature—wholly unanticipated—was resentment: resentment not at the creation of the new Department, but at entry grade social workers being paid

salaries higher than nurses and midwives and even health visitors, at promotion avenues being better in the new Department than in some divisions of the Health Department, and (perhaps most of all) at some workers with qualifications and experience in the Health field voluntarily transferring—some at unincreased salary but some at substantially higher remuneration—to the new Department. Where resentment presented as reluctance to co-operate it was usually transient and responded to use of common sense: any professional worker can appreciate that the needs of John Brown are the same whether he is referred by a colleague in one's own Department, by a G.P. or hospital worker, or by a social worker; and the divisional heads deserve credit both for setting a good example and for identifying and seeking to cure resentment at an early stage. Where, however, the main symptom was loss of enthusiasm, the remedy was more difficult. What, after all, can one do with an individual, getting beyond the age for promotion, who formerly did six hours of unpaid overtime every week but suddenly becomes a clock-watcher? In most cases stress on developing and expanding health services—emphasis on family planning, cervical cytology, paediatric assessment, group and individual health education, increasing health problems not yet tackled, &c.—gradually restored lost enthusiasm; and the Corporation's action in improving (in 1970 and the months immediately before and after) a small number of senior medical, health education, dental, health visiting and sanitary salaries, was timely.

Nevertheless, much time had to be spent in the earlier part of 1970 in reorganising duties and in seeking to remove frustration or resentment.

Long before the end of the year there was a deafening dawn chorus, singing about Area Health Boards. Some—skylarks perhaps—hailed the anticipated integration of preventive and curative health services as the approach of the millennium; others—ravens (if they utter in the early morning)—croaked that health education and primary prevention had been neglected in 1948 and would again be largely over-looked; the sad seamew wailed that any separation of public health doctors, health visitors and sanitary inspectors into portions of three different services would be fragmentation, not integration; the sparrow chirped gaily about the ending of medical domination of other professions; the little finch sang sadly about the danger of G.Ps. and H.Vs. being devoured by hospital hawks and kestrels; and the owl (belatedly abroad) hooted, "Study the financial arrangements first".

It was sometimes difficult in the later months of 1970 to convince people that integration was still years off, and that we could not ignore increasing health needs today by offering a vague half-promise of "jam tomorrow".

SOME STATISTICS OF 1970.

Aberdeen's health services are still far from perfect—the city lags behind in creation of clean air zones, it has no modern slaughterhouse, its food hygiene is certainly not on a level with the best Scandinavian and American standards, it has not yet unified the administration of its health visiting, midwifery, home nursing and auxiliary nursing services, and its dental health services are very average. Yet

Aberdeen has gradually achieved health statistics which can possibly stand comparison with those of any city in the world, and which are certainly remarkable for a windswept city in a very northern latitude, with considerable unemployment, appreciable housing shortages and over-crowding, and a high proportion of inhabitants in the least affluent socio-economic groups. From the thirty examples that follow, it is hard to say with certainty that the figures for 1970 are substantially better than those for 1969: what can be said absolutely without hesitation is that 1970 and 1969 are—from the figures—definitely the best years in Aberdeen's health history.

(1) Despite the furore about high oestrogen contraceptives late in 1969, the **birth rate for 1970 was 14.4** per thousand population, only fractionally above the record low of 14.1 in 1969. In the three years 1963-65 (before expansion of family planning and health education thereon) it averaged 17.5; for 1966-68 it averaged 15.6; for 1969-70 it averages 14.3, **a reduction of almost one-fifth** since 1963-65. This continued reduction not only means that Aberdeen is playing its part in countering the population explosion; it has also reduced the shortage of midwives and given health visitors more time for health education of adolescents and health maintenance of old people, and it will in due course affect other services, e.g. education.

BIRTH-RATE:
ROUGHLY ONE
IN FIVE
REDUCTION
SINCE 1964.

(2) Even more important is the **reduction of births in high-risk groups**. In the last two years high-parity maternities (fourth pregnancy or later) and "elderly" maternities (over 35 years) have each fallen by approximately 1 in 4; the reduction in births in the least affluent section of the community (the Registrar General's Social Class V) is rather greater than reduction in the community as a whole; and the reduction in unmarried maternities is mentioned below.

EVEN GREATER
REDUCTION IN
HIGH-RISK
MATERNITIES.

(3) **The illegitimacy rate** has been increasing throughout Britain for a number of years. For instance, for the Scottish cities as a whole it was 10.1 per hundred births in 1968 and 10.2 in 1969. Aberdeen, having reached a peak of 9.5 in 1968, fell to 9.1 in 1969, and this year **dropped dramatically to 7.3** per hundred births. This is still higher than we would hope for, but **a reduction of almost 1 in 4** in two years is an emphatic step in the right direction. In actual numbers there were 191 illegitimate births in 1970, as compared with 233 in 1969 and 271 in 1968.

ILLEGITIMACY
RATE:
DRAMATIC
REDUCTION.

(4) **The perinatal death rate** (still-births and deaths under one week per thousand live and still-births) **has reached a new record low of 20.04**, fractionally lower than the previous low record, namely 20.47 for 1969. It is interesting to note that, as recently as 1967, a rate of 23 was described as quite remarkable. Much credit is due to all concerned with ante-natal, obstetric, midwifery, health visiting and health teaching services.

PERINATAL
DEATH RATE:
NEW LOW
RECORD.

(5) At 11 per thousand total births the **still-birth rate was about the same**. For five consecutive years Aberdeen has recorded a still-birth rate of under 12. Yet as recently as seven years ago we thought a rate of 15 excellent.

STILL-BIRTH
RATE—
AGAIN UNDER
12.

- INFANT DEATHS—LOWEST NUMBER YET. (6) The infant death rate was 15 per thousand live births: this is as low as in 1966 and lower than in any other year in Aberdeen's history. Although the rate is only equal to the record established in that remarkable year, 1966, **the number of infant deaths was lower than ever before.** There were 38 infant deaths, as contrasted with 44 in 1969, 53 in 1968, 63 in 1967, 43 in the amazing year 1966, 62 in 1965, 100 in 1949, around 300 in the 1930s and around 500 earlier.
- NEONATAL DEATH RATE: RECORD EQUALLED. (7) **The neonatal death rate** (i.e. in first 4 weeks of life) was 10 per thousand live births. No lower figure has ever been recorded for Aberdeen, and the rate has only once been equalled (in 1966).
- POST-NEONATAL DEATHS—LOWEST NUMBER YET. (8) The number and rate of **post-neonatal deaths** were also the lowest yet recorded. Incidentally, in the more affluent social groups (the Registrar General's Social Classes I and II) post-neonatal deaths reached zero; by contrast 11 of the 12 post-neonatal deaths occurred in Social Classes IV and V.
- MATERNAL DEATH RATE AGAIN ZERO. (9) **For the second consecutive year the maternal death rate was zero.** Aberdeen has now had only one maternal death in four years, and one has to go back to 1962 to find a year in which the city had more than one maternal death.
- DEATHS UNDER 5 YEARS—NEW RECORD. (10) For the first time the total **number of deaths of children aged 0-5 years** has fallen below 50. There were 47 such deaths. It is interesting to note that 1966 was the first year in which the total fell below 60, 1958 was the first year in which it dropped below 70, 1954 was the first time it fell below 80 and 1951 was the first year it dropped below 100.
- AVERAGE AGE AT DEATH. (11) **The average age at death** was 68.6 years. This is the second highest in Aberdeen's history, being fractionally lower than the high record of 68.9 for 1969. The point made in last year's Report still holds: that in two decades the average age of death in the City has risen by over seven years, and the three highest years are (in descending order) 1969, 1970 and 1968.
- W.H.O. INDICATOR. (12) **The World Health Organisation's suggested Health Indicator** (i.e. deaths over the age of 50 years expressed as a percentage of all deaths) is over 91 per cent. for the second time in Aberdeen's history, the previous occasion being in 1969.
- ABSENCE OF VARIOUS INFECTIONS. (13) For the fifteenth successive year there were **no cases of diphtheria**, for the eighth successive year **no cases of poliomyelitis**, for the fortieth successive year **no cases of smallpox** and for the fourth successive year **no cases of paratyphoid.**
- INCLUDING WHOOPING COUGH. (14) Following the adoption and gradual spread of **whooping cough immunisation**, that disease has steadily declined: 37 cases in 1967, 20 in 1968, 8 in 1969 and **for the first time none in 1970.**

(15) At first glance the **total of infectious diseases** seems to have risen to that of fifteen years ago: 1,731 notifications, as compared with 612 in 1969 and 267 in 1968. However, the real explanation is that (a) measles became notifiable in October, 1968; (b) measles vaccine became unavailable in the autumn of 1969 and remained unavailable until April, 1970; (c) there were 1,199 cases of measles in 1970—a reflection of what can happen when the immunisation levels falls for any reason; and (d) there was also in 1970 a sharp increase in dysentery. Apart from measles and dysentery, notifiable infections were rarities, just over a hundred in all.

MEASLES: NO
VACCINE—
SEVERE
OUTBREAK.

(16) Protective measures taken in the past have **virtually eradicated blindness**, except as a degenerative condition in the elderly or as an unprevented condition in those who suffered (from ophthalmia for instance) in the distant past. The blind register now includes only 2 persons under 18 years, only 20 (including the 2) under 30 years and only 49 (including the 20) under 50 years.

BLINDNESS IN
THE YOUNG
DISAPPEARING.

(17) The solitary statistic in which (discounting notifiable infections as distorted by measles) Aberdeen at first looks bad is **tuberculosis**—an increase in notifications to 60 in 1970, as compared with 48 in 1969 and 53 in 1968. However, (a) no cases of tuberculosis were found in 2,605 persons radiologically examined, including 70 from the Common Lodging House, (b) only 3 cases were found on an intensive follow-up of 512 contacts; (c) 7 of the 60 cases were persons who arrived in Aberdeen already diagnosed as cases of tuberculosis; and (d) while tuberculosis must, of course, be carefully watched, the likelihood is that the apparent increase is simply a matter of chance variation enlarged by the arrival of 7 notified cases from elsewhere.

TUBERCULOSIS:
PROBABLY
CHANCE
VARIATION.

(18) Despite the alarm over high oestrogen contraceptives in 1969, and despite the hurried evacuation of the central family planning clinic in August, 1970, as structually unsafe, **family planning services went from strength to strength**: by the end of 1970 three clinics were in operation, a limited domiciliary service had been started, and clinic attendances had reached the new records of 10,556 attendances by 4,244 women. The importance of **famly spacing, family limitation, family postponement and in some cases family avoidance** is now accepted in Aberdeen: intensive group and individual health education have triumphed over opposing views.

FAMILY
PLANNING—
NEW RECORDS.

(19) **Cervical screening reached the almost incredible position of 97 per cent. of married women under 60 years** having been tested; and now that screening has been in operation for ten years there is—as anticipated—a marked fall in the number of cases of cancer of the cervix.

CERVICAL
SCREENING—
97 PER CENT.

(20) In the years immediately before 1970 **health education** lecture-discussions had increased by 80 per cent. in three years, to the spectacular total of 3,813 meetings in 1969. In 1970 there was a **further increase** in school health education (2,198 sessions with 80,422 attendances), while health education clubs for parents

HEALTH
EDUCATION—
EVEN FURTHER
ADVANCES.

of young children underwent some reorganisation and classes for prospective parents showed a very slight fall, probably because the spread of family planning reduced the number of potential clients. There was also, as mentioned later, **increased concentration on displays and exhibitions** and on instruction of new members of staff in the techniques of psychoprophylaxis and in the use of audiovisual equipment.

H.V. VISITS TO ELDERLY—MORE THAN EVER BEFORE.

(21) Despite (or because of) increased H.V./G.P. linkage—more than three-fifths of family health visitors are now practice-associated—and despite increased specialisation and increased time devoted to health education, **health visitors paid more visits than ever to old people:** health visitors and their assistants paid 31,283 visits to about 8,000 old people—or roughly 125 visits to old people during every working day of the year.

CHIROPODY—MORE THAN EVER.

(22) **Chiropody services**, while provided for far fewer elderly citizens than were visited by health visitors, **also reached a new record**, serving 5,889 old people.

OTHER SERVICES FOR ELDERLY.

(23) **The Home Nursing and Marie Curie Nursing Services** between them helped about 3,500 old people, and the **home helps** served 2,326 households containing old people (or 84 per cent. of all households aided by home helps). All of these figures are new high records.

INCREASES IN PHYSIO-THERAPY.

(24) **Physiotherapy** services increased in respect of treatments from 1,252 in 1968 and 1,989 in 1969 to 2,553 in 1970, and in respect of new patients from 49 in 1968 and 75 in 1969 to 115 in 1970.

VACCINATION FIGURES.

(25) **Smallpox vaccination** (2,244 primary vaccinations during the year and 73 per cent. of children protected before school entry), **diphtheria immunisation** (about 90 per cent. protected before the age of 5 years) and **tetanus immunisation** maintained satisfactory levels; **rubella vaccination** was started well ahead of most of the country; the level of **whooping cough vaccination** was high enough to result in the complete absence of that disease from Aberdeen; and, as already mentioned, **measles vaccination** was in abeyance through lack of vaccine—and there were 1,199 cases.

H.V. STUDENTS 100 PER CENT. SUCCESS.

(26) At the **College of Health Visiting** (formerly known as the Health Visitor Training School) all the female students and male students successfully completed their 12 months post-registration course for the health visitors' and male health visiting officers' certificates respectively—an unequalled record of success in both courses year after year—and a further 30 students started on the next courses; with the co-operation of the School of Business Studies two twenty-day courses on middle management were held for 39 selected health visitors and 1 midwife; the usual six weeks course was held for intending health assistants; the usual succession of three-week courses were conducted for general student nurses; and tuition was given on appropriate subjects to an H.V. Tutor student (seconded from London), a D.P.H. student, and various visitors from overseas.

(27) At the **District Nursing headquarters** two courses of 3 months duration were held for 36 intending district nurses, all of whom passed, and a short course was conducted for 6 enrolled nurses.

(28) At the **dietetic clinics** there were not only more attenders than ever before. Additionally the total attendances were almost 50 per cent. above the previous high record for 1969.

(29) At child health clinics the numbers attending for **paediatric assessment** rose. For example, 1,683 babies were examined at six months.

(30) Finally, mention may be made of a substantial increase in **dysentery** (from 88 cases in 1969 to 295 in 1970) and of a notable decrease in **food poisoning** (from 25 cases in 1969 to 7 in 1970).

SOME DEVELOPMENTS OF 1970.

As implied above, 1970—like 1969—was essentially a year of thoughtful reorganisation of services, of quiet consolidation of previous achievements and of absence of staff increases because of financial stringency. Despite staff shortages and lack of additional posts to cope with extra duties, 1970 is **probably the best year in Aberdeen's health history**, and 1969 and 1970 are certainly (as indicated earlier) the two best years. A few developments, however, may be mentioned.

(a) In **health education**, while the total number of lecture-discussions neared the unprecedented total for 1969, there was an increased concentration on special projects (such as cancer education and dental health education) as well as continuation and extension of displays and exhibitions. These advances are the more remarkable in that they were achieved despite the transfer of the health education headquarters from Castle Terrace to St. Nicholas House at the very end of 1969.

HEALTH
EDUCATION—
DISPLAYS AND
SPECIAL
PROJECTS AS
WELL AS
LECTURE-
DISCUSSIONS.

At the beginning of the year Aberdeen's national status in health education was recognised when the Scottish Council for health Education, having decided to create a new diploma in health education and to confer it *honoris causa* on nine individuals, selected for the honour three health educators from Aberdeen—Miss D. J. Lamont (Director of Advanced Nursing Education and Health Education), Miss A. M. G. Hay (Principal Health Visitor Tutor and Principal Health Education Lecturer) and the Medical Officer of Health.

(b) While the main events of the year in respect of **family planning** were the sudden evacuation of the central clinic on grounds of safety and the finding of a temporary home for the "central" clinic at Airyhall on the western periphery of the city, mention may also be made of the starting (in the autumn) of a **small domiciliary service**. It is also worth noting that the percentage of clinic attenders seeking postponement of first pregnancy has risen from 3 per cent. two years ago to 10 per cent.; that the proportion of attenders from Social Class V has increased from 12 per cent. two years ago to 14 per cent.; and that the family planning

FAMILY
PLANNING—
DOMICILIARY
SERVICE
STARTED:

ALLEGATION
ABOUT SPREAD
OF V.D.
DISPROVED.

clinics now undertake a good deal of health screening—e.g. cervical smears, measurement of blood-pressure, and testing for syphilis. In respect of the last point it may also be of interest to add that, out of more than 10,000 attendances, there was identified **no case of syphilis and only 1 case of gonorrhoea**—surely conclusive evidence that contraceptive clinics do not contribute to the spread of venereal diseases.

HEALTH
VISITING—
PARTIAL
IMPLEMENTA-
TION OF
MAYSTON
REPORT.

(c) In **health visiting** the main development was the adoption by the Corporation (in part after the close of the year) of some salary and other alterations towards the **implementation of the Mayston Report**. It is also worth mentioning that more than three-fifths of the family health visitors are now general practice-associated; that a liaison scheme has been developed with certain wards of the Royal Infirmary (in addition to previously made arrangements with various other hospitals) and that the biggest numerical change in the year is the further increase in the number of old people visited by health visitors and by their assistants.

COLLEGE OF
HEALTH
VISITING.

(d) The change of name of the educational establishment dealing with the professional preparation of health visitors, male health visiting officers and health assistants, to the **College of Health Visiting** (just after the close of the year) marks recognition of the growing professional importance of health visitors. The change corresponds chronologically both with the alteration of the national body responsible for preparation of health visitors to the Council for the Education and Training of Health Visitors, and with the decision (long awaited) to admit to health visitor preparation male nurses with suitable academic and professional qualifications.

(e) Arrangements were made during the year for Aberdeen to function as a test area in respect of investigation of **accidents in shops and offices**.

(f) As indicated earlier, Aberdeen got in ahead of most local health authorities with **rubella vaccination**, and another interesting feature of the year was the disappearance of whooping cough—for the first year on record.

(g) Arrangements for the proposed **health centre** at Denburn and for a **pre-school assessment centre** at Beechwood neared completion during the year.

(h) In addition, co-operation between the Health Department and the new Social Work Department was cordial and sustained.

A GLANCE AHEAD.

If integration and Area Health Boards are coming soon, two things would seem desirable:—

NEED FOR
ADEQUATE
STAFF AND
HIGH CALIBRE
PERSONS IN
SENIOR POSTS;

(1) Since any new administrative arrangement, however sound, tends initially to cause a falling off in good services (while poorer ones are levelled up) or at least a failure of development for some years (again while attention is focussed on the less satisfactory areas), Aberdeen Corporation should seek to protect its citizens by ensuring that, at amalgamation, the City's health services are as efficient and well-developed as is practicable, are fully staffed and have in each division chief and principal officers of high calibre.

(2) Since in any amalgamation there is inevitably some jostling for senior posts, the Corporation should, in fairness to officers who have served it efficiently and loyally, ensure that the remuneration and conditions of its senior medical, tutorial, health education, dental, health visiting, midwifery, nursing and other officers, do not compare invidiously with those of their hospital and university colleagues. (A) IF INTEGRATION IS NEAR,

The Corporation has already taken some steps in these directions; but it should be appreciated that an independent local authority which realises the importance of health education, promotion of good health and prevention of emotional and physical illness can take steps to ensure that, at amalgamation, it has not only sufficient health workers in post but has also, by adequate, locally negotiated terms and conditions, ensured that its senior posts are filled by persons of high calibre. If the new "amalgamated" authority also subscribes to the modern view that prevention is pleasanter and cheaper than cure, no harm will have been done; but if the new authority is at first bemused by the cost of treatment services and disposed to pay only lip-service to health promotion and disease prevention, the existence of senior officers of high ability and of preventive teams of adequate strength may safeguard community health during the early years of the new organisation.

If on the other hand, integration is still some time away, it is equally important that the Corporation should not defer—because of anticipated future changes—expanding its staff to tackle new or increased duties. (B) IF INTEGRATION IS STILL IN DISTANT FUTURE.

In particular eight points strike me.

(a) If we hope to enlarge family planning services, to extend efforts on food hygiene and to provide the medical help sought by the Social Work Department, **an extra senior medical officer** is essential. Already medical officers, especially those in senior posts, are worked to capacity and are in some cases beginning to appear inefficient simply because they are being asked to do too much.

(b) For **health education**—on which so many other services depend—we are at present reasonably equipped in respect of senior staff (with the part-time organisational and directing services of a Director, a Principal Lecturer and two Senior Lecturers, all of whom must devote the bulk of their time to the College of Health Visiting, and the full-time services of two Health Education Lecturers and a Senior Group Adviser) but there is urgent need for somebody of a **handyman/office caretaker** type—to see to tasks like the issue and return of films, film strips, etc. which may be required for thirty meetings in a single day. An extra health education lecturer or promotion of one health education lecturer to the grade of Principal Officer, would of course be required in the event of the changes in health visitor, district nurse and health assistant training taking place as envisaged below.

(c) **At the College of Health Visiting** the Director and Tutors do work remarkable in both quality and quantity and have acquired outstanding reputations, but, with courses for student health visitors and student male health visiting officers now extending over twelve months of the year and with various other courses to be fitted in, there is real difficulty over staff holidays and dismay if a member of staff turns ill. Meantime the District Nursing Association has appointed a fully

qualified Health Visitor Tutor to conduct two very short annual courses for student district nurses, and the College staff and that Tutor have not yet found it possible to set up an integrated 13-14 months course for intending health visitors/district nurses of rural areas (already approved by the Corporation). Also it seems sad that a qualified health visitor tutor should be restricted to short, elementary courses. I should like to see a two-stage development whereby (1) district nursing training (including the proposed integrated course in health visiting and district nursing) would be organised from the College, the separate courses for enrolled nurses seeking to become health assistants and enrolled district nurses respectively would be united and the district nursing tutor (with health visitor tutor qualification) would have her salary and status raised to approximate equality with the two health visitor tutors, and (2) the College (including district nurse training as well as health visitor and male health visitor preparation and advanced courses) would subsequently be transferred to the aegis of an appropriate higher educational body with, of course, protection for the status and remuneration of the Director, the Principal Tutor, the three Tutors (including the district nursing Tutor) and their clerical and secretarial assistants, and continuation by the Corporation of sponsorship of students and provision of annual prizes.

(d) In respect of dental services, the Corporation now has sufficient senior and entry grade posts, but we perhaps require a second dental hygienist.

(e) On health visiting, midwifery, clinic nursing and health assistant services, the Corporation's proposals (around the end of 1970) for one Chief Nursing Officer, one Principal Nursing Officer, 4 Senior Nursing Officers (one of whom is seconded to health education) and 15 Nursing Officers are sound enough, but (1) **delay** in fixing the salaries of the Senior Nursing Officers **may mean that we have lost applicants** to other areas and have to raise remuneration to attract individuals of the required high calibre to what is regarded in England and Southern Scotland as "the remote North-East", and (2) while we now have enough senior posts and enough entry grade health visitor, midwife and clinic nurse posts, we need an **increase in the number of health assistants**. Increased recruitment of student health visitors to fill entry grade H.V. posts is also needed but is in hand.

(f) In respect of **sanitary inspectors**, recent substantial increases in senior salaries have adequately improved the promotion ladder, but it is vital to recruit sufficient apprentice inspectors, so that in due course all entry grade vacancies will be filled.

(g) On the continued separation of about 46 district nurses (including a few enrolled nurses) from 130 health visitors, male health visiting officers, domiciliary midwives, clinic nurses, Marie Curie nurses and health assistants, I can only summarise comments that I have already made:—(1) several authoritative and national reports—of which Mayston is the latest—have stated categorically that services cannot function efficiently if the administration of health visitors, midwives, district nurses and assisting staff is split; (2) a midwifery service (however small) has to function for 168 hours a week including times when any one midwife is ill

or on leave—and by employing some district nurse/midwives the Corporation could save fully £2,500 a year on staff as well as providing a slight promotion avenue for selected district nurses who at present have little chance of promotion; (3) the Chief Nursing Officer, the Director of Advanced Nursing and Health Education and I each confirm that the various services cannot function to full advantage under separate management, and that we have found it necessary after prolonged trials to discount district nurses for our health education purposes since they are so divorced from health teaching and prevention that time spent on seeking to interest them in health programmes is wasted; (4) the Marie Curie Nursing Service, administered by me as agent for the Corporation (the only agent that the Marie Curie Foundation will accept being the Medical Officer of Health) cannot function efficiently under management separate from the Day and Night Nursing Services and has therefore for a year or so been gradually run down—although the Corporation is already facing considerable additional expenditure in substituting for this free service; (5) the clerical and administrative cost of the District Nursing Service is (having regard to number of nursing staff) disproportionately high; (6) in appointing a Chief Nursing Officer and a Principal Nursing Officer with no connection with district nursing, the Corporation may have jeopardised the future promotion prospects of these officers, while the Association's Superintendent (with a health visitor qualification but no modern experience of health visiting or midwifery) has little chance of senior employment after integration unless earlier means can be found of widening her experience, e.g. by giving her a short refresher course in health visiting and then offering her a promotion as a second Principal Nursing Officer; (7) the District Nursing Association having appointed—completely without consultation with the Corporation—a tutor for two short courses a year (involving about two weeks of theoretical instruction in each course) have in effect relegated that tutor (who happens to be a fully qualified health visitor tutor) to elementary work with no possibility of promotion unless the Corporation see fit to rescue her; (8) the Association has spent money on instituting in 1970 a course (for 6 enrolled nurses) closely resembling the course that the Corporation has for years conducted for enrolled nurses seeking to qualify as health assistants; (9) for intending health visitors/midwives/district nurses in rural areas, an integrated health visiting/district nursing course of 13-14 months is desirable (instead of a 12 months health visiting course and a 3 months district nursing course separately), but efforts to construct such an additional course under two different managements have so far failed; and (10) in group practices it would seem practicable for a single health assistant to undertake (under supervision) duties not requiring the full teaching, counselling and medico-social skills of a health visitor and not requiring the full clinical skills of a registered nurse—but at present health assistants are responsible solely to health visitors and such few enrolled nurses as are employed by the Association are responsible solely to district nurses. I agree with various national reports about the urgent need to bring district nurses under the aegis of the Health Department—in the interests of prevention of disease, in the interests of economy and in the interests of the various nurses (who have not been consulted about continued fragmentation). The decision does not affect me personally—I would not seek a salary increase for accepting administrative responsibility for 45 home nurses—

but I am sorry to see the Corporation needlessly spending money on services that could be more cheaply and more efficiently provided on the lines recommended by various national reports, and I am unaware that anyone supports continued fragmentation except such few general practitioners as use—quite wrongly—nurses as their assistants, instead of recognising them as colleagues with different (but not necessarily inferior) skills.

(h) In respect of administrative or senior clerical posts, we have perhaps reached the stage where (in place of an Administrative Officer and two Administrative Assistants) the Health Department requires an Administrative Officer, a Deputy Administrative Officer and three Administrative Assistants, in addition to an increase in senior shorthand-typists. It is a feature of departments employing large numbers of professional staff from many professions that when a task extends (e.g. health education or family planning) or a new duty is assumed (e.g. rubella vaccination or participation in assessment teams for possible entrants to day care centres), thought is given—sometimes tardily—to need for extra professional staff, but the parallel need for additional administrative, clerical and secretarial staff is forgotten.

ACKNOWLEDGMENTS.

Before I begin acknowledgments, a word of explanation to the Secretary of State and his officers. The usual circular (reminding Medical Officers of Health of their statutory duty to produce Annual Reports and indicating, additionally, many subjects on which the Secretary of State would especially value information) was prepared rather later than in most years and was thereafter a victim of the postal dispute, arriving only on 16th March. By that time parts of this Report were in preparation or even completed, and, while all or almost all of the desired information is included, some of it is less clearly indicated than might otherwise have been the case.

At the end of an unusually difficult but outstanding successful year, let me offer very genuine and sincere thanks to the Health Convener, Baillie Mrs. Ellen Williamson (a tower of strength and an ever present source of help and encouragement), to Lord Provost James Lamond, M.P. (whose deep interest in the health of the community is proved beyond all dispute), to Treasurer Lennox, to all members of the Health Committee, to members of other Corporation Committees, to colleagues in other Corporation Departments and in the University and in other Branches of the National Health Service, to the staffs of television and sound radio stations and of local newspapers, to the often maligned officers of the Scottish Home and Health Department, and—certainly not least—to the efficient, enthusiastic and hard-working staff of the Health Department.

IAN A. G. MACQUEEN,

Medical Officer of Health.

ST. NICHOLAS HOUSE,
BROAD STREET, ABERDEEN.

13th April, 1971.

FOOTNOTE.—The chapter on vital statistics was prepared from provisional figures and has one or two very small variations from figures given in the preface and in other chapters.

CITY OF ABERDEEN.

REPORT BY THE MEDICAL OFFICER OF HEALTH

For the Year 1970.

1.—FAMILY PLANNING SERVICE.

(Eleanor Steiner, Departmental Medical Officer.)

Introduction.

1970 was the busiest year ever since Aberdeen's Family Planning Service was founded in 1946. More patients attended more sessions at more clinics as the demand by City women for contraceptive advice reached an unprecedented level.

There were 10,556 clinic attendances by a record number of 4,244 patients last year and there is every indication that the steady demand for assistance will continue. [A table of attenders and attendances will be found in the chapter on Care of Mothers and Young Children.]

The temporary central clinic at Airyhall (opened in mid-year when 6 Castle Terrace had to be closed as unsafe) continues to provide morning and afternoon sessions every weekday and a twice monthly evening session to deal with the growing number of clients. There are increasing attendances also at the regular sessions at Kincorth and Northfield clinics.

It is noteworthy that Aberdeen's birth-rate at 14.4 per thousand population in 1970 remains far lower than the birth-rates of most British cities, although a slight increase on the City's lowest ever recorded figures of 14.1 in 1969. While the markedly downward trend in Aberdeen's birth-rate since 1964 continues, fluctuations may be expected and this trend should level off to a maintained low level. Indeed the very slight rise in 1970 may well be related to temporary uncertainty following the "leakage" and exaggeration of the Dunlop Committee's findings near the end of 1969.

Need for Service.

The Family Planning Service exists to help women to plan the arrival of children in their family, as well as to provide means for limiting the number of children to that which the family can adequately care for without domestic strain. In former years most mothers who attended had wanted to limit the size of their family after having one or two "unplanned" pregnancies, whereas in recent years mothers increasingly recognise the importance of spacing pregnancies and of postponement of family growth.

Postponement of pregnancy by recently married women, or those just about to be married, is becoming increasingly required and requested, as is shown by the increase of such women from some 3 per cent. among total attenders in 1968 to ten per cent. in 1970. There is growing awareness among young couples that postponement of family can provide an easier and happier adjustment to early married life and assist in establishing a home. And, such responsible forethought contrasts

sharply with the stress and unhappy consequences of premarital conception that often disrupts a young couple's hopes and plans. Thus Family Planning advice is making a valuable contribution in assisting young couples in a happy and successful start to family life.

Domiciliary Service.

1970 also marked the inception of the new and significant Domiciliary Service that provides Family Planning advice to house-bound City women who, for special medical and social reasons, are unable to attend the various clinics. While there are not large numbers of these women, this service has proved to be a necessity and there has not been a single case of the service being abused.

Comprehensive Methods.

All methods of contraception are discussed with patients seeking Family Planning advice to ensure that the most satisfactory method is prescribed for the individual patient. Although the "pill" is predominantly prescribed, the intra-uterine device is still recommended for some patients for whom special appointments for insertion are made.

More and more older women who consider their families to be complete, and who have been using oral contraceptives in the past, are now requesting sterilisation. Where this is considered appropriate the matter is fully discussed, and in certain cases sterilisation is recommended after close consultation between the Family Planning doctor, the patient's General Practitioner and the Hospital specialists.

A similarly increasing matter of discussion as a means of Family Planning is male sterilisation and the Family Planning doctor often assists by presenting the facts concerning vasectomy.

Education in Family Planning.

Aberdeen's Family Planning Service provided teaching and training facilities for post-graduate doctors, nurses, midwives, medical students and health visitor students. Medical officials and health workers from various parts of the continents of Africa and Asia have also paid observation visits to the Clinics.

Lectures on Family Planning were increased in 1970 for Health Visitor students and these covered a wide syllabus of demography, contraceptive techniques, psycho-sexual problems, clinic administration and the epidemiology of medical and social aspects of Family Planning.

Aberdeen's Family Planning Service and the facilities it provides for the community last year attracted widespread national publicity by various television and radio programmes. Scottish newspapers, especially the local Press, and Grampian Television fulfilled a valuable public service role in informing women of the Family Planning services that are available.

At the end of 1970 a special report on Aberdeen's Family Planning Service was produced for the Scottish Home and Health Department's Consultative Committee which was studying ways of improving family planning services in Scotland. This report stimulated considerable interest in the achievements of the Aberdeen Service.

Education of the Public.

Education of the public about the desirability and simplicity of family planning—a feature in which Aberdeen has led Britain—is considered elsewhere in this report.

Family Planning Influence on High-risk Maternities.

Many high-risk maternities are pregnancies that are “unplanned” and if Family Planning advice can reduce the number of such high-risk maternities this can lower the infant mortality rate and also relieve the pressure on the specialised obstetric facilities required for such maternities. It is partly due to contraceptive advice that the proportion of high parity mothers (with four or more children) and the proportion of older mothers (over 35 years) have both decreased substantially in Aberdeen.

The larger family in poor socio-economic conditions was often both unplanned and at high-risk but the proportion of such high-risk maternities is less common now. Among new clinic attenders in 1970, there was an increase in the number of women of Social Class 5 to 14 per cent. compared with only 6 per cent. in 1967 and 12 per cent. in 1968 and 1969; and the 1970 figure reflects rather more than fairly the proportion of Social Class 5 in the community. While the Service provides contraceptive advice for all City women, the removal of Clinic charges to all patients referred by doctors and health visitors for advice clearly encouraged large numbers of Social Class 5 attendances.

Aberdeen's excellent record in emphasising “need” for advice rather than a particular medical indication has proved to be justified and is now being emulated in other areas.

Health Screening in Family Planning.

In addition to providing contraceptive advice the clinics also undertake health screening for obesity, urinalysis, blood pressure recording, breast examination and cervical cancer smear tests. In 1970 there were 3,162 cervical smear tests carried out and while cervical cancer is often associated with high parity, it is encouraging to report that only two cases of cervical cancer, each in the early and curable stage, were detected. This is a very low incidence.

Among more than 10,000 clinic attendances in the City in 1970 not a single case of syphilis was detected among clients and only 1 case of gonorrhoea was diagnosed and referred for treatment.

Monitoring Possible Side-effects.

Throughout 1970 a vigilant monitoring of possible side effects of oral contraceptives continued and the results show a very low incidence of cases where contraceptives were discontinued or changed because of symptoms or medical contra-indications.

New Regulations, July, 1970.

Increased administrative duties have been imposed on already busy staff of clinics where medication is prescribed and dispensed under new statutory regula-

tions which included oral contraceptives. These additional duties, requiring detailed prescription formalities and clerical recording responsibilities, have been undertaken efficiently by keen clinic nurses without additional staff.

Conclusion.

Finally, it must be said that the success in making 1970 a year of record expansion for the Family Planning Service is due to the enthusiastic teamwork of clinic staff and all those associated with the Service who have earned the confidence of Aberdeen women who need contraceptive advice and assistance.

2.—SCREENING FOR CERVICAL CANCER.

(J. Elizabeth Macgregor, Department of Obstetrics and Gynaecology.)

[The inclusion in this report of a chapter by a colleague from outside the Health Department is an indication both of the importance of cervical screening and of the standard of co-operation.]

In Aberdeen, screening for cervical cancer has been in progress for over ten years. That so many women have had cervical smears taken is truly remarkable (Table 1). About 97 per cent. of the married women under 60 years of age have been screened and 335 pre-clinical cases of cervical cancer have been detected. This coverage has been achieved by co-operation between doctors from the Public Health Department, general practitioners and the hospitals, all of whom take cervical smears at a variety of clinics. The health visitors have also played an important role by following up and persuading the women, especially in the lower socio-economic groups, to attend clinics. These women who frequently have large families have been shown to be at the greatest risk of developing this disease and are the least likely to attend clinics. The detection rate in this group rises to 2.3 per cent.

It is interesting to note that, while in 1967 only 4 per cent. of the smears coming into the laboratory were from Family Planning Clinics, 5 per cent. from general practitioners and 12 per cent. from Post-Natal Clinics, now in 1970 (Figure 1) the smears coming from general practitioners make up the highest proportion coming into the laboratory, while smears from Family Planning Clinics and Post-Natal Clinics have also increased greatly over that time.

Results.

The number of cases of clinical cervical cancer coming into hospital from the city of Aberdeen was remarkably constant for many years. Table 2 shows a marked fall in the number of cases. This fall is particularly marked in the group of women who are under sixty years of age, that is the group at which screening has been particularly directed. A fall in incidence now should be reflected in a fall in mortality in years to come.

Re-Screening.

If this small number of cases is to be maintained and even made still smaller, re-screening is vital. Cervical cancer, unlike tuberculosis, is not an infectious

disease and cannot be wiped out once and for all. A woman may develop cervical cancer at any time even after a negative smear. The natural history of the disease is still obscure but it is generally believed to be a slow growing cancer, and re-screening every 5 years would be adequate. If resources permit, re-screening every 3 years would catch any whose first smear was not entirely satisfactory. Re-screening, however, is vital to the success of the campaign to prevent cervical cancer. Women must have cervical smears at regular intervals.

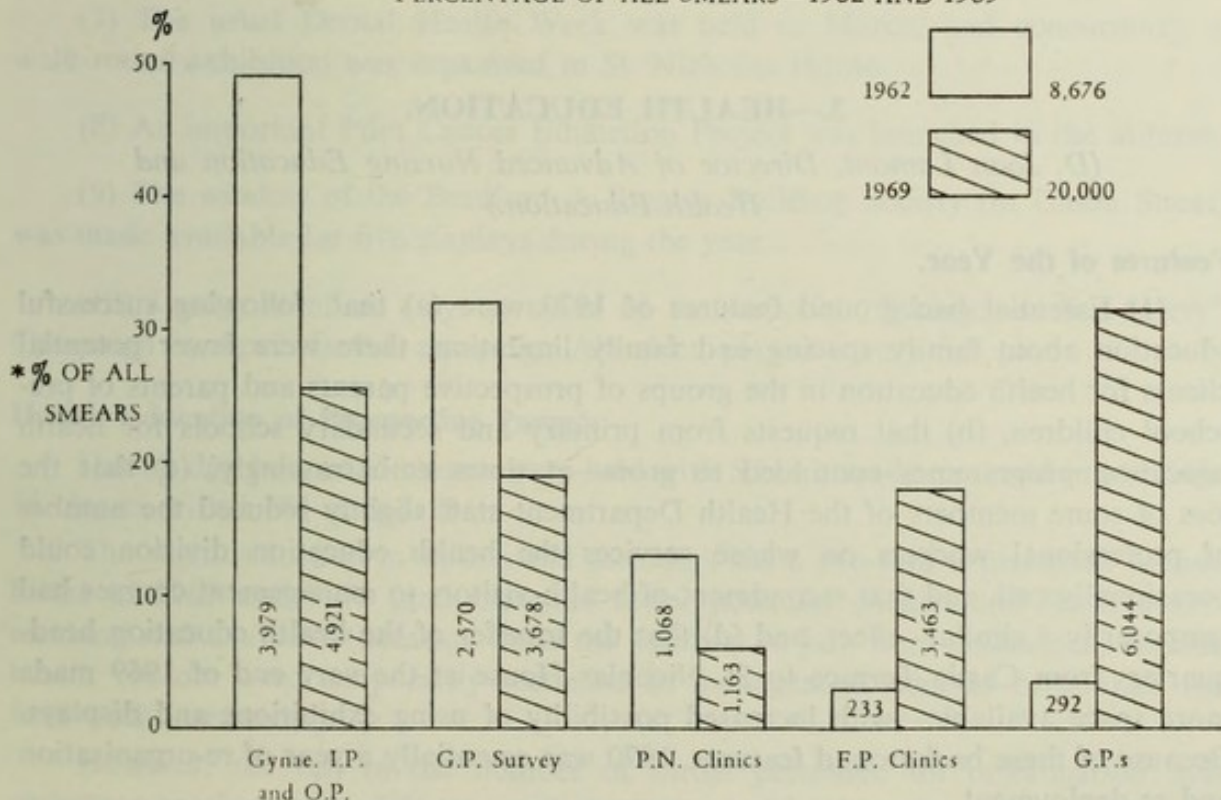
A re-call system is operated by the Cytology Service but Table 3 shows the very disappointing results. Many (33 per cent.) never receive their invitation for a second smear because they have changed their address and, of those who do, only 58 per cent. come. Nevertheless nine cases of pre-clinical cervical cancer (0.33 per cent.) were found. This rate is very comparable with that obtained for re-screening in other centres.

Thanks to the combined efforts of all branches of the Health Services in Aberdeen a decrease in the number of clinical cervical cancers has been achieved but if this is to be maintained screening and re-screening must continue.

TABLE 1.
WOMEN SCREENED 1959-70.
CITY OF ABERDEEN.

Women screened under 60 years	44,109
Cases detected	335 (0.75%)
All Women screened	54,346
Cases detected	356 (0.65%)

PERCENTAGE OF ALL SMEARS—1962 AND 1969



*All smears under the above groupings. Certain small groups of smears not represented graphically are included in the grand totals given above but are excluded from the percentage calculations.

TABLE 2.
CASES OF CARCINOMA OF THE UTERINE CERVIX.
CITY OF ABERDEEN 1950-70.

	All Cases	Under 60 years	Over 60 years
1950-52	63	47	16
1953-55	53	39	14
1956-58	66	45	21
1959-61	68	48	20
1962-64	60	33	27
1965-67	47	32	15
1968-70	39	16	23

TABLE 3.
RE-SCREENING IN 1969 AND 1970 OF WOMEN WHO HAD FIRST SMEARS
IN 1964 AND 1965.

CITY OF ABERDEEN.

No. of appointments made	8,330	} (33%)
No. returned "wrong address"	2,770	
No. who received appointments	5,560	
No. who had a smear taken	2,597	} (58%)
No. who replied	624	
No. defaulted	2,339	
Cases detected	9	(0.33%)

3.—HEALTH EDUCATION.

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

Features of the Year.

(1) Essential background features of 1970 were (a) that, following successful education about family spacing and family limitation, there were fewer potential clients for health education in the groups of prospective parents and parents of pre-school children, (b) that requests from primary and secondary schools for health education programmes continued to grow—at times embarrassingly, (c) that the loss of some members of the Health Department staff slightly reduced the number of professional workers on whose services the health education division could occasionally call, and that secondment of health visitors to management courses had temporarily a similar effect, and (d) that the transfer of the health education headquarters from Castle Terrace to St. Nicholas House at the very end of 1969 made more space available—with increased possibility of using exhibitions and displays. Because of these background features, 1970 was essentially a year of re-organisation and re-deployment.

(2) Although the health education staff have always considered quality much more important than quantity, it is pleasant to record that the total number of lecture-discussions exceeded 3,400 for the third successive year. The 1970 total of 3,430 is more than fifty per cent. above the highest figure recorded for any year before 1967.

(3) In respect of classes for prospective parents there was a deliberate reduction in day-time classes, 23 classes at the Maternity Hospital and 2 elsewhere being allowed to lapse. The 635 day classes and 76 classes in evenings coped adequately with the needs of prospective parents. Additionally, a follow-up was arranged of 68 persons who had failed to attend.

(4) Some re-organisation of health clubs for parents of pre-school children was started during the year. It had been felt that at some of these clubs the health teaching had remained at rather a superficial level and needed deepening. Further discussion and re-organisation will take place as staffing improves.

(5) Although the amount of staff time made available for health education in schools could not be increased—there were 2,198 sessions in 1970 as compared with 2,196 in 1969—an attempt was made to use health visitors more effectively. Attendances at health teaching sessions taken by health visitors or health education staff in schools rose from 43,507 in 1968 and 56,845 in 1969, to 80,442 during the year under review.

(6) In school health education increased attention was paid to current health hazards, such as obesity, smoking and drugs.

(7) The usual Dental Health Week was held in March, and concurrently a walk-round exhibition was organised in St. Nicholas House.

(8) An important Pilot Cancer Education Project was launched in the autumn.

(9) The window of the Bradford & Bingley Building Society (in Union Street) was made available for five displays during the year.

(10) Lastly, mention may be made of the national "Springclean for Safety" Campaign in April. In this campaign Aberdeen played a very full part.

Health Education of Prospective Parents.

During day hours 635 classes were held with 5,114 attendances, and in evenings 76 classes with 1,484 attendances.

The slight reduction in classes and attenders has a two-fold explanation—fewer births in 1969 and 1970 (and therefore fewer potential clients) and fewer health teaching staff available (because, while the numbers in post were unchanged, various health visitors were temporarily seconded to management courses or courses for field work instructors).

However, the fall in the number of births permitted an investigation into expectant mothers who did not avail themselves of health education facilities. 68

such married, expectant primigravidae were visited. Of these, 21 fell into such categories as—removed from Aberdeen, premature delivery or actually attending health education classes but at a different clinic. The other 47 would probably have derived benefit from health classes. Common alleged reasons for decision not to attend included—unwillingness to attend alone and reluctance to mix with strangers, belief that sufficient advice and support was given by the family health visitor, inconvenient time of classes (4 women) and distance too far to travel (9 women). Only one of the 47 women indicated that her husband had been hostile to the idea of her attending health classes.

Apart from showing the reasons given by 47 non-attenders who were awaiting their first child, the investigation had the side-effect of inducing 13 of them to attend; and for these 13, arrangements were duly made.

There is need for further investigation not only of the reasons for some potential clients failing to attend, but also of why some individuals drop out after attending two or three sessions. Such studies would show where our classes could be improved (in content, in geographical situation or in time) but would be time-consuming. Nevertheless, when the staffing situation permits, this would be a useful research project for a keen health visitor.

Some comment on the geographical situation of health classes may be desirable. Peripheral clinics are, of course, ideal from the point of view of women living in a particular neighbourhood, but numbers do not always justify provision of classes at these clinics; the Maternity Hospital is not very convenient for many women, and, as already mentioned, 23 of the classes at that ante-natal clinic were allowed to lapse because of declining numbers (e.g. by attenders at a small class on Tuesdays being asked to join another small class on Thursdays); the central classes at Castle Terrace (close to the convergence of all bus routes) had to be transferred to St. Nicholas House on 5th August—the transfer at first alarmed the health education staff because the room which is used becomes very hot and because washing-up facilities are poor, but the classes have nevertheless settled down well and the clients seem to enjoy making use of the new "Town House" premises.

In-service Training on Teaching of Prospective Parents.

(1) *Psychoprophylaxis.*

The usual annual course was organised in August and September, with sixteen new members of staff attending. Hitherto, however, health visitors after learning psychoprophylaxis had simply to be left to instruct their classes; in 1970 it became possible for the first time to provide help and support for new members of staff during the first course that they conducted after themselves learning the techniques. This help and support is time-consuming but is appreciated by recently qualified health visitors and should result in more confident and more effective teaching.

(2) Instruction in use of audio-visual aids.

While student health visitors have, during their post-registration course, opportunity to learn to operate visual and audio-visual equipment, there is a limit to the amount that can be achieved in a twelve months course. Accordingly, all new members of staff in 1970 were given—and took—the chance to brush up their skills in operating projectors, &c. Also an opportunity was given in September to all members of staff, old and new, to learn to operate the newly acquired automatic projector. Thirty-seven persons attended.

Health Education of parents of pre-school children.

Advantage was taken during 1970 (and the early months of 1971) of slight reduction in the numbers of babies and young pre-school children, to re-organise and in some respects deepen the health teaching offered to parents of pre-school children. Aberdeen had been very much a pioneer in providing both afternoon and evening courses, and there is certainly no suggestion that these courses were other than useful in the late 1950s and 1960s; but gradual changes in the education and cultural background of clients necessitate changes in the type of health education offered.

Since the experiments and re-organisations were still in progress at the close of 1970, it is perhaps sufficient to say here that 123 day and 47 evening classes were conducted, but that some of the experiments may have to be terminated owing to staffing shortages after the end of 1970.

Miscellaneous Groups.

As in previous years, interested groups (e.g. Youth Clubs and organisation of Senior Citizens) were offered teaching on appropriate health topics. 363 such talks were given during working hours and 88 in evenings.

Health Education in Schools.

Staff shortage did not allow of extension of sessions devoted to health education, despite the many requests of head teachers; 2,198 sessions were so spent, as compared with 2,196 in 1969. However, attendances rose from 56,845 in 1969 to 80,442.

Primary Schools.

Although the number of sessions increased only slightly, the number of attendances rose by almost fifty per cent. In other words, the health visitor was used more efficiently and taught more pupils in each session. The increase started in 1969 but has continued and developed.

Many interesting individual and group projects resulted from the year's work.

An increasing number of teachers found it helpful to consult the health education staff and to borrow visual aids to carry out their own programmes.

Manifestly, although the amount of teaching that a health visitor can do in her school is limited by her available time, considerably more health teaching is being undertaken with her help.

All aspects of health appropriate to primary children were discussed, but increased attention was paid—especially amongst older children—to current health hazards, such as obesity and cigarette smoking.

Dental Health Week.

In March the usual Dental Health Week for infants was held. In all, 3,030 dental health kits were presented to children who started school in 1969. Appropriate teaching, using suitable film or filmstrip material, was carried out by school health visitors. Additionally, 274 kits were presented to children at Beechwood School and the School for the Deaf.

During the week a walk-round teaching exhibition on dental health was mounted in St. Nicholas House. The exhibition was open both to members of the public and to classes of school children and their teachers. After a slow start, it became obvious that the exhibition was attracting persons of very wide age range, and after some excellent press publicity the health education staff found themselves almost swamped by the large numbers attending.

Health Education in Infant Schools.

An interesting new venture was launched by one health visitor in one of the infant schools from September to December. A twelve-week programme of health education based on the aptitudes and interests of children aged 5-7 years was carried out with six classes. The teaching included most of the basic personal health factors and the chosen approach was through comparison with pets and other animals. Safety and its connection with courtesy at home and school was also emphasised. The experiment was, beyond question, very successful.

Secondary Schools.

During the year four health visitors and five male health visiting officers were involved in teaching in secondary schools. They conducted 328 sessions with 9,174 attendances.

Programmes were geared to the ages and needs of the youngsters, and at the appropriate stage included such health hazards as drug addiction, alcoholism, venereal disease and cigarette smoking, and such positive subjects as mental health and community health services.

Technical College.

Late in the year four male health visiting officers and the male health education lecturer carried out a programme in the Technical College involving over a thousand young people. The film "A Quarter Million Teenagers" (which outlines the problems of venereal disease) was shown and was followed by discussion, the size of the discussion groups varying from twelve to sixty. As anticipated, discussion was better in the smaller groups.

Cancer Education Project.

A considerable educational project on cancer was launched by the health education division in the autumn. The basic aim of the teaching was to bring about a change in people's fear-laden attitudes towards cancer and to inspire confidence in the effectiveness of treatment following early diagnosis.

As a start, earlier in the year, arrangements were made for two members of the health education staff to visit Manchester which has led the field in the organisation of public education on cancer. The individuals gained valuable information about the Manchester methods of educating the public and about the teaching techniques employed. On a Saturday in April there was held in St. Nicholas House a study day for the entire health visiting staff on the theme "Cancer—a Community Concern".

Following these preliminaries and some organisational work, the cancer education project commenced in October. It was aimed initially at certain pre-formed groups—those attached to certain churches and the mothers' and parents' clubs in existence at the various clinics. Eleven teaching sessions took place and a total of 358 people were addressed before the end of the year.

As this was—and is—intended as a fairly wide-scale and ongoing project, it was decided to carry out a piece of research into the attitudes and beliefs of Aberdonians about cancer. A questionnaire was compiled and each participating group agreed to complete this before the actual teaching was carried out. 213 questionnaires were returned. In due course analysis of the results of this small scale research (and of subsequent evidence of any changes in attitudes and beliefs) may affect future teaching.

Displays in window of Bradford & Bingley Building Society.

This very attractive window was used on five occasions for 2 three-week periods.

The first display on children's footwear—"Feet fit for fun"—was timed to coincide with the period when parents were buying shoes for the approaching school year, and was designed to influence purchasing habits. The Display was of polystyrene with wooden supports and featured a very large shoe and two school children. Because of the connection with school, the slogans were presented with an arithmetical slant:

"Badly fitting socks . . . = discomfort and deformity"

"Frequent washing + thorough drying = happy feet"

"Fitting of length + width . . . = total foot health"

The second display, giving information about services for the elderly, was timed to coincide with Old People's Week. It featured a large picture of two senior citizens and gave information about home helps, meals on wheels and health visitor visiting and counselling services to old people. The display aroused much interest and comment.

A very colourful display in October/November consisted of large fireworks. The central one, a catherine wheel, rotated and was very eye-catching. Slogans

on the many aspects of safety were predominantly displayed. Incidentally, this is one of the areas in which health education—national and local—is quite obviously effective, since injuries from fireworks have dropped dramatically in recent years.

At the end of the year a colourful display—"A safe and happy Christmas to all"—featured six dwarfs on a snowy rooftop, carrying placards exhorting all and sundry to "Guard all fires", "Hang decorations away from light bulbs", "Keep the mantelpiece clear" and "Clean up wrapping paper".

The fifth occasion for a display was in connection with the national campaign mentioned below.

"Springclean for Safety".

This campaign, initiated by the Scottish Health Education Unit, aimed at inducing people to dispose of old, unused medicines and also to store medicines safely. In organising the campaign locally, the health education staff received valuable aid from the Cleansing Department, pharmacists, press, police and churches, and also offers of help from the city librarian and from local hospitals. Health visitors and health assistants delivered to all persons visited during a month a letter from the Medical Officer of Health urging destruction of old medicines and safe storage of others, and special attention was paid to individual teaching in all these homes.

Owing to the activity of all these people and to the display—which on this occasion took the form of wooden boxes with illuminated coloured perspex—the remarkable total of 1½ million tablets was returned to chemists' shops in Aberdeen and destroyed by the Cleansing Department. The amount of liquid and other medicine destroyed at home cannot be estimated but, since this requires less effort than taking material to the nearest chemist, it may be assumed that the campaign made a real contribution to the safety of Aberdeen's 60,000 homes.

Incidentally, Aberdeen's 1½ million tablets compares very favourably with the total of about 5 millions returned in Scotland as a whole.

Miscellaneous.

Films and other materials were loaned or supplied to the College of Commerce, Foresterhill College, the College of Education, the Maternity Hospital and the City Police, as well as to schools, youth clubs and youth organisations.

Six new films were purchased:—

- "The Five" (Care of the Feet). Suitable for all audiences.
- "Healthy Families" (General Health). Suitable for primary schools.
- "Every Baby a Wanted Baby" (Family Planning). Suitable for adults.
- "A Quarter Million Teenagers" (Second copy) (Venereal Disease). Suitable for adolescents and adults.
- "The Million Club" (Cancer education). Suitable for adolescents and adults.
- "To Your Health" (Alcoholism). Suitable for adolescents and adults.

At the beginning of the year Dr. MacQueen, Miss Lamont and Miss Hay were among the nine individuals to be awarded *honoris causa* the new Diploma of the Scottish Council for Health Education, and at the close of the year Dr. MacQueen was elected Chairman of that Council and Miss Lamont was elected Chairman of its Professional Advisory Committee.

In the latter months of 1970 preparations were being made for the temporary secondment of Mrs. Abbot (Health Education Lecturer) to attend a senior management course at Strathclyde University, and for the longer secondment of Mr. McMillan (Health Education Lecturer) to take a year's course in administration at the University of Aston-in-Birmingham. These attendances should in due course benefit the Health Department, but considerable organisational ingenuity is needed to keep a busy service functioning adequately during the absence of key members of staff.

4.—HEALTH VISITING.

(Margaret Nairn, Chief Nursing Officer.)

Features of the Year.

(1) Just before the beginning of 1970, four posts of Mental After-Care Officer and four posts on the Health Visitor Establishment were transferred to the new Social Work Department. In terms of total work-load passing to the new Department, the loss of eight professional posts (apart from posts previously in the Social Welfare Division) was probably fair enough. In terms of individuals, however, it created considerable problems. For example, if twenty-five health visitors linked with different general practices had each devoted four per cent of their time to social work, the case for a transfer of one post was obvious, but there is no easy way of allocating 24 health visitors to practices that require 25. Similarly, if twelve specialist health visitors had done social work to the equivalent of one person in the course of their health visiting specialised duties, there was a case for transferring one post, but the specialist work still really needed 12 people. A good deal of careful reorganisation was required during 1970 to ensure that loss of 8 posts did not too much damage the services, and perhaps that careful planning was the most salient feature of 1970.

(2) Hard on the completion of that reorganisation came the Secretary of State's commendation of the Mayston Report which sought to provide for health visitors and other public health nurses promotion avenues and management training comparable with those recommended for hospital staff by the Salmon Report. It is to the credit both of Aberdeen's Health Department and of Aberdeen Corporation that the city acted speedily. On introduction to management a few lectures were already incorporated in the post-registration course at Aberdeen for intending health visitors; on a higher level of management the administrators, the health visitor tutors and members of staff of the School of Management Studies collaborated to provide two successive courses, attended in all by 39 health visitors and 1 midwife;

on top-level management Aberdeen had previously seconded its Chief Nursing Officer and another health visitor (appointed Principal Nursing Officer after the close of 1970) for a year's course, and in 1970 it seconded another health visitor for that course, a health education lecturer for a similar course and several individuals for shorter courses. And in the Autumn of 1970 and the months thereafter it established a reasonable promotion ladder. In short, by a few months after the close of 1970, it had implemented all the main recommendations of the Mayston Report except the one about placing health visitors, midwives, district nurses and assisting staff under unified management.

(3) Although the temporary uncertainties of 1969 increased the number of health visitors who left the staff—in 1969 the previously unprecedented number of 15 left and in 1970 there were again 15 departures—health visitors gradually realised that both their health education functions with the young and their health maintenance roles with the elderly were increasing (not decreasing) and that they were achieving for the first time a reasonable promotion ladder. By the end of 1970 it began to look as though the local (as opposed to the national) shortages of health visitors would end—or almost end—in the Autumn of 1971.

(4) The policy of increased H.V./G.P. linkage continued. By the end of the year more than three-fifths of all family health visitors were practice-associated.

(5) While the importance of the specialist H.V. (with additional expertise in a particular field and able to act as a consultant to her colleagues) was kept in mind, it was not possible during the year to increase the number of specialists.

(6) In addition to the liaison schemes already arranged with the Children's Hospital, Woodend Hospital, the Diabetes Clinic, the Special Clinic and the Chest Clinic, a new liaison scheme was undertaken with certain wards of the Royal Infirmary.

(7) The pattern of the health visitor's work continued to change along the directions indicated in the previous report. In particular, for the second year running Aberdeen health visitors paid more visits to old people than to babies born during the year.

(8) Since Aberdeen had pioneered both the post-nursing training and the employment of "male health visiting officers", members of staff were delighted to learn, just after the close of the year, that suitably qualified male nurses would be accepted for training and employment as health visitors as soon as the necessary Statutory Instrument could be prepared.

Staffing Matters.

(a) *Health Visitors.*—At first glance a statement made early as the 1967 Annual Report seems wrong: "Although the shortage reached a peak in the Autumn of 1967 there are indications that the worst of the storm has been weathered". On closer inspection the statement was reasonably accurate. 1967 ended with 17½

vacancies; at the close of 1968 there were 14 vacancies; in 1969 there was considerable uncertainty about the impact of the Social Work Department (some health visitors did not appreciate that the health visitor's work was expressly safeguarded in the Social Work Act and that the duties of health visitors in respect of young and old were increasing, not decreasing) and no fewer than 15 health visitors left the staff, a higher number than in previous years; but with more nurses being selected for health visitor training—in Aberdeen and elsewhere in Britain—the shortage fell to 9 in September, 1969, and then—because of departures—rose to 14 in December. In 1970 14 full-time and 1 part-time health visitor joined the staff (and in September, 1970, the shortage for the first time fell below 10 per cent.). However, 15 again left during the year (including 3 to posts overseas, 1 to another profession and 5 to health visitor posts or promotion posts in Britain), so that there were $14\frac{1}{2}$ vacancies at December, 1970. Increased numbers of post-registration students in training and measures taken around the turn of the year to improve promotion avenues make it likely that the local (as opposed to the national) shortage of health visitors will be almost overcome by September of 1971.

At 31st December, there were $73\frac{1}{2}$ health visitors and male health visiting officers in post, including Group Advisers but not including the Chief Nursing Officer, the Principal Nursing Officer and a Senior Nursing Officer.

(b) *Clinic Nurses*.—At the beginning of the year 6 were employed. Two left and 1 was appointed, so that there was 1 vacancy at the end of the year.

(c) *Health Assistants*.—During the year 2 left and 5 joined the staff. At 31st December the establishment of 16 was filled.

(d) *Staff Sickness*.—In the report for 1969 (and also in earlier reports) it was mentioned that continued shortage in a staff of conscientious professional individuals inevitably leads to overwork and is reflected in increased illness. It is pleasing to record that in 1970, when shortages were appreciably less in the central part of the year, health visitors, health assistants and clinic nurses together lost 785 working days through sickness (or an average of 8 working days each) as compared with 1,736 work days in the previous year (or an average of 18 working days each).

(e) *Secondment*.—It is, of course, essential to second selected health visitors from time to time to attend advanced courses to equip them to become administrators or tutors. In the second half of 1970 one such health visitor was seconded to study administration at the Nursing Studies Unit of Edinburgh University.

Distribution of Staff.

The policy of increasing practice-linked health visitors and decreasing health visitors on geographical districts continued. At the end of the year there were 52 family health visitors ($32\frac{1}{2}$ practice-linked and $19\frac{1}{2}$ on districts), $11\frac{1}{2}$ specialist health visitors (engaged on school health teaching, hospital liaison, family planning, diabetic follow-up, etc.), 8 group advisers and 2 senior group advisers.

In connection with staff distribution the old problem of case-load should perhaps once again be mentioned. Two points often confused are (a) the statement by various leading authorities that an urban area needs about one health visitor for every 2,200 population; and (b) the statement that in a district of average compactness a health visitor can be responsible for between 3,000 and 3,300 population. Both statements are correct, but the first refers to the total health visitors for a town, while the second refers solely to a district or practice health visitors (excluding administrators and specialists and also discounting the fact that the case-load of such family health visitors as are also field-work instructors has to be reduced because of their teaching duties). Discounting the extent to which family health visitors in Aberdeen are concerned with the health needs of Aberdeen's enormous influx of summer visitors, and reckoning the 13 field-work instructors (9 practice-linked and 4 on district) as equivalent to 10 full-time family health visitors, the city had during the year between 55 (in September) and 49 family health visitors, representing an average case-load of between 3,300 and 3,750 population. In other words, it was beginning to approach the minimum needed for adequate health teaching and primary and secondary prevention of disease, but still to some extent suffering from shortage of staff.

Health Visitors' Home Visits.

The total number of home visits paid in 1970 was 125,722 as compared with 135,124 in 1969. Of these 116,488 were carried out by health visitors and 9,234 by health assistants.

Several factors tending to diminish the number of home visits and to increase the average duration of individual visits were mentioned in the report for 1969. An additional reason for the drop in number of home visits in 1970 is that during the year 39 health visitors attended one or other of two 20-day management courses. This, while very necessary, meant that approximately 1,600 sessions were lost to home visiting.

Ante-natal Visits.

The number of expectant mothers referred to the health visiting staff for visits was 3,160 as compared with 3,000 in 1969. The total number of visits to prospective mothers in 1970 was 8,202 as compared with 8,178 in 1969. Both figures represent a very slight increase on last year; but the pressure of selective visiting and the tendency for more women to have a consultation with the health visitor in the general practice surgery, together continue to limit the number of visits.

Visits to Pre-school Children.

As shown in the Table later, these show a slight decline for the second consecutive year. The main explanation lies in the decreased birth rate of recent years. For the benefit of anybody who still regards the health visitor as the "well baby nurse of the 1930s" it is interesting to mention that, for the second year running, more visits were paid to old people than to babies during the year.

Visits to Old People.

The number of old people visited by health visitors had risen by over a thousand in 1969; and it rose by a further 600 in 1970 to a total of 6,165 persons. Similarly the total of visits to old people rose to the unprecedented figure of 31,283 (the next highest being 29,605 in 1969)—22,120 by health visitors and 9,163 by health assistants.

As was indicated last year, health visitors now devote about a fifth of their working time to maintenance of the emotional and physical health of elderly persons.

Visits by Health Visitors.

The following table summarises relevant information:—

	No. of 1st Home Visits	Total Visits 1970	1969	1968	1967	1966
Expectant mothers	3,160	8,202	8,178	9,088	9,238	9,686
Children born in 1970	2,857	20,640	20,262	22,862	21,811	23,929
Children born in 1969	2,762	16,312	18,505	20,250	21,816	24,719
Children born 1965/68	9,712	32,067	34,427	38,575	40,295	41,334
Cases of Tuberculosis	451	1,370	2,111	2,731	3,499	4,959
Elderly (including health visitors' visits to old people about domestic help)	6,165	22,120	20,560	20,230	19,391	18,833
Other Domestic Help visits	—	1,365	1,367	1,338	1,193	929
Mental Health Care and After-care	92	337	3,595	4,267	4,030	4,525
Other Hospital After-care	653	2,474	5,044	5,012	5,068	4,588

Total Visits = 104,887

It will be noted that the total visits enumerated in the table comes to 104,887, whereas the grand total of visits is stated elsewhere to be 125,722.

The difference is explained as follows:—

- Visits to the homes of school children, 6,182 in 1970, are not included (since they are mentioned in the Report of the School Health Service).
- 5,419 visits were paid in connection with infectious disease, housing, nursery investigations, special problems, etc., and are not included in the table.
- 9,163 home visits paid by health assistants to the elderly and 71 to certain categories of school children are not included.

Division of Staff Time.

Health visitors devoted 820 sessions to local authority ante-natal, post-natal and family planning clinics—a slight decrease because, while family planning sessions are rising the others are naturally falling; 1,527 sessions to local authority child health clinics—again a reduction; 1,793 sessions to clinics held in general practitioners' surgeries—a dramatic increase for the third successive year—from 592 (1967), 924 (1968) and 1,358 (1969); 923 sessions to health education in clinics and elsewhere—a very slight decrease from the startlingly high figure for 1969; 246 sessions to school work with medical officers; 991 sessions to school work alone; 2,599 sessions to office work and special clinics—a tremendous reduction from 3,795 in 1969; 265 sessions to hospital visits; and 18,178 sessions to home visiting.

Health assistants spent 2,044 sessions on home visiting, 2,041 sessions on school work alone and 915 sessions on school work with medical officers; 340 sessions at clinics; and 602 sessions on other functions.

Liaison Arrangements.

(1) *H.V./G.P. Linkage.*

The first linkage of health visitor and general practitioner was started twelve years ago, but it is only since 1960 that there has been a steady increase in the number of staff working in these schemes. To-day there are "attached" thirty-two full-time, one part-time health visitor and three health assistants, i.e. (enrolled nurses with a further period of in-service training in public health procedures).

All the "attachments" or "linkages" in the City could be called "partial", since the health visitor is also a school health visitor and because of her health education commitments is unable to devote all her time to a general practitioner's list. Nevertheless, the health visitor working in the general practice team becomes responsible for the clients/patients of the relevant general practitioner or group of general practitioners.

The three main difficulties (balanced by many advantages) are:—

- (a) Increased time spent on travelling—general practitioners working in the City are not necessarily working in zoned areas, with the result that a health visitor may travel all over the City during her day's work. This inevitably leads to 'b'.
- (b) Probable decrease in number of home visits. "Selective" visiting is now commonly practised so that the persons or families most in need of help and advice are visited more frequently and given more time than others; but these arrangements should not overlook the importance of a minimum amount of routine visiting as a means of detecting physical or emotional handicap at a stage when help may be most effective. If health visitors visit only persons with developed needs or developed illnesses, they are in fact ignoring their primary duty of health promotion and disease prevention.

(c) Problems in respect of areas of "non-linked" health visitors and general practitioners.

TOTAL ATTENDANCES AT G.P. SURGERIES.

Child Health Clinics—

General Practitioner consultation	4,326
General Practitioner vaccination and immunisation	5,047
Health Visitor consultation at surgery	4,131
	<hr/>
	13,504
	<hr/>

Total Attendances—

*1st Attendances—born 1969	901
Return	3,552
*1st Attendance—born 1968	958
Return	3,901
*1st Attendances—born 1964/67	1,687
Return	2,505
	<hr/>
	13,504
	<hr/>

Ante-Natal Clinic—

*1st Attendances	716
Return	3,113
	<hr/>
Total	3,829
	<hr/>

1st Attendances in current pregnancy	596
--	-----

Post-Natal Clinic—

*1st Attendances	314
Return	90
	<hr/>
Total	404
	<hr/>

1st Attendances following recent pregnancy	287
--	-----

*This year in Aberdeen.

(2) *Hospital Liaison.*

Liaison with hospital colleagues continued as before and in October, 1970, a further liaison scheme between Wards 10 and 3 Aberdeen Royal Infirmary was instituted. Three members of Community Staff were seconded to the hospital, one H.V./D.N. from Aberdeen County, one Health Visitor from the City Health

Department and one District Nurse from the Aberdeen District Nursing Association. Co-operation appears fairly satisfactory but such schemes require time to develop before any assessment is made.

Apart from the Royal Infirmary, the following schemes continue:—

(a) Royal Aberdeen Children's Hospital.

One health visitor continues to spend several hours each week visiting the Children's Hospital and Special Nursery at the Aberdeen Maternity Hospital.

(b) Woodend Hospital (Glenburn Wing).

The Group Adviser (Geriatrics) continues to visit the hospital twice weekly, and is fully occupied with the health care and rehabilitation of the elderly.

(c) Diabetic Clinic, Woolmanhill.

Two specialist health visitors carry out routine after-care of diabetics and follow-up of clinic defaulters. The home visits are done on a selective basis, where the need is greatest for teaching the rudiments of achieving good diabetic control. In 1970, 2,560 visits were paid.

(d) Special Clinic, Woolmanhill.

One health visitor attends the clinic every Tuesday, and following discussion with the doctors, visits homes with persons in special need of advice. In 1970 the number of visits to homes was 132.

School Health Service.

In reviewing the health visitors' role in schools some years ago, it was felt that the expansion of work which demanded her special skills, e.g. health education, was frequently curbed because much of her time was taken up with tasks which could be done by a less highly trained person. In 1965 a decision was taken to employ a small group of health assistants (S.E.Ns. with six weeks in-service training) who would assist health visitors in school work, and the number employed at 31st December, 1970, had increased to 16.

Their duties include assisting the doctor at immunisation sessions in schools; carrying out weighing, measuring and eye testing of children before routine medical examination; assisting the health visitor with health surveys; carrying out the routine hygiene inspections on their own; and attending and organising special clinics, e.g. eye clinic or minor ailment clinic.

Since the introduction of health assistants and in co-operation with the headmasters of various schools, the health visitors are carrying out substantially more organised health teaching to various age groups in the primary schools. Equally important developments in respect of health teaching in secondary schools are mentioned elsewhere.

Refresher Courses and In-Service Training.

Thirty-nine health visitors attended approved refresher courses and study days arranged by the Training Council for Health Visitors, the Scottish Health Visitors' Association, the Royal College of Nursing and the Scottish Council for Health Education. Study afternoons organised for ward sisters, held at the Royal Infirmary, were open to health visitors.

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

Visits by Overseas and Post-Graduate Students.

Thirteen 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 divisional heads of the Health Department for general discussion.

Observation Visits by Medical, Nursing and other Students.

During the year arrangements were again made for students to accompany health visitors on the district and to visit ante-natal and child health clinics. The health visitors spend one or more sessions with each student, giving instructions 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 the problems associated with that environment.

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

Medical Students	94
Student Midwives	83
Students from Foresterhill College	119
Student District Nurses	8
G.P. Trainees	16
Sick Children's Nurse Students (at Clinics)	21

In other words there were 341 students, exclusive of health visitor students who required more intensive help.

Students from the Pre-nursing College continued 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, etc. This allows them to meet the mothers and children and so gain an insight into functions of the clinic and community health services.

	No. of Students	No. of Sessions
Hospital Nurse Students	119	238
District Nurse Students	8	8
Medical Students	94	188
Student Midwives	83	83
Student Nurses from Children's Hospital	21	Observation visits at Clinic
Overseas post-registration Students	13	26
G.P. Trainees	16	16
	<hr/> 354 <hr/>	<hr/> 559 <hr/>

These 354 students and 559 sessions of course exclude the 30 health visitor students who require much more intensive help and teaching.

Various other groups (e.g. students from the Pre-Nursing College) are also here omitted.

5.—DOMICILIARY MIDWIFERY.

(*Christian M. T. Robb, Senior M.O., and Lisetta J. Stephen,
Supervisor of Midwives.*)

Features of the Year.

(1) Only 13 women were at home throughout their confinement, an increase of 3. Additionally, 1 woman was confined at home but as no arrangements had been made for home confinement she was transferred to hospital.

Six individuals for whom arrangements were made for home confinement and who had received either part or all their ante-natal care from general practitioners and domiciliary midwives were transferred to hospital for delivery.

(2) During 1970 the combined care scheme was continued though to a smaller extent than in 1969. Cases were selected by general practitioners and accepted by Maternity Hospital medical staff. Ante-natal care was given by general practitioners and domiciliary midwives with periodic arranged visits to an appropriate ante-natal clinic. These women were delivered in the Maternity Hospital by domiciliary midwives or general practitioners. They were cared for by the Maternity Hospital staff for 48 hours following delivery, then discharged home to the care of the domiciliary midwives and general practitioners. Only 11 women were cared for in this way; another 9 were planned but had to be cancelled and ordinary hospital delivery arranged because of domestic problems or refusal of patient to accept early discharge or refusal of general practitioner to accept responsibility for the delivery.

(3) Arrangements were made for discharge from hospital at 48 hours for another 53 women. These women were known to the domiciliary midwives and to the health visitors, and domestic arrangements deemed satisfactory. They were delivered in hospital by the hospital staff.

(4) 172 women were delivered in hospital by the hospital staff and allowed home at any time up to and including the fourth day after delivery. These were people for whom no special arrangements were made for early discharge from hospital. Their maternity nursing care was given by the domiciliary midwives. This makes a total of 236 to whom maternity nursing care was given by domiciliary midwives, a slight drop from the 1969 figure of 265. Incidentally, the Area Maternity Services Committee is concerned at the number of unplanned early discharges from hospital.

(5) One baby born at home weighed 5 lbs. 8 ozs. This baby was nursed at home.

(6) During 1970, 9 cases delivered at home were given Entonox, 8 cases were given Pethedine.

(7) All domiciliary midwives continued to work in Local Authority ante-natal clinics. 5 of the practising municipal midwives were again recognised as approved teachers of student midwives who spent 4 or 5 weeks each on district work. All municipal midwives continued to help in the teaching of general nurse students during their obstetric course by instructing them on district midwifery for one day to each student.

Staff.

1 Midwife retired on 30th April, 1970.

1 Midwife was appointed and took up duties on 16th March, 1970.

Domiciliary Midwives—

5 Midwives and 1 Supervisor.

Family Planning Clinic—

2 Midwives.

Other Practising Midwives—

1 private and 92 in hospital.

Midwifery Districts.

The City is divided into 5 districts.

Transport.

In 1970 4 Midwives received mileage allowances for their cars.

Refresher Course.

During 1970, one midwife attended a Refresher Course.

TOTAL NUMBER OF BIRTHS OCCURRING AT HOME.

Live = 14 Still = 0 Total = 14

TOTAL DELIVERIES AT HOME.

	Doctor Engaged	No Doctor Engaged	Total
Municipal Midwives	13	—	13
Private Practising Midwives . .	—	—	—
No Midwife Engaged	—	1	1
Total	13	1	14

6.—THE HEALTH VISITOR TRAINING SCHOOL.

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

Probably the most important event in the Training School calendar for 1969-1970 was the transfer of the Training School to reconstructed and re-decorated accommodation at Willowbank in December, 1969.

The new accommodation offered superior classrooms, improved facilities for discussion work, library and private study rooms and a pleasant canteen and common room. Additional benefits, in a winter of some severity, were the efficient central heating system and the comfort and cleanliness of a newly decorated building which was weather-proof. Parking facilities for lecturers and students were enviable after the congestion of Castle Terrace and the surrounding streets.

Once the removal was accomplished both staff and students appreciated such advantages to the full but the tremendous team work and organisation on the part of the officials and tradesmen that allowed the move to be made exactly to time and after term had ended, and so prevented disturbance and time wasted in the vital 2nd Term, was also greatly valued.

The cheerful competence and devotion of our cleaning staff and their contribution must also be acknowledged.

During 1969-1970 there were no major alterations in the curriculum but theoretical and fieldwork arrangements were reviewed and possible alterations of emphasis in the Course were discussed in the light of new administrative changes (e.g. the setting up of Social Work Departments) and new examination patterns.

The Council for the Training of Health Visitors has laid down a revised examination procedure for 1972 and this will affect the depth and range of certain

aspects of the syllabus when it comes into being. The present three written papers will be replaced by five and for the first time health visiting and health education will have a paper to themselves.

The individual student's projects (usually a small piece of research) which formed an important part of Part II of the final examination in the past will not be required after 1971 but will give place to group projects which will not be submitted for examination. Much criticism has been levelled against the project and some students have found it a burden when faced with the demands of the present syllabus and the intensiveness of the Course. However, for some students, the project has offered the satisfactions of exploration and discovery and of producing original work. The range of interest covered in such a way can perhaps be best demonstrated through the titles of the four studies that qualified for the Special Prize in 1970. These were "The Concept of Community Centres—a relic of the Past"? "Migraine in the School Child", "Pressurised Broncho-dilator Aerosols—their use and abuse", and "Obesity in Middle Life".

When health visitors in the future initiate as well as participate in research, then perhaps it will be found that the foundations of their competence began to be laid in the projects that they prepared for their final examination for the Certificate in Health Visiting.

Examination Results.

21 women students qualified in September and were awarded the Certificate of the Council for the Training of Health Visitors. Distinctions in Part I and Part II were awarded to Mrs. C. Thomson and Miss Susan Griffin. Commendations in Part I were awarded to Mr. R. Holland and Mrs. H. Clarke. There were no referrals or failures.

Health Visiting Officers.

Official recognition of men in health visiting had still not been granted by the Ministry of Health and Social Security despite the joint representation of the professional organisations concerned and the support of the Council for the Training of Health Visitors. (After the close of 1970 intention to afford such recognition was at last announced.)

Such failure to open the professional door by means of a national certificate does not prevent local authorities from employing H.V.Os. nor indeed from sponsoring them for training. It does however prevent young men of ability who have qualified from taking further training, e.g. as Fieldwork Instructors and could adversely affect staffing since advancement in the hospital field offers no such barriers.

It is now 9 years since the first men qualified in Aberdeen and one wonders if in any other profession such a lack of decision would be tolerated.

2 men received the Certificate in Health Visiting from the Aberdeen School in 1970. Mr. Robert Holland was awarded the McIver Prize in Health Visiting.

Prize-Winners.

The Prize-giving was held at Thorngrove and was attended by many lecturers and members of staff from the various educational and other institutions involved in the health visiting Course. The Fieldwork Instructors were also present.

The Prizes were presented by Mr. W. M. Farquharson-Lang, C.B.E., Chairman of the North-Eastern Regional Hospital Board.

PRIZE WINNERS.

1. *City of Aberdeen Prize for the Best All Round Student of the Year—*
Mrs. Constance M. Thomson, R.G.N., Obstetric Cert.
2. *Proxime Accessit Prize to above—*
Miss Susan St. L. Griffin, S.R.N., S.C.M., O.N.C.
3. *Tutors' Prize for Health Teaching—*
Miss Elizabeth M. Cruickshank, R.G.N., S.C.M., Q.N.
4. *Violet Robertson Memorial Prize for Health Teaching—*
Mrs. Heather Clarke, R.G.N., S.C.M.
5. *Medical Officer of Health's Prize for Family Studies and Health Visiting—*
Miss Susan St. L. Griffin.
6. *Madeline McIver Memorial Prize for Health Visiting—*
Mr. Robert Holland, R.F.N., R.G.N., R.M.N.
7. *Special Prize for the Most Outstanding Project—*
Miss Moira Semple Milne, R.G.N., S.C.M., Q.N.

Staffing.

The establishment of Fieldwork Instructors was 14 during the 1969-1970 Course with 13 in post. Of these 8 were working in G.P. attachments and 5 on geographically based districts. 2 Fieldwork Instructors from Aberdeenshire were also concerned with the training of Health Visitor students.

The Tutorial staff remained at 4 during the year. Miss Mary Mitchell left the staff on the occasion of her marriage and Miss B. J. Sims, S.R.N., S.C.M., H.V., H.V. Tutor's Certificate was appointed. Miss Sims has practised as a H.V. in Birmingham and Coventry and before taking her Tutor's Certificate at the Royal College of Nursing was a Public Health Nursing Adviser with W.H.O. in Libya. She has also worked on a Research project in Child Health in Western Nigeria.

Student Nurse Secondment.

Student Nurses from the Aberdeen Royal Infirmary Group continued to be seconded for 3 week courses (during their general nursing training) designed to give insight into community care and the many aspects of public health work that influence their patients and potential patients. 119 student nurses were seconded between January, 1970—December, 1970, and the Tutorial staff were also involved in the Graduate Nurse Programme.

Extra Mural Activities.

Health Visitor Tutors continued to serve on professional committees. Miss Lamont remained a member of the Council for the Training and Education of Health Visitors and Chairman of its Scottish Advisory Committee. Miss Hay was appointed a member of the Regional Nurse Training Committee for the N.E. All the H.V. Tutors have been actively concerned with Committees preparing evidence for the Briggs Committee on Nursing.

Visitors to the Training School.

Overseas visitors from Ireland, Yugoslavia and Scandinavia were welcomed and the professional discussions were of mutual benefit.

A Tutor student from the R.C.N. spent six weeks in the School and took part in tutorial teaching sessions of various kinds and gained experience in administration. She has now returned to Kenya.

7.—FOOD HYGIENE.

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

Features of the Year.

(1) *Promotion of Food Hygiene.*—As in previous years education of commercial and domestic food handlers continued—at individual level, at group level, and by suitable exhibitions and other use of mass media. Staff involved included health education lecturers, health visitors, medical officers, sanitary inspectors, meat inspectors, health assistants, food hygiene officers and the Department's artist. Towards the end of the year there were, however, some indications that the standards of food hygiene might be slipping a little—perhaps because of increasing involvement of health education lecturers and health visitors in other aspects of health education, such as teaching on family planning, on rubella vaccination and on health maintenance in the elderly—and the Medical Officer of Health and some of his colleagues planned a small survey to establish the extent of the suspected deterioration and also began to plan for a new edition of the Aberdeen Clean Food Guide whenever alleviation of staff shortages allowed the work to be undertaken.

(2) *Course for prospective Meat Inspectors.*—As in previous years a course for prospective Meat Inspectors, organised by the Education Department, was conducted by a Medical Officer and two Meat Inspectors.

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

(4) *Slaughterhouses.*—The need for a new, well-equipped slaughterhouse remains unmet. The Meat Inspectors continued to do excellent work under very adverse conditions, and in a year in which the number of slaughtered animals increased.

General.

The administration of the Acts, Orders and Bye-laws relating to milk, the details of milk samples examined, and administration of the Ice-Cream (Scotland) Regulations, 1948, will be described in due course in the Annual Report of the Chief Sanitary Inspector. His report will also contain information about food premises inspected, defects found and remedied, and assessments of hygienic standards attained.

Health education of children and adults about food hygiene is discussed elsewhere.

Meat Inspection.

During the year, the three slaughterhouses were in operation either continuously or intermittently. In 1970, there was an overall increase in the number of animals slaughtered—from a total of 162,362 animals in 1969 to a total of 170,369.

Class of Animal	Total Slaughtered	Carcases Totally Condemned	Carcases Partially Condemned	Weight (in lbs.) of Meat and Offal
Cattle . .	90,913	58	167	5,565
Sheep . .	68,635	182	50	1,779
Pigs . .	10,800	246	222	2,531
Calves . .	21	4	—	36
	170,369	490	439	9,911

In addition, there were 743 lots of offal with a total weight of 117,710 lbs. The total weight of condemned meat and offal is thus 127,621 lbs.

Once again there were no prosecutions under the Slaughter of Animals (Scotland) Act, 1928. 59 licences were issued for the use of mechanically operated instruments for the slaughter of animals.

The routine work necessary under the various Acts and Orders relating to diseases of animals was duly carried out.

Under the Public Health Meat Regulations, 1961, ante-mortem inspection of all animals was conducted. During 1970 the number of animals segregated under instruction for emergency slaughter was 6.

Export Licences.

No export licences were issued in 1970.

8.—CARE OF MOTHERS AND YOUNG CHILDREN.

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

Introduction.

In Aberdeen, a very comprehensive service of care is available for expectant and nursing mothers at the central clinic at Foresterhill and at the peripheral clinics (all staffed by hospital and local authority doctors, local authority health visitors and in most cases hospital midwives), and also under the general practitioner combined care scheme. There has been a considerable decline in the number of domiciliary confinements in recent years and in 1970 the figure stands at the low level of 13. Over 99 per cent. of deliveries take place in hospital. For those women who wish to return to their families as soon as possible and where home conditions are satisfactory, a planned 48 hour discharge can be arranged after which the domiciliary midwife from the local authority and the general practitioner take over the post-natal care of the patient. For the second successive year there have been no maternal deaths from causes related to pregnancy and childbirth.

The family planning service continues to expand and the need to provide advice on social as well as medical grounds is becoming more and more evident. The bringing into operation of Section 15 of the 1968 Health Services and Public Health Act in September, 1970, is welcomed. This confers on Local Authorities the right to provide advice on contraception and contraceptive supplies to any person. With the extensive health education of the public in the last few years, women are increasingly aware of the advantages of family spacing and limitation. In August, 6, Castle Terrace, which for many years had been the home of the central family planning clinic, suddenly became unsafe for use and the clinic was evacuated to temporary accommodation at Airyhall on the outskirts of the City. It is hoped that by mid-1971 the main clinic will once more be based at a site in the town centre. During the year, because of increasing attendances, a second peripheral clinic was started at Northfield (the first being at Kincorth). This provides one session per week, and so far the response has been so encouraging that it may be necessary to increase the number of sessions in the coming year.

Turning now to the field of the young child, the majority of children today enjoy a very high standard of health. However there are still a number of vulnerable groups in the community, such as large families of low income groups, one parent children, children with inadequate parents and those from deprived homes, increasing numbers of children handicapped from birth, and those who because of some abnormality in their development and certain inadequacies in their environment may present with learning difficulties in the school years.

It has been well recognised in the past that the foundations for a stable, healthy adult life are laid in the early years. As we move towards an integrated child health service, it is essential that any such scheme of care for the young child should identify as early as possible these vulnerable groups. Ever increasing

guidance is necessary to assist parents or intending parents on the promotion and maintenance of mental and emotional health in present and future generations of children.

Plans for a pre-school assessment centre, which will provide a comprehensive service for the young child with a handicap or suspected handicap, should reach completion in the near future and it is hoped that the actual construction of the building will start in 1971. This new project will involve a team effort on the part of the hospital paediatricians, local authority medical officers, health visitors, family doctors, social workers, nursery school staff, and other professional workers.

The role of health visitors has changed over the years. With increased training and skills, they now play an important part in the education and guidance of the family. As the first link with the home, their influence in the prevention of sickness and the improvement of physical and mental health cannot be over-rated.

Features of the Year.

(1) *Family Planning*.—One of the most important developments during the year was the introduction of a Domiciliary Family Service to provide family planning advice to women who for medical and social reasons were unable to attend a clinic. The creation of a third family planning clinic (at Northfield) has been mentioned in the introduction.

(2) *Stillbirth Rate (11), Infant Mortality Rate (15), and Neo-natal Death Rate (10)*.—When the numbers are small, as they are in Aberdeen, it takes very little to tilt the balance in either direction. This year the stillbirth rate remains unchanged from 1969; and the neo-natal death rate and infant mortality rate have again fallen to the lowest recorded levels in the City. At 10 and 15 respectively, these levels have been achieved only once before, viz., in 1966. They serve as a measure of the high standard of Obstetric and Paediatric care in hospital, in the clinic and at home, and the valuable work of those involved in Health Education in the community.

(3) *The attendances at Child Health Clinics* continue to decline as more general practitioners are becoming involved in the field of preventive paediatrics.

(4) *Development Assessment* continues to be offered at six months and one year, and there has been a limited extension into the older age groups. Approximately 78 per cent. of mothers invited to bring their children to the clinics for assessment now attend.

(5) *Staff Training*.—During the year some medical officers attended courses concerned with various aspects of development paediatrics, and mental deficiency.

(6) *Dietetic Advisory Service*.—As was mentioned in the last annual report, Aberdeen is one of the very few Authorities in Scotland to provide this service.

(a) EXPECTANT AND NURSING MOTHERS.

Ante-natal Care.

As in previous years, considerably over 90 per cent. of all expectant mothers attended ante-natal clinics.

Staffing and Sessions.

Peripheral clinics continued to play a large part in ante-natal and post-natal care. The number of new clients at ante-natal sessions has shown a slight increase on the 1969 figures whilst the number of clients attending at post-natal sessions has continued to decrease slowly. During the early part of the year, one of the two weekly ante-natal sessions at Holburn Clinic and one ante-natal/post-natal session at Mastrick were discontinued because of insufficient numbers of clients. Those expectant or nursing mothers who had previously attended Mastrick are now seen at Northfield Clinic.

From March onwards, seven and a half peripheral clinic and five central clinic sessions were undertaken by local authority medical staff each week.

ATTENDANCES AT CORPORATION ANTE-NATAL CLINICS.

Year	Number of New Clients	Total Attendances	Average Number of Attendances per Client
1970	1,135	8,973	7.1
1969	979	8,841	6.7
1968	1,113	9,459	8.5
1967	1,589	9,130	5.7
1966	653	5,371	8.2

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 in January, 1966.

Post-Natal Care.**ATTENDANCES AT CORPORATION POST-NATAL CLINICS.**

Year	No. of Clients	No. of Attendances
1970	764	959
1969	860	1,165
1968	982	1,383
1967	985	1,180
1966	633	799

Family Planning Services.**ATTENDANCES AT FAMILY PLANNING CLINICS.**

Year	No. of Clients	No. of Attendances
1970	4,244	10,556
1969	3,997	10,550
1968	3,206	8,379
1967	2,470	6,432
1966	1,896	4,594
1965	1,540	3,721

While the attendances at family planning clinics are recorded here for continuity, attention is invited to the separate chapter on Family Planning.

Associated Services.**A. Local Authority.**

(1) *Home visits by health visitors* continue to play an enormous part in the ante-natal and post-natal services. While these visits 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 emotional and physical development can hardly be over-rated.

(2) *Health Education of expectant mothers and prospective fathers at clinics by health visitors.*—Here again, although 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 continues to increase almost year by year.

(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.

(4) *Dietetic Advice.*—As in previous years, a growing number of patients has been referred to the two dietitians from ante-natal, post-natal, and family planning clinics, and also from health visitors. The number of new patients, 355, has increased slightly from the 1969 level, 346. Moreover, the total number of client visits (new and subsequent) has risen rapidly—3,118 in 1970 (2,165 in 1969). The following table shows the reasons for which the new patients were referred.

Total Number of New Patients—355

No. referred for obesity or excessive weight gain	299
No. referred because underweight	17
No. referred because of sickness or heartburn	29
No. referred for other reasons	10

From time to time throughout the year, lectures on Nutrition have been given to Student Health Visitors, Student District Nurses and Student Midwives.

The organisation and expansion of the Dietetic Service has been due almost entirely to the years of enthusiastic work of Mrs. S. Orkin who retired towards the end of 1970. We greatly appreciate the time and energy which she has devoted to building up this invaluable service to its present level.

B. Regional Hospital Board.

Specialist services are available for individual patients as required, in addition to routine blood and urine examinations. A close liaison between the Department and the Cervical Cytology Services was maintained. Cervical smears are undertaken routinely at ante-natal clinics (as opposed to post-natal clinics in previous years), and also at the Family Planning Clinic. Attention is invited to a separate chapter on Cervical Screening.

(b) CARE OF YOUNG CHILDREN.

The role of the Child Health Clinics has been changing gradually over the past decade. The pre-school child of today enjoys a much better standard of health than, say, fifty or even twenty-five years ago. Medical officers still continue to give advice on matters of infant nutrition and care, and carry out the various immunisation and vaccination procedures. However the total number of visits of children attending clinics has continued to decline—20,605 in 1970 (22,084 in 1969). As increasing numbers of health visitors are being associated with general practice units in the City of Aberdeen, more and more family doctors are setting up their own "Well Baby" clinics and extending their interests into this field of preventive paediatrics.

In recent years, with rapid advances in medicine, a growing proportion of children handicapped from birth are surviving. This has resulted in the need for improved supportive community services to help the development of the child's full potential. Another group of children, because of some factor in their pre-natal, perinatal or post-natal history, has a higher risk of developing a handicap in the pre-school or school years. The emphasis now must be, and is being focussed on the early detection of abnormality. The medical officer with his special skills and training is in a position to carry out routine screening of the young child to assess the child's physical, mental and emotional development. Where a defect is noted, the child is then referred to the family doctor for possible investigation by a hospital specialist. The appropriate supportive community services are mobilised where necessary, e.g. referral to a speech therapy clinic, application for admission to a nursery school or day care unit etc.

During 1970, developmental assessments have continued to be carried out at Child Health Clinics. 78 per cent. of mothers invited to bring their children for assessment attended. 1,683 babies were examined at about six months of age. 115 babies attended for further visits between six months and one year. 1,280 children were examined at one year of age and a further 71 children were followed up between the ages of one and three years.

The Guthrie test for the screening of certain metabolic disorders, in particular for Phenylketonuria, was performed routinely on all babies on the seventh day of life. No abnormal result requiring further investigation was detected.

The number of pre-school children on the Handicapped Section of the Special Follow-up Register at the end of the year was 123. Some of these children will

require educational assessment prior to school entry. The main disability by age and sex is given in the following table:—

PRE-SCHOOL SECTION OF HANDICAPPED REGISTER NUMBER ON REGISTER

AS AT 31ST DECEMBER, 1970, MAIN DISABILITY BY AGE AND SEX.

Disability	Sex	Under 1	1 to under 2	2 to under 3	3 to under 4	4 to under 5	Total
01 Deaf	{ M F	0 0	0 3	0 2	0 2	2 3	2 10
02 Partially Deaf	{ M F	0 0	0 0	1 0	0 1	0 0	1 1
03 Blind	{ M F	0 1	0 0	0 0	0 0	0 0	0 1
04 Part. Sighted	{ M F	0 0	0 0	0 1	0 0	0 2	0 3
05 Other Sensory	{ M F	0 0	0 1	0 0	3 0	0 2	3 3
11 Mental Defect:—Educable	{ M F	0 0	0 0	0 0	0 0	1 3	1 3
12 Mental Defect:—Trainable	{ M F	0 0	0 0	0 0	0 0	0 0	0 0
13 Mental Defect:—Not Trainable	{ M F	0 0	0 0	0 0	0 1	0 0	0 1
14 Mental Defect:—Undetermined	{ M F	0 0	4 2	10 5	3 7	5 2	22 16
15 Psychosis	{ M F	0 0	0 0	0 0	0 0	0 0	0 0
16 Maladjustment	{ M F	0 0	0 0	0 0	0 0	0 0	0 0
17 Brain Damage:—Cerebral Palsy	{ M F	0 0	0 0	2 0	0 0	2 0	4 0
18 Other Brain Damage	{ M F	0 0	1 1	0 0	0 1	0 1	1 3
19 Epilepsy	{ M F	0 0	0 0	0 0	0 0	1 0	1 0
20 Spina Bifida/Hydrocephalus	{ M F	2 3	1 2	2 0	0 0	1 0	6 5
21 Speech Defect	{ M F	0 0	0 0	0 0	3 0	1 0	4 0
22 Other Neuro/Psy. Defect	{ M F	0 0	0 0	0 0	0 0	0 0	0 0

PRE-SCHOOL SECTION OF HANDICAPPED REGISTER NUMBER ON REGISTER
AS AT 31ST DECEMBER, 1970, MAIN DISABILITY BY AGE AND SEX.

Disability	Sex	Under 1	1 to under 2	2 to under 3	3 to under 4	4 to under 5	Total
31 Absence of Upper Limb(s)	{ M F	0 1	0 0	0 0	0 0	1 0	1 1
32 Absence of Lower Limb(s)	{ M F	0 0	0 0	0 0	0 0	0 0	0 0
33 Deformity of Upper Limb(s)	{ M F	0 0	1 1	0 0	0 0	0 0	1 1
34 Deformity of Lower Limb(s)	{ M F	0 0	0 0	0 0	1 0	0 0	1 0
35 Spinal Defect (Not S. Bifida)	{ M F	0 0	0 0	0 0	0 1	0 1	0 2
36 Paralysis	{ M F	0 0	0 0	0 0	0 0	0 0	0 0
37 Orthopaedic	{ M F	0 0	0 0	0 0	0 1	0 0	0 1
41 Heart Disease	{ M F	0 0	1 1	1 1	1 0	0 0	3 2
42 Diabetes	{ M F	0 0	0 0	0 0	0 1	0 0	0 1
43 Other Metabol.	{ M F	0 0	1 0	0 1	3 1	0 0	4 2
44 Cleft Palate	{ M F	0 1	1 1	1 1	0 0	0 0	2 3
45 Asthma	{ M F	0 0	0 0	0 0	0 0	0 0	0 0
46 Skin Conditions	{ M F	0 0	0 0	0 0	0 0	0 0	0 0
47 Allergic Dis.	{ M F	0 0	0 0	0 0	0 0	0 0	0 0
48 Other	{ M F	0 0	2 0	2 0	1 1	0 1	5 2
Total	{ M F	2 6	12 12	19 11	15 17	14 15	62 61

Child Health Centres.

1. Staffing and Sessions.

Ten full time child health centres were maintained at Airyhall, Beach Boulevard, Charlotte Street, Hilton, Holburn, Kincorth, Mastrick, Northfield, Torry and View Terrace.

Doctors consulted at 22 sessions weekly.

In addition, weekly clinics were held at Hayton, Kaimhill, Powis and Seaton Community Centres, and also at Summerhill Church Hall. Doctors consulted at 5 weekly sessions.

Where numbers justified, extra special sessions were arranged for developmental assessments at several of the main clinics and one or two of the peripheral clinics.

2. Attendances at Child Health Centres.

Year of Birth	Number of first attendances	Estimated population (Prov.)	Percentage (Prov.)	Number of subsequent attendances	Total attendances
1970 . . .	1,809	2,577	70.2	6,706	8,515
1969 . . .	1,832	2,536	72.2	7,243	9,075
1968 . . .	1,957	2,795	70.1	9,263	11,220
Total . . .	5,598	7,908	70.8	23,212	28,810

The total numbers have decreased (with fewer births) and the percentage of attendances has fallen slightly from 1969 figure.

3. Referrals by Clinic Medical Officers.

Number of Children referred	Born 1970	Born 1969	Born 1965-68	Total
To General Practitioners	110	88	74	272
For Specialist Treatment or Advice . . .	11	15	29	55
Total . . .	121	103	103	327

Special Clinics.

(a) *Deafness Diagnosis Clinic.*

At this clinic, staffed jointly by the Regional Hospital Board and Local Authority and held in Local Authority premises, the over-all picture of 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. 33 pre-school children attended for examination on 57 occasions in 1970, and 6 of these children (one boy and five girls) were issued with hearing aids. In addition, where necessary, other medical and surgical treatment was instituted.

(b) *Ophthalmic Clinic.*

59 pre-school children were referred to the School Eye Clinic during the year. This number does not include pre-school children referred directly to the Children's Hospital.

(c) *Speech Therapy Clinic.*

A pre-school speech therapy clinic is provided by the Education Department. During the year, thirteen cases were referred by clinic medical officers for assessment and therapy. A further twelve cases were referred by general practitioners and hospital consultants.

(d) *Ultra Violet Radiation Clinics.*

During 1970, 3 children received ultra violet radiation at one of the Child Health Centres with a total of 30 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			
1970	2,838	—	3,317	3,651	71,592
1969	4,318	—	3,940	3,339	67,934
1968	7,018	45	4,333	3,525	63,297
1967	15,361	109	4,465	2,706	68,200
1966	37,554	1,481	5,224	3,283	72,245

National Dried Milk sales have continued to decline. The Special Nursery policy at Aberdeen Maternity Hospital advocates another form of dried milk.

In 1970 a considerable increase was seen in the sales of two of the "national" vitamin preparations as well as in the sale of proprietary brands.

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		
	1970	1969	1968	1970	1969	1968	1970	1969	1968
Number examined .	1	3	5	5	7	14	490	445	461
Number with defects	1	3	5	5	7	13	271	265	254
Accepting treatment	1	3	5	5	7	13	150	138	131
Treated	1	3	4	5	7	13	128	107	115

Day Nurseries.

Under the terms of the Social Work (Scotland) Act, 1968, the administration of the Day Nurseries passed to the new Social Work Department on the 17th November, 1969. However medical officers from the Health Department continue to provide medical supervision for children attending local authority day nurseries.

9.—PHYSIOTHERAPY SERVICE.

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

The domiciliary physiotherapy service (started in 1964) remains useful. The majority of cases are seen once a week, but—as the population ages—the case for expansion become obvious.

In the following analyses figures for the previous year are given—for comparison—in brackets. The increase in patients and in treatments is worth noting.

New patients—1970 115 (75)

No. of treatments 2,553 (1,989)

Patients discharged 50 (31)

Categories of Patients—

Peripheral & Cerebro Vascular Disease 47 (31)

Neuromuscular Disorders 33 (11)

Rheumatic Diseases 7 (10)

Orthopaedics 8 (4)

Miscellaneous 46 (15)

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

(D. P. Brunton, Senior Medical Officer, and J. M. Wallace, Principal Medical Officer.)

(A) TUBERCULOSIS..

(a) Features of the Year.

There was in 1970 a rise in the number of new notifications of all forms of Tuberculosis to 60, as compared with 48 in 1969, 53 in 1968 and 62 in 1967. The general downward trend in the incidence of this disease subsequent to the Mass X-ray Campaign of 1957 was halted and reversed on a previous occasion, in 1965, but this proved to be a temporary set back. The increase in 1970 is broadly similar to that which occurred in 1965 but it is too early to say whether this trend represents a five-year wave-pattern superimposed on a general slow decline of incidence or if it is due to mere chance variation.

The 60 new notifications comprised 53 respiratory and 7 non-respiratory cases, as compared with 1969 when there were 43 respiratory and 5 non-respiratory notifications.

During the year under review there were ten deaths from all forms of tuberculosis as compared with six in 1969 and eight in 1968.

(b) General Outline.

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

- (i) Contact tracing and follow-up—mainly by health visitors.
- (ii) Co-operation with consultants and general practitioners.
- (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 Department of Employment and Productivity 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, Chest Physicians are available for medical supervision, under the administrative control of the Medical Officer of Health, of the operation of the Corporation's arrangements. One health

visitor full-time, one clinic nurse full-time, and one clinic nurse part-time are now employed on work with tuberculosis and other chest diseases.

(d) Mass Miniature Radiography.

During 1970 the use of the Mobile Unit was being gradually discontinued as a matter of policy and the work was concentrated more on the static unit at 403 King Street. A total of 2,331 students and 204 staff of colleges within the City was X-rayed, and 70 residents of lodging houses were also dealt with. In these, no definite cases of pulmonary tuberculosis were found but one case is being kept under observation.

The special arrangement for immigrants requiring chest X-rays was continued.

(e) Examination of Contacts.

During the year 512 new contacts were examined and 159 out of 196 other contacts kept under observation from previous years were also seen. Of the new contacts five were found to be suffering from pulmonary tuberculosis and of those already under observation one was placed on the tuberculosis register.

(f) Positive Reactors amongst School Leavers.

The programme for case-finding includes the tuberculin-testing of school children at about 13 years and, in accordance with the recommendations of the Joint Tuberculosis Council, strongly positive reactors are periodically reviewed at the Chest Clinic for a period of at least five years.

During 1970, 128 children in this category were examined, but no cases of pulmonary tuberculosis were found.

(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 1970

RETURN FOR PERIOD 1ST JANUARY 1970, TO 31ST DECEMBER, 1970.

GROUP	Tuberculin Tested		Negative Re-actors		Vaccination during 1970	
	M.	F.	M.	F.	M.	F.
(1) Nurses	19	541	1	89	1	56
(2) Medical Students .	97	43	9	8	9	8
(3) Contacts	72	87	67	70	148	144
(4) Special Groups not included in (1) to (3) above:—						
(a) School leavers* .	1,480	1,144	1,192	918	1,168	904
(b) New born babies*	—	—	—	—	—	—
(c) Students . . .	1	16	1	1	1	1
(5) Others	20	20	10	8	9	8

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

(h) Supply of Extra Nourishment.

Extra nourishment in the form of milk is given to necessitous cases on the recommendation of the Chest Physician. During the year 42 patients received milk free of charge at a cost to the Corporation of £460 12s. 6d.

(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. It is interesting to note that for some years this has been the only Committee of its type in Scotland.

(j) Notification.

Table A gives the number of tuberculosis cases notified during 1970 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 1970.

	AGE GROUPS.								
	Un- der 1	1- 5.	5- 15.	15- 25.	25- 35.	35- 45.	45- 65.	65 up- wards.	TOTAL
RESPIRATORY.									
1970 Males.....	1	1	2	3	3	3	15	7	35
1969 Males.....	—	—	2	3	3	1	10	3	22
1968 Males.....	—	1	2	6	10	3	10	8	40
1967 Males.....	1	—	2	6	6	3	15	7	40
1970 Females.....	1	1	2	1	2	1	6	4	18
1969 Females.....	—	—	4	3	2	3	4	5	21
1968 Females.....	—	—	—	3	1	—	3	2	9
1967 Females.....	—	1	—	5	1	2	3	2	14
NON-RESPIRATORY.									
1970 Males.....	—	—	—	1	—	—	1	—	2
1969 Males.....	—	—	—	—	—	—	—	—	0
1968 Males.....	—	—	—	—	—	—	—	—	0
1967 Males.....	—	1	1	2	—	—	—	—	4
1970 Females.....	—	—	1	—	—	2	1	1	5
1969 Females.....	—	—	—	—	—	2	2	1	5
1968 Females.....	—	—	—	1	1	1	1	—	4
1967 Females.....	—	—	—	—	1	1	1	1	4
RESPIRATORY AND NON RESPIRATORY.									
1970 Male and Female	2	2	5	5	5	6	23	12	60
1969 Male and Female	—	—	6	6	5	6	16	9	48
1968 Male and Female	—	1	2	10	12	4	14	10	53
1967 Male and Female	1	2	3	13	8	6	19	10	62

There were 53 cases of respiratory tuberculosis notified locally, plus seven 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 seven local cases confirmed comprising two males and five females, plus one female transferred-in. Of the two males one had meningeal disease and the other had genito-urinary tuberculosis. Of the five females, two had tuberculosis of the genito-urinary organs and there was one case each of bone and joint disease, superficial glands, and other organs.

The total number of cases on the tuberculosis register at 31st December, 1970, was 416, comprising 382 respiratory and 34 non-respiratory cases.

(k) Mortality.

Here are the total deaths from this disease in recent years:—

	1968	1969	1970
Respiratory Tuberculosis	6	3	7
Other, including late effects	2	3	3

The death rates per 1,000 of population from tuberculosis in Scotland and in the four large cities for the years 1970, 1969 and 1968 are given in the following table:—

	1970			1969			1968		
	Total	Resp.	Other*	Total	Resp.	Other*	Total	Resp.	Other
All Scotland	0·05	0·04	0·01	0·05	0·03	0·02	0·05	0·04	0·01
Glasgow	0·10	0·09	0·01	0·11	0·09	0·02	0·11	0·106	0·004
Edinburgh	0·03	0·026	0·002	0·03	0·02	0·01	0·03	0·019	0·006
Dundee	0·04	0·02	0·02	0·02	0·01	0·01	0·03	0·02	0·01
Aberdeen	0·06	0·04	0·02	0·03	0·02	0·02	0·04	0·03	0·01

*Including late effects.

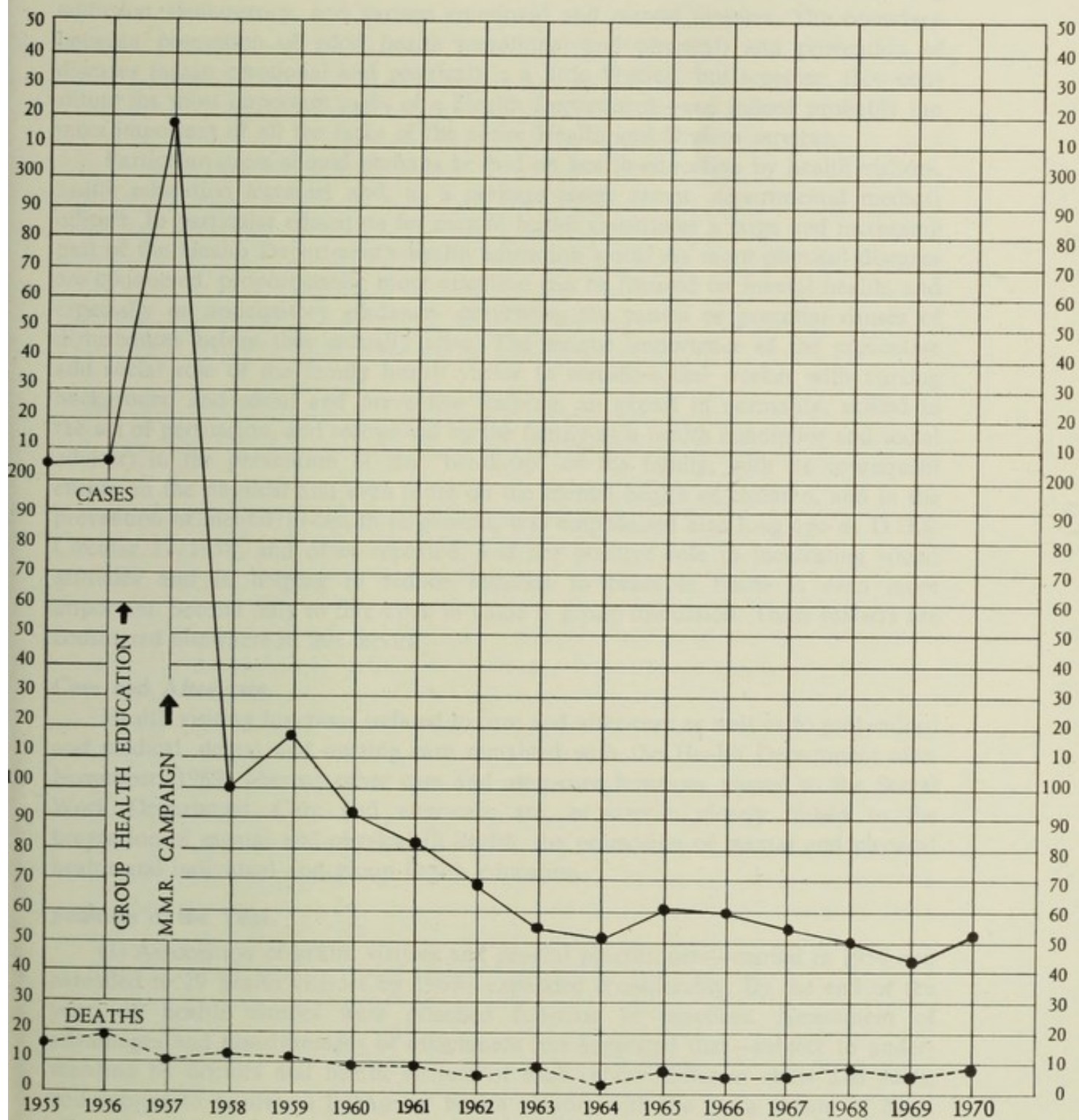
(B) OTHER DISEASES.

Prevention.

Prevention of physical disease has long been an important task of any Health Department—e.g. prevention of various infections by specific immunisation, by general hygiene and by food hygiene; prevention of nutritional diseases by educating the public about food values, budgeting, purchasing and using for these tasks individual counselling, group teaching and appropriate use of mass media; and prevention of diseases of overseas origin by port health services—attending to the health of passengers, crews and cargoes. As Infectious and nutritional diseases became in large measure conquered, the same technique—essentially of epidemiology and of health education—have been more and more applied to other conditions, such as cancer (in portions of the body where it is yet preventable), bronchitis,

CITY OF ABERDEEN.

CASES AND DEATHS FROM RESPIRATORY TUBERCULOSIS, 1955-1970.



cardio-vascular diseases, home accidents, road accidents, over-large and unspaced families, and so on.

Simultaneously it has been appreciated increasingly that the same educative and preventive techniques can be applied to the prevention of alcoholism, drug addiction, delinquency, and various emotional and mental diseases. The boundary between promotion of good health (emotional and physical) and prevention of diseases (again emotional and physical) is a little blurred, but together, they constitute the most important tasks of a Health Department—and indeed probably the most important of all the tasks of the entire Health and Disease services.

Particular stress should perhaps be laid on health education by health visitors, health education lecturers and, to a perhaps lesser extent, departmental medical officers. In particular education for mental health constitutes a large and increasing part of the Health Department's health education work. As more physical diseases are conquered, proportionally more attention can be focused 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 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 also long ago as D.H.S. Circular 77/1954, and often repeated, 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. These matters are considered elsewhere in this report.

Care and After-care.

Health visiting functions (related to care and after-care as well as to prevention) and medical, dental and nursing care remained with the Health Department after November, 1969, whereas other care and after-care functions passed to the Social Work Department. Care and after-care are, of course, closely linked to the prevention of mental and physical ill health, the promotion of mental and physical health and individual and group health education.

Features of the Year.

(1) Association of health visitors and general practitioners—started in 1959 and extended to 29 health visitors by 1969—expanded considerably. By the end of the year, 36 health visitors were attached full-time to practices. Assessment of advantages and disadvantages of attachment has suggested that—subject to understanding by doctors and health visitors of each others' different skills and roles, and subject to continued linkage of health visitors with the main stream of heart education—planned extension of attachment should continue.

(2) Apart from their primary task of health teaching of individuals and groups, health visitors paid 22,120 visits (a new high record) to 6,165 old persons for prevention, care and after-care. (The comparable figures for 1969 were 20,560 visits

to 5,555 old persons.) The family health visitors' home visiting programme to the elderly is augmented by health assistants to whom a health visitor can delegate some time-consuming tasks which do not require the full expertise and skills of a health visitor. During 1970, health assistants paid 9,163 visits to 3,410 old people, and so the total number of visits to old people rose from 29,605 in 1969 to 31,283 in 1970. This increase is the more startling in that it represents the fifth sizeable rise in five years: an increase from 18,833 to 31,283 in a five year period.

Hospital staff frequently and district nurses occasionally refer to the Department elderly persons who, in their opinion, would benefit from home visits by health visitors, and supportive services are brought in at need. One group adviser and one health visitor co-ordinate the geriatric work of district health visitors and act as a link with the geriatric hospital, while similar linkages now exist with other hospitals. Increase in the proportion of old people makes it difficult for the health visitors to undertake as much after-care work as is desirable.

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

(4) After-care services for patients discharged from mental hospitals continues, a health visitor visits Kingseat Hospital once weekly, thus maintaining a link with the Psychiatric Social Workers.

(5) For the care and after-care of diabetic patients 2 health visitors are now attached to the Diabetic Clinic, an increase from 1 to 2 during 1970.

(6) A health visitor is attached (part-time) to the Venereal Disease Clinic of the Regional Hospital Board.

(7) Provision of Local Authority domiciliary services has been found appreciably to reduce the need for admission of patients to hospital. This forward-looking policy of providing preventive services has been followed for many years and, although staff shortages still hinder full implementation of the policy, the services provided not only help to keep patients out of hospital, but also aid discharged hospital patients. A notable example is the case of elderly persons, many of whom are kept in the community by the local authority health visiting service, whose support and advice is backed up by the provision of nursing services, home-helps, meals-on-wheels, and home and clinic chiropody. Such services do much to delay or prevent admission to old people's homes or geriatric hospitals.

(8) Although much of the care of the blind is now a matter for the Social Work Department it may be interesting to mention (a) that the total number of persons examined at the blind persons' clinic and in their own homes in 1970 was 60 (41 first examinations and 19 re-examinations); and (b) that the register of the blind at the close of 1970 contained only 381 names, including only 4 under twenty years (1 pre-school child, 1 of school age and 2 aged eighteen to twenty years), only 20 (including the 4) under 30 years, only 49 (including the 20) under 50 years. In other words blindness in Aberdeen nowadays virtually consists of (1) the degenerative conditions of old age; and (2) the results of the unprevented ophthalmias and other diseases that were encountered more than a quarter of a century ago.

11.—HOME NURSING.

(a) DISTRICT NURSING SERVICE—1970.

Day Service.

This year there has been an increase of 198 patients (33 under 65 years of age and 165 over 65 years of age).

Although the statistical report giving home visits as 125,697 shows a decrease compared to last year, account must be taken of 8,096 patients seen in surgeries by district nurses attached to group practices thus making an overall increase in visits. In addition, district nurses attached to group practices paid 2,400 special visits for the purpose of carrying out clinical investigations.

Night Service.

The Night Service shows an increase of 7 patients and an increase of 329 visits.

District Nurse/General Practitioner Co-operation.

A further two attachments of staff to group practices were made in 1970. There are now 14 group practice attachments with twenty-six attached staff plus two full-time relief nurses. With the development of attachment groups the scope of district nursing has widened and fuller use of a nurse's skills.

Staffing of the District Nursing Association as at the end of 1970.

Day Service—

- 1 Superintendent
- 1 Deputy Superintendent
- 1 Tutor
- 37 Full-time District Nursing Sisters
- 5 Part-time District Nursing Sisters
- 5 Full-time S.E.N.
- 2 Part-time Bath Attendants

Night Service—

- 12 Part-time R.G.N.
- 3 Part-time S.E.N.
- 1 Part-time Nursing Auxiliary.

Training.

Following the discontinuation of training responsibility by the Queen's Institute, Aberdeen Corporation now accepts responsibility for training and takes students from adjacent counties as well as from the city.

During 1970 two Training courses of 3-4 months were held, attended, in all, by 36 nurses. All 36 gained the National Certificate of District Nursing. 8 of the students were subsequently employed by Aberdeen District Nursing Association and some of the other 28 came from as far afield as Dundee, Shetland and Stornoway.

In addition a short course of instruction in district nursing for State Enrolled nurses was held in May and was attended by 6 state enrolled nurses, 4 from Aberdeen, 1 from Dundee and 1 from Banffshire. All 6 students obtained the Certificate. The 4 students employed by Aberdeen District Nursing Association are attached to group practices in the city where they work under the supervision of district nurses. While it is not intended that the state enrolled nurse should replace the district nurse she can make a valuable contribution to patient care within a district nursing team.

In September the Nursing Officers of the catchment area attended a study day at the Training Centre to discuss practical work assessment of district nursing students.

In October a course was held for practical work instructors and was attended by 11 who are to participate in the practical work assessment of student district nurses in their area.

During 1970 18 members of staff were seconded to Study Days at Aberdeen Royal Infirmary.

A one-month Middle-Management Course at Robert Gordon's College was attended by Mrs. Taylor, Superintendent, and 10 of the staff have attended a First-line Management Course held at the College of Commerce.

Liaison Scheme.

A liaison scheme between Ward 10, Aberdeen Royal Infirmary, and the community nursing services was instituted in October. A district nursing sister was appointed as the District Nursing liaison officer, and the most recent verbal reports indicate that the scheme is operating successfully and is greatly appreciated by hospital staff and patients.

National Examination of District Nurses.

Miss Campbell, Tutor, has been appointed by the Panel of Assessors, Department of Health and Social Security, to be one of the Scottish members on a sub-committee to examine district nursing examination procedure.

(b) NURSING SERVICE OF MARIE CURIE MEMORIAL FOUNDATION.

This service, with the Medical Officer of Health acting as agent for the Marie Curie Foundation, has operated in Aberdeen since 1964, but was slightly reduced in staff in 1969 and underwent some further reduction in 1970.

In 1970, 1,303 visits (as compared with 2,604 in 1969) were paid to 129 patients (as compared with 148 in 1969).

The service is very useful for nursing cancer patients in their homes and is, of course, a considerable saving to the Corporation; but it is not easy to have two night nursing services operating under the aegis of different bodies, although relations between the two services are good.

HOME NURSING SERVICES—PATIENTS AND VISITS.

	1966	1967	1968	1969	1970
DAY NURSING SERVICE					
Patients under 65 yrs.	1,630	1,679	1,967	1,842	1,875
Patients over 65 yrs.	2,532	2,730	3,035	3,008	3,173
Total Patients . . .	4,162	4,409	5,002	4,850	5,048
Total Visits . . .	117,349	121,080	124,738	127,656	125,697
NIGHT NURSING SERVICE					
Patients under 65 yrs.	32	17	24	26	24
Patients over 65 yrs.	216	173	216	197	206
Total Patients . . .	248	190	240	223	230
Total Visits . . .	2,912	2,568	3,331	4,213	4,542

DAY NURSING SERVICE.

HOME VISITS.

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 .	381	424	805	3,877	5,523	9,400	460	345	659	68	6	72
Accidents .	87	243	330	968	4,286	5,254	111	219	232	33	6	59
Amputations .	21	14	35	599	431	1,030	16	19	13	5	4	13
Anæmia .	90	540	630	1,834	10,936	12,770	193	437	226	50	18	336
Cancer .	167	237	404	4,135	6,539	10,674	178	226	86	88	151	79
Cardiac .	81	222	303	2,270	7,432	9,702	63	240	86	71	48	98
Cerebral Hæm. .	162	307	469	6,391	11,357	17,748	48	421	75	143	53	198
Diabetes .	15	45	60	1,177	6,435	7,612	13	47	25	4	2	29
Gynæcological & Obstetrical .	—	141	141	—	1,105	1,105	127	14	120	6	3	12
Miscellaneous .	245	470	715	4,763	7,954	12,717	280	435	509	96	2	108
Nervous .	70	138	208	2,902	6,454	9,356	103	105	82	44	6	76
Respiratory .	148	183	331	3,150	2,875	6,025	105	226	196	41	27	67
Rheumatism .	44	220	264	2,005	7,687	9,692	53	211	61	57	10	136
Senility .	14	59	73	347	2,515	2,852	—	73	17	22	3	31
Varicose Ulcers .	49	186	235	1,445	7,125	8,570	92	143	155	18	—	62
Tuberculosis .	28	17	45	695	485	1,180	33	12	27	3	1	14
Total .	1,602	3,446	5,048	36,558	89,139	125,697	1,875	3,173	2,569	749	340	1,390

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 .	12	16	28	144	376	520	3	25	11	6	—	8	3
Accidents .	—	10	10	—	113	113	—	10	2	4	—	3	1
Cancer .	2	1	3	359	44	403	1	2	—	—	—	1	2
Cardiac .	16	34	50	175	428	603	4	46	12	14	—	22	2
Cerebral Hæm. .	22	50	72	253	715	968	8	64	11	32	—	20	9
Miscellaneous .	6	14	20	140	582	722	2	18	10	2	—	3	5
Nervous .	4	2	6	171	30	201	3	3	1	1	—	3	1
Respiratory .	9	10	19	33	55	88	2	17	3	6	—	9	1
Rheumatism .	4	11	15	457	322	779	1	14	3	5	—	4	3
Senility .	1	6	7	2	143	145	—	7	3	2	—	1	1
Diabetes .	—	—	—	—	—	—	—	—	—	—	—	—	—
Gynæcological .	—	—	—	—	—	—	—	—	—	—	—	—	—
Total .	76	154	230	1,734	2,808	4,542	24	206	56	72	—	74	28

Marie Curie Service 61 68 129 527 776 1,303 56 73 4 Trans. to A. D.N.A. 6 22 — 94 3
Conv.

12.—DOMESTIC HELP SERVICE.

Features of the Year.

(1) The Home Help establishment was maintained at its full complement of the equivalent of 257 full-time Home Helps. This was done by employing an increasing number of part-time staff to balance the continued decrease in the number of women prepared to work full-time.

(2) A total of 2,799 homes received help during the year. Of these 840 were new households. The households removed from the files as no longer requiring help numbered 780.

(3) There was a very slight decrease in the number of Maternity cases requesting help during the year. Persons (other than maternity cases) in younger age groups needing help remained almost the same as in the previous year. The small increase of 151 additional households was all in the Infirm and Elderly group.

(4) Sometimes there was a time lag between the date of assessment and the date of help provided—due to the lack of available Home Helps. Where help was required urgently in a home, some other client or clients usually only slightly less needy, had to be deprived of help temporarily. This may have caused distress in the deprived household.

(5) It was also noted at re-assessment visits, that with the passage of years many of the elderly and handicapped were becoming more disabled and would benefit from an increased amount of help.

(6) The number of visits paid to households in connection with arranging and supervising the service was 3,873 by the two health visitors who act as Home Help Organisers, 4,426 by the three Home Help Supervisors and 74 by Health Visitors.

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 .	1970	1969	1968	1967	1966	1965	1964
Whole-time	49	51	53	56	58	50	50
Part-time	392	370	362	339	350	350	310

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

(1) Maternity Cases	26	39	34	45	66	108	92
(2) Long-term illness (under 65)	209	217	228	194	203	182	167
(3) Short-term illness (under 65)	238	186	180	254	275	262	270
Total of (1), (2) and (3)	573	442	442	493	544	552	529
(4) Infirm and Elderly	2,326	2,175	2,118	1,921	1,825	1,655	1,586
Grand Total	2,799	2,617	2,560	2,414	2,369	2,207	2,115

13.—HEALTH-PROMOTING, DISEASE-PREVENTING AND SUPPORTIVE SERVICES FOR OLD PEOPLE.

(Margaret Nairn, Chief Nursing Officer, and Maisie Ness, Group Adviser Health Visitor for Geriatrics.)

An attempt is made in this chapter to bring together some of the Health Department's services for the maintenance or improvement of the physical and emotional health of old people.

(1) Visitation of the Elderly by Health Visitors and Health Assistants.

The health visitor is now recognised as adviser and teacher of the whole family on physical, mental and emotional health and also as the primary identifier of social need; and an increasing proportion of her time is devoted to the health and well-being of the elderly. She provides 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. Also, when an old person is beginning to require material assistance (e.g. the mobile meals service, chiropody or physiotherapy), the health visitor assesses the need and initiates any necessary action.

Health Visitors paid 22,120 visits to 6,165 old persons for prevention, care and aftercare during the year. The comparable figures for 1969 were 20,560 visits to 5,555 old persons.

The Health Visitors' home visiting programme to the elderly is augmented by Health Assistants (State Enrolled Nurses with short subsequent health training) to whom a health visitor can delegate some time-consuming tasks associated with visiting but not needing the training and skill of a health visitor. During 1970, Health Assistants paid 9,163 visits to 3,410 old people.

Hence, the total number of visits to old people rose from 29,605 in 1969 to 31,283 in 1970. In other words, health visitors and health assistants between them paid approximately 125 visits to old people on every working day of the year.

(2) Home Nursing Service and Marie Curie Service.

Three-fifths of the patients visited by the home nursing service (3,173 out of 5,048 day patients and 206 out of 230 night patients) and nearly two-thirds of patients visited by the Marie Curie nursing service (73 out of 129) were over 65 years of age in 1970.

(3) Home Help Service.

2,326 households containing elderly people were served by home helps (i.e. 84 per cent. of all households aided by these workers).

(4) Chiropody Service.

As a service for old people, chiropody becomes more important every year and requests for treatment expand continually. Because of the large number of requests for chiropody care, it was agreed in 1970 that a two tier register should

be introduced. People with a high medical and/or chiropodial need would be placed on a priority register and treated at or near the recommended frequency, according to their particular condition. This scheme has worked well and would appear to have increased the effective use of the available chiropodists' hours. Naturally, other individuals, with less demanding conditions, have had to wait longer and this has led to a number of complaints.

A total of 5,889 old persons (4,924 in 1969) living at home received treatment—3,199 at the clinics and 2,690 in their own homes.

(5) Other health services.

Other health services for elderly citizens, e.g. physiotherapy, are mentioned elsewhere in this Report.

(6) Register of Old Persons.

As mentioned in previous reports, the register—maintained by the Health Department but also open to access by the Social Work Department—is valuable for co-ordination of services for old people, assessment of needs of the aged and the follow-up of cases. During 1970, 2,731 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 10,913 elderly persons, compared with 9,136 in 1969, 8,319 in 1968, 7,660 in 1967 and 6,640 in 1966. The 10,913 include 498 in old people's homes, of whom 17 are not visited by health visitors.

(7) General.

To end this short chapter it may be desirable to summarise the numbers of old people receiving various services from the Health Department in 1970. 9,575 were visited by health visitors and health assistants, getting on average about four visits annually; 5,889 received chiropody treatment, usually about eight times annually; 3,378 received help either from the district nursing services or from the Marie Curie nursing service; 2,326 were aided by home helps; and 10,913 were recorded on the voluntary register kept by the Health Department.

14.—VACCINATION AND IMMUNISATION.

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

Features of the Year.

(1) A safe and effective vaccine against rubella (german measles) having become available, Aberdeen contrived to start vaccination of schoolgirls well ahead of most other local health authorities, and protected 1,086 schoolgirls born in 1957. Rubella is, of course, normally a trivial illness, but if developed by women in the early months of pregnancy, can gravely damage the unborn child. Vaccination against rubella is a major advance which should in due course appreciably reduce the number of children born with heart or other abnormalities caused by the rubella virus.

(2) Supplies of measles vaccine had ceased to be available in the autumn of 1969. Consequently the measles vaccination programme was perforce held in abeyance until April, 1970, when vaccine again became available. Lack of vaccine was probably a contributory factor in the heavy increase in cases of measles in pre-school and young school children in 1970. There were 1,190 cases of measles.

(3) For the first time there were no cases of whooping cough in children under the age of 15 years—a tribute to the success of whooping cough vaccination.

(4) Other vaccinations and immunisations continued steadily, as did education of parents about continued need for protection against smallpox, diphtheria, whooping cough, tetanus, poliomyelitis, tuberculosis, measles and rubella. To prevent misconceptions about figures attention is invited to (a) delays now permissible before vaccination by general practitioners is intimated to the Health Department; and (b) changes in recommended ages for some immunisations. If these points are ignored it can be thought—wrongly—that there is decline in numbers of children protected.

Immunisation Programme.

The procedures are undertaken by General Practitioners as well as by Local Authority staff as the following tables indicate. As has been pointed out in earlier reports, owing to a change of arrangements in 1967 these tables should no longer be taken as statistically exact because of the time lag now permissible in notification to the Executive Council by general practitioners and hence to this Department. The figures available nevertheless indicate certain trends:—

- (a) More primary immunisation courses, and vaccinations against smallpox are now being undertaken by General Practitioners than by Local Authority Medical Officers, probably a consequence of G.P./H.V. linkages.
- (b) Out of children born during the years 1966 to 1970, only 65 per cent. are notified as having completed a primary course of immunisation against diphtheria. However it is more important to look at the figures for the individual years of birth. For children born 1966-68 the proportion protected is very high—roughly between 84 and 90 per cent.; for those now aged between 1 and 2 years (born 1969) the figure falls rapidly to 58 per cent.; while figures for 1970 can be disregarded because with the new immunisation schedule babies do not complete their immunisation course until the second year of life. There has been no case of diphtheria in Aberdeen for the last 15 years. Nevertheless outbreaks of this disease continue to be reported in various parts of Britain each year. In 1968 there was a small group of diphtheria cases in the south-western region of Scotland, resulting in the death of two children. These facts emphasise the need for the continuous education of parents to encourage them to protect their children against diphtheria and other such infectious diseases.

- (c) The total number of reinforcing injections of tetanus toxoid has decreased quite sharply from the 1969 figure. This is partially accounted for by the fact that the need for a booster dose of triple antigen (which used to be given to young children at approximately 18 months of age) has been eliminated by the introduction of the new immunisation schedule towards the end of 1968. Reciprocation of records concerning tetanus toxoid immunisation between the Hospital Casualty Department and the Local Health Authority continues. Of the reinforcing injections against tetanus, 2,115 (32 per cent.) were given by the staff of the Royal Aberdeen Children's Hospital as compared with 1,878 (23 per cent.) in 1969.

(1) VACCINATION AGAINST SMALLPOX.

Primary Vaccinations 1970.

Year of Birth	Typical Reaction	No Local Reaction	Not Examined	Total
1970	5	...	...	5
1969	728	13	13	754
1968	743	34	12	789
1967	109	9	6	124
1966	49	2	2	53
1965	21	4	2	27
1964	9	1	...	10
1963 or earlier	479	3	...	482
Totals for 1970	2,143	66	35	2,244
Totals for 1969	1,524	59	32	1,615
Totals for 1968	2,341	77	40	2,458
Totals for 1967	2,138	97	26	2,261
Totals for 1966	2,421	133	47	2,601

Revaccinations against smallpox during 1970.

REVACCINATION.

Year of Birth	Typical Reaction	No Local Reaction	Not Examined	Total
1970	...	...	...	...
1969	1	...	...	1
1968	4	1	...	5
1967	3	2	...	5
1966	13	1	...	14
1965	10	1	1	12
1964	4	1	...	5
1963	8	...	...	8
1962	10	2	...	12
1961	7	1	...	8
1960 or earlier	1,388	147	6	1,541
TOTALS FOR 1970	1,448	156	7	1,611
TOTALS FOR 1969	1,295	124	10	1,429

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 1970 and 1969 are also shown.

VACCINATION AGAINST SMALLPOX.

Number Vaccinated—	Primary Vaccination				Revaccination	
	1970	1969	1968	1967	1970	1969
(a) By General Practitioners	1,465 (65.3%)	838 (51.9%)	1,442 (58.7%)	1,184 (52.5%)	1,596 (99.1%)	1,420 (99.4%)
(b) By Local Authority Medical Staff	779 (34.7%)	777 (48.1%)	1,016 (41.3%)	1,077 (47.5%)	15 (.9%)	9 (.6%)
Total	2,244	1,615	2,458	2,261	1,611	1,429

PROPORTIONS OF CHILDREN VACCINATED BY YEAR OF BIRTH.

Year of Birth	Percentage Vaccinated by		
	End of 1970	End of 1969	End of 1968
1969	30.4	0.39	—
1968	62.4	34.1	2.3
1967	68.8	64.3	47.2
1966	72.7	70.8	67.9
1965	74.9	74.0	73.1

(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
1970	49	—	—	—	—	—
1969	1,376	—	12	—	—	—
1968	490	—	6	—	—	1
1967	31	—	—	—	—	—
1966	17	—	1	—	—	—
1965	18	—	1	—	—	—
1964	4	—	7	—	—	—
1963 or earlier	4	—	85	—	—	134
Total	1,989	—	112	—	—	135

REINFORCING DOSES.

Year of Birth	Number receiving maintenance injections					
	Diphtheria, Pertussis & Tetanus	Diphtheria & Pertussis	Diphtheria & Tetanus	Diphtheria	Pertussis	Tetanus
1969	—	—	—	—	—	—
1968	33	—	2	—	—	18
1967	430	—	21	—	—	101
1966	101	—	12	—	—	165
1965	23	—	14	—	—	278
1964	427	—	1,385	—	—	170
1963	33	—	683	23	—	174
1962	3	—	6	—	—	250
1961	2	—	11	—	—	248
1960	1	—	7	—	—	221
1959 or earlier	12	—	11	—	—	1,837
Total	1,065	—	2,152	23	—	3,462

PROPORTIONS OF CHILDREN IMMUNISED AGAINST DIPHTHERIA BY YEAR OF BIRTH.

Year of Birth	Percentage Immunised by end of 1970
1970	1.9%
1969	57.6%
1968	83.5%
1967	85.5%
1966	90.1%

DIPHTHERIA IMMUNISATION.

Number of Children immunised each year since 1963.

Age in years on 31st December of the corresponding year.	1963	1964	1965	1966	1967	1968	1969	1970	Total Immunised at 31st December, 1970.
Under 1 Year	1,199	1,103	1,193	1,034	965	1,041	95	49	Aged under 5 Years 8,775 (65.1%)
1 Year	1,480	1,415	1,423	1,482	1,317	1,287	799	1,388	
2 Years	120	106	96	109	85	196	44	496	
3 "	38	33	42	69	24	31	15	31	
4 "	21	14	28	32	18	14	8	18	
5 "	13	15	13	35	10	13	14	19	
6 "	173	135	131	16	3	4	5	11	
7 "	3	247	67	15	44	10	157	7	Aged 5 Years and over 11,343
Immunisations	3,047	3,068	2,993	2,792	2,466	2,596	1,137	2,019	Grand Total 1963--1970 20,118
Reinforcing Injections	3,603	9,011	6,610	7,305	6,778	6,463	2,889	3,240	45,899

DIPHTHERIA IMMUNISATION.

	Primary Inoculations				Reinforcing Injections			
	1970	1969	1968	1967	1970	1969	1968	1967
Number Inoculated—								
(a) By General Practitioners	1,073 (51%)	606 (53%)	1,416 (51%)	1,074 (44%)	1,506 (47%)	1,479 (42%)	1,756 (27%)	1,302 (19%)
(b) At Child Health Clinics	946 (45%)	374 (33%)	1,175 (42%)	1,349 (55%)	1,108 (34%)	1,410 (40%)	1,714 (27%)	2,289 (34%)
(c) By School Health Service	82 (4%)	158 (14%)	195 (7%)	43 (1%)	626 (19%)	643 (18%)	2,993 (46%)	3,187 (47%)
Total . . .	2,101	1,138	2,786	2,466	3,240	3,532	6,463	6,778

WHOOPING COUGH IMMUNISATION.

	Primary Inoculations				Reinforcing Injections			
	1970	1969	1968	1967	1970	1969	1968	1967
Number Inoculated—								
(a) By General Practitioners	1,064 (53%)	596 (62%)	1,418 (55%)	1,068 (45%)	837 (79%)	958 (62%)	1,319 (60%)	980 (51%)
(b) By Local Authority Staff	925 (47%)	364 (38%)	1,157 (45%)	1,319 (55%)	228 (21%)	592 (38%)	885 (40%)	947 (49%)
Total . . .	1,989	960	2,575	2,387	1,065	1,550	2,204	1,927

TETANUS IMMUNISATION.

	Primary Inoculations		Reinforcing Injections	
	1970	1969	1970	1969
Number Inoculated—	1,208	754	1,644	1,592
(a) By General Practitioners .	(54%)	(58%)	(24%)	(20%)
(b) By Local Authority Staff .	1,028	538	2,920	4,654
	(46%)	(42%)	(44%)	(57%)
(c) By Casualty Department, Royal Aberdeen Children's Hospital	—	—	2,115	1,878
			(32%)	(23%)
Total	2,236	1,292	6,679	8,124

(3) VACCINATION AGAINST POLIOMYELITIS.

PRIMARY INOCULATION.

Year of Birth	Salk Vaccine 2nd Injection/ 3rd Quadruple	Oral Vaccine (Three Doses)	Total
1970	—	45	45
1969	—	1,238	1,238
1968	—	412	412
1967	—	32	32
1966	—	10	10
1965	—	22	22
1964	—	8	8
1963 or earlier	—	60	60
Total	—	1,827	1,827

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	
1970 . .	—	—	—	—	—	—	—
1969 . .	—	—	—	—	25	—	25
1968 . .	—	—	—	—	74	—	74
1967 . .	—	—	—	—	23	—	23
1966 . .	—	—	—	—	14	—	14
1965 . .	—	—	—	—	1,550	—	1,550
1964 . .	—	—	—	—	687	—	687
1963 . .	—	—	—	—	13	—	13
1962 . .	—	—	—	—	9	—	9
1961 . .	—	—	—	—	8	—	8
1960 or earlier .	—	—	—	—	60	1,282	1,342
Total .	—	—	—	—	2,463	1,282	3,745

The relative numbers and proportions of primary inoculations (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		
	1970	1969	1968	1970	1969	1968
Number Inoculated— (a) By General Practitioners	1,113 (61%)	742 (48%)	1,390 (61%)	1,112 (30%)	1,135 (16%)	1,023 (71%)
(b) By Local Authority Staff	714 (39%)	805 (52%)	888 (39%)	2,633 (70%)	5,750 (84%)	409 (29%)
Total . .	1,827	1,547	2,278	3,745	6,885	1,432

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
1970	1,288	45	3.49	—	—
1969	2,576	1,309	52.03	25	0.99
1968	2,795	1,919	68.66	108	3.86
1967	2,723	2,174	79.84	160	5.88
1966	2,865	2,263	78.99	171	5.97
1965	3,165	2,655	83.89	1,816	57.38
1964	3,078	2,339	75.99	2,426	78.82
1963	3,273	2,623	80.14	2,604	79.56
1962	3,190	2,573	80.66	2,215	69.44
1961	3,191	2,570	80.54	2,143	67.16
1960 or earlier	Not Estimated	67,866	—	29,935	—
Total	—	88,336	—	41,603	—

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

(4) VACCINATION AGAINST RUBELLA.

Year of Birth	Total
1960	—
1959	—
1958	—
1957	1,086
1956	—
1955 or earlier	—
Total	<u>1,086</u>

(5) VACCINATION AGAINST MEASLES.

Year of Birth	Total
1970	2
1969	454
1968	461
1967	167
1966	108
1965	87
1964	37
1963 or earlier	66
Total	<u>1,382</u>

Number Vaccinated—

(a) By General Practitioners	576	(41.7%)
(b) By Local Authority Medical Staff	806	(58.3%)
Total	<u>1,382</u>	

(6) 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.

(7) OTHER IMMUNISATIONS.

Persons travelling to certain countries may require immunisation against such diseases as typhoid, yellow fever, &c. Since March, 1968, yellow fever immunisations have been undertaken by the Health Department and are done at a special weekly session at the Beach Boulevard Clinic. Immunisations against other diseases are normally given by general practitioners. The total number immunised against yellow fever was 758.

15.—MEDICAL ASPECTS OF HOUSING.

The number of medical certificates submitted in support of applications for re-housing rose quite sharply from just over 3,000 in 1969 (and 2,718 in 1968) to 3,572 in 1970. The majority of them were in respect of elderly persons who were finding it difficult, because of chronic illness or disability, to cope in their present housing circumstances.

Slightly fewer houses were built in 1970 and it would appear that this trend will continue in the future.

Several factors have contributed to changes in demography over the past years, and this is reflected in the changing pattern of housing requirements.

Advances in preventive and clinical medicine, improved nutrition, and technical advances in working conditions have helped to prolong life: so, the number of elderly people is greater than ever before, with the proportion of persons of pensionable age rising to 15.1 per cent. of the 1966 Sample Census. The increasing need for Special Purpose and Sheltered Housing Accommodation for the elderly is thus clearly indicated.

The almost consistent fall in the birth rate in recent years, from 17.5 per 1,000 population in 1965 to 14.4 per 1,000 population in 1970 is probably largely due to the increasing utilisation of the Family Planning Clinic (details of which are given in another section of this Report) and to massive health education about family planning.

While fewer children are being born, increased use of family planning facilities also implies, not only a further reduction in the size of the average family but also an acceleration of that decrease in the actual number of larger families which has already been apparent for some time. Thus the need for the larger houses is clearly diminishing.

The elderly are happiest living in their own homes as long as possible and should be given every assistance to stay there. They are helped by guidance and counselling from Health Visitors and Social Workers, Nursing aid from District Nurses, Chiropody at need, and where required the services of Home Helps and the provision of Meals on Wheels; but the lives of the old people and the task of their helpers would be made much easier in suitable modern housing conditions.

In Aberdeen a large number of elderly people still live in old houses up several flights of stairs, and where they often have to use outside toilets. Many have lived there for years and are now unable to cope with these conditions.

There would appear to be enough 4 and 5 roomed houses in the City, if those single persons and couples occupying them would, and could, move from them into 2 and 3 apartment houses, but until smaller accommodation is built their transfer is at a standstill.

The greatest demand appears still to be for 2 apartment accommodation particularly at ground floor level, and this is the type of house in shortest supply. The situation has been helped during 1970 by the building of approximately 100 more 2 apartment houses than in 1969, also one block of 52, 3 apartment multi-storey flats at Balnagask were made available to single persons and couples with medical needs. It is perhaps arguable that if this need had been visualised earlier, it would have been better to build more 2 apartment flats, instead of the 3 apartment ones.

Another factor which might be given consideration is the building of special purpose 2 apartment houses in level areas and, looking to the future when the present occupants of 4 apartment houses will be older and perhaps less able, thought might be given to the possibility of building these houses with both a bedroom and bathroom downstairs so that, although the house might be too big for the occupants, they would still have the essentials on one level.

16.—PORT HEALTH ADMINISTRATION.

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

Features of the Year.

It may be symptomatic of the general decline of major infections that, whereas in earlier years ships arrived from infected areas on an average of once a fortnight, in the last four years 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 indicate that services are efficient but also masks the very real work done, it may be worth while to give a very brief indication of work undertaken. In 1970 there arrived at the port 505 vessels from overseas (including 17 from areas infected by plague, cholera, smallpox, &c.) and 1,952 vessels from Britain. (These figures are fairly normal, e.g. in the previous year 578 vessels arrived from overseas, including 16 from infected areas). 1,739 vessels were inspected (compared with 1,196 in the previous year), with medical examination of crews and passengers undertaken where appropriate.

There were 8,135 landings from British and foreign vessels. The total quantity of fish condemned as unfit for human consumption was 118,825 pounds (as compared with 176,701 pounds in 1969 and 187,264 pounds in 1968).

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 Department.

The Public Health (Ships) (Scotland) Regulations, 1966 (new regulations due early in 1971), describes 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 are supplied to Medical Officers of the Health Department, Customs Authorities and Sanitary Inspectors.

Commercial Shipping.

	No. of Vessels entering Port	Tonnage
Foreign Arrivals	505	240,952
Coast-wise Arrivals	1,952	805,939
	<hr/> 2,457 <hr/>	<hr/> 1,046,891 <hr/>

In 1970 vessels arrived from ports appearing in the weekly infected area list, as follows, and medical examinations were carried out as appropriate:—

Sfax 6 Casablanca 4 Kenitra 7

Fishing Vessels.

No. of landings from British fishing vessels	8,056
No. of landings from foreign fishing vessels	79

Particulars of Inspection of Vessels.

Inspections in respect of foreign arrivals	569
Inspections in respect of coast-wise arrivals	542
Inspections in respect of British fishing vessels	16
Inspections in respect of foreign fishing vessels	38
	<hr/> 1,165 <hr/>

Particulars of De-ratting Certificates.

No. of De-ratting Certificates issued	Nil
No. of De-ratting Exemption Certificates issued	57
No. of Rodent Control Certificates issued	16

Fish Inspection.

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

	1968.	1969.	1970.
White fish and herring	1,672 cwts.	1,575 cwts.	1,059 cwts.
Halibut	4 cwts. 4½ sts.	2 cwts. 5½ sts.	1 cwt. 7½ 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. To ensure that they are fully aware of the scope and facilities of the National Health Service all immigrants brought to notice are now contacted after arrival at destination and advised about early registration with a general practitioner.

During 1970 the number of arrivals notified to this Department was 56, as compared with 52 in 1969 and 62 in 1968, but the number actually contacted was, at 112, much in excess of the number notified. Although there was no significant alteration in notifications, as compared with the previous year, there was 50 per cent. increase in the number of arrivals contacted. Special arrangements exist for chest X-rays where required.

17.—HOME AND ROAD SAFETY.

Introduction.

In the 1950's and 1960's Aberdeen had a very good record in respect of prevention of accidents and education of the public about avoidance of potential causes of accidents. For example, Aberdeen's Health Department organised (in 1954) the first local authority home safety campaign in Britain; it thereafter recognised and emphasised the role of the family health visitor in pointing out dangers in the home and in unobtrusively changing attitudes; its Medical Officer of Health studied (with a Nuffield Grant) all home accidents occurring in the city in two consecutive years, and obtained considerable new information about the causes and predisposing factors in domestic accidents—subsequently published in book form; the Health Education Division devoted (from 1956) considerable attention to accidents; and by the end of the 1950's it was shown that Aberdeen had contrived to reduce home accidents by more than a third. In the early 1960's the Health Department staff increasingly appreciated the similarity of causes and predisposing causes of domestic, traffic and industrial accidents, and therefore sought to collaborate with all parties concerned. In the middle 1960's the staff noted an increase in accidents—perhaps associated with the staff time necessarily spent on typhoid control in 1964 and follow-up of ex-patients in 1965, and with shortage of health visitors and health education lecturers around 1966. Accordingly the Health Department undertook a further study of accidents in 1966, and demonstrated that the main increases were (a) in the elderly (the very age group in which health visitors and other health workers had earlier produced the greatest reduction) and (b) in preschool children (the age group in which parental precautions are to some extent countered by the ingenuity of young children), while the only sizable group showing continued reduction was school children (in whom the reduction was tentatively attributed to the continued development of health education in schools).

The Position in 1970.

In 1970 and indeed 1969 and 1968 the position can be briefly summarised.

(1) For any sustained further investigation of accidents or any substantial increases of work on accident prevention additional staff—especially health education lecturers and health visitors—would be needed: and we have had some years of financial stringency in which staff increases were avoided.

(2) Since the Director of Advanced Nursing Education (Miss Lamont) and the Principal Health Visitor Tutor (Miss Hay) were themselves personally involved in the home safety efforts of earlier years, it is unlikely that student health visitors, student male visiting officers and student health assistants are inadequately taught about their important roles in the prevention or reduction of accidents.

(3) Since the Medical Officer of Health and the Chief Nursing Officer (Miss Nairn) had likewise been personally involved, it is unlikely that health visitors and male health visiting officers are discouraged from educating their clients about safety; but the health visitors and male health visiting officers have (without increase in their numbers) to allocate priorities—e.g. between maintenance of emotional and physical health in an increasing elderly population, persuasion of young mothers about family spacing, improvement of emotional health of preschool and school children, convincing parents of the importance of vaccination against rubella and measles, and guidance about safety.

(4) Since group health education has been enormously extended in recent years and since it is directed by the persons mentioned at the beginning of paragraph (2) above, it is unlikely that reasonable teaching is not given on safety—but, as in the case of individual guidance by health visitors in the home, teaching on safety has to compete with other health education priorities.

(5) The Health Education Division from time to time produce exhibitions featuring home, road and water safety—but again there has to be due consideration to other priorities.

(6) A group who might aid health visitors and male health visiting officers in safety counselling is district nurses, but over the years they have displayed so little interest in the subject that the Medical Officer of Health has in the last two years not given student district nurses the single talk on safety work that he previously offered. The lack of interest is in no way the fault of the nurses; they are in a separate organisation, spend their lives on treatment and have no linkage with the mainstream of health education and disease prevention.

(7) Consequently, senior members of staff of the Health Department, while a little sceptical about the value of mass media by themselves (as opposed to the unquestioned value of mass media when combined with individual group teaching), have felt in recent years that—until staff increases become practicable—the best

short-term contribution that they can make to safety is periodically to revise and reissue *The Aberdeen Home and Road Safety Handbook*. The fourth edition was printed and distributed in 1970.

(8) Aberdeen Health workers have over the years acquired considerable knowledge of the emotional, physical, social, economic and environmental causes of accidents, and considerable skill in the sophisticated art of adapting health teaching in such a way as to interest and motivate the particular group taught. It is therefore hoped that, at some date in the reasonably near future, the economic situation will allow of staff increases and of consequent intensification of work on prevention of accidents.

18.—CONTROL OF INFECTIOUS DISEASES.

(J. B. Tait, Statistician.)

Features of the Year.

(1) The total of all notified infectious diseases (excluding tuberculosis) rose to 1,731 as compared with 612 in 1969 and 267 in 1968. Lest this apparently staggering increase be imagined—erroneously—to imply a return to the bad old days it should be stated specifically that the only important alterations in Aberdeen's notified infections in the last three years pertain to measles (an increase), dysentery (an increase) and infective jaundice (a decrease). Disregarding these three conditions the remaining totals would be—

111 cases of other notified infections in 1970;

61 cases of other notified infections in 1969;

116 cases of other notified infections in 1968.

(2) The facts about measles are (a) that it became notifiable only on 1st October, 1968, so that in 1968 and previous years not all cases of measles came to the notice of the Health Department; (b) that measles is a cyclical disease (although the cycle is a bit disturbed by the beginnings of vaccination) and 1969 was not an epidemic year, whereas 1970 was; (c) that vaccination against measles was introduced in Aberdeen in 1968 and made available in 1969 for all children over 9 months (but with special recommendation for the second year of life); and (d) that no vaccine was available from October, 1969, to April, 1970, because one brand had been withdrawn on the ground that it occasionally produced reactions. It is perfectly fair to state that the epidemic year 1970 had 1,199 cases of measles as compared with 235 in the non-epidemic year 1969, but it would be unreasonable to compare these figures with figures for years in which measles was not compulsorily notifiable.

(3) On the possibility that this is Aberdeen's last big outbreak of measles it may be interesting to record that it started in December, 1969, reached a peak of

363 cases in one month in February and declined during April, May and June. Only 45 cases were in babies under twelve months, the vast majority (725) were in children between 1 and 5 years; 420 were in children of school age, and 9 were in persons above that age.

(4) Cases of dysentery rose from 5 in 1968 and 88 in 1969 to 295 in 1970. This substantial increase is attributable to various factors. In particular:—(a) In Aberdeen several minor outbreaks of dysentery occurred in 1970 in day nurseries and nursery schools; and, as a matter of routine, specimens were taken from all contacts and sent to the City Hospital for laboratory testing: so numerous symptomless cases were detected and notified. (b) The symptoms of dysentery and of gastro-enteritis are not always readily distinguishable and both ailments frequently respond to similar treatment: thus it is possible that improved liaison between the Health Department and the General Practitioners may have led to notification to the Health Department of some mild cases of dysentery which, formerly, would not have been reported.

(5) It is gratifying to record that there was a substantial decrease—from 208 cases in 1969 to 126 in 1970—in notifications of infective jaundice which became notifiable in all its forms at the same time as measles. No cases of Weil's disease were notified in 1970.

The following notes, though they refer to numerically smaller changes, or to satisfactory lack of change, may also be of some epidemiological interest.

(6) There was a notable decrease in notifications of food poisoning, from 25 cases in 1969 to 7 cases in 1970.

(7) There were increases in notifications of acute influenzal pneumonia—from 1 case to 6 cases—and acute primary pneumonia—from 13 cases to 30 cases.

(8) There were no notifications of whooping cough in 1970 as compared with 8 notifications in 1969: but notifications of scarlet fever and chickenpox increased respectively from 11 to 19 and from 14 to 40. Chickenpox is not, of course, compulsorily notifiable.

(9) As in 1969, there were 8 notifications of erysipelas and 1 notification of cerebro-spinal fever.

(10) There was a complete absence of diphtheria (for the fifteenth successive year), and of poliomyelitis (for the eighth successive year).

(11) There were no cases of malaria, puerperal fever and puerperal pyrexia. There have been no notifications of any of these diseases for a number of years. Details are given later in this chapter.

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

	No. of Cases			
	1970	1969	Increase	Decrease
Cerebro-Spinal Fever	1	1	—	—
Chickenpox	40	14	26	—
Diphtheria	—	—	—	—
Dysentery	295	88	207	—
Erysipelas	8	8	—	—
Infective Jaundice	126	208	—	82
Malaria	—	—	—	—
Measles	1,199	235	964	—
Ophthalmia Neonatorum	—	—	—	—
Acute Influenzal Pneumonia	6	1	5	—
Acute Primary Pneumonia	30	13	17	—
Poliomyelitis	—	—	—	—
Puerperal Fever	—	—	—	—
Puerperal Pyrexia	—	—	—	—
Scarlet Fever	19	11	8	—
Paratyphoid Fever	—	—	—	—
Typhoid Fever	—	—	—	—
Whooping Cough	—	8	—	8
Food Poisoning	7	25	—	18

Cerebro-spinal Fever.

One case was notified in 1970 as compared with 1 in 1969; 3 in 1968; 1 in 1967; and 1 in 1966. One death—the only fatality since 1962—occurred in 1968.

Chickenpox.

In 1970, 40 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.

Continued Fever (Undulant).

No cases were notified during the year and none has been reported since 1957.

Diphtheria.

For the 15th successive year, no cases were notified. A tabular statement of cases and deaths in recent years may be of interest.

Year	Cases	Deaths
1966-1970	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.

295 cases were notified in 1970 as compared with 88 in 1969; 5 in 1968; 53 in 1967; and 140 in 1966. There were no deaths in 1970.

Encephalitis Lethargica.

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

Erysipelas.

There were eight cases of erysipelas in 1970, as compared with eight cases in 1969; six in 1968; three in 1967; and six in 1966. It is interesting to note that three decades ago the annual number of cases normally exceeded one hundred.

Infective Jaundice.

No cases of Weil's disease were notified in 1970. Infective jaundice in all its forms became compulsorily notifiable on 1st October, 1968; 126 cases were notified in 1970, as compared with 208 cases in 1969.

Leprosy.

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

Malaria.

In 1970 no cases were notified. The only case reported in the past ten years occurred in 1965.

Measles.

Measles became compulsorily notifiable on 1st October, 1968. 1,199 cases were notified during 1970 and 235 cases in 1969. There were no deaths in 1970.

Ophthalmia Neonatorum.

No cases were notified. The only cases reported in the last sixteen 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.

6 cases were notified in 1970 as compared with 1 case in 1969; 4 cases in 1968; no cases in 1967; and 17 in 1966. There were 8 deaths in 1970; 3 in 1969; 1 in 1968; and 12 in 1966.

In certain years, deaths exceeded notifications. The explanation is that certain cases were not notified to this department prior to death.

Pneumonia, Acute Primary.

There were 30 cases and 13 deaths in 1970 as compared with 13 cases and 4 deaths in 1969; 8 cases and 6 deaths in 1968; 17 cases and 2 deaths in 1967; and 29 cases and 3 deaths in 1966.

During the ten years 1960-1969, the annual average number of cases was 55 and the annual average number of deaths was 7. Of the 30 cases in 1970, 17 or 57 per cent. received institutional treatment.

Poliomyelitis.

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

Vaccination against poliomyelitis is mentioned elsewhere.

Puerperal Fever and Puerperal Pyrexia.

In 1970 no cases of puerperal fever were notified. The only cases reported in the previous ten 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 1970. The only cases reported in the previous ten years were 1 in 1965; 4 in 1963; and 3 in 1961.

Scarlet Fever.

In 1970, 19 cases of scarlet fever were notified as compared with 11 cases in 1969; 23 cases in 1968; 17 cases in 1967; and 24 cases in 1966.

There were no deaths for the twenty-second consecutive year.

Smallpox.

Aberdeen has remained free from smallpox since 1930.

Analysis of vaccinations carried out in 1970 is given elsewhere.

Typhoid and Paratyphoid Fevers.

No cases of typhoid fever were notified in 1970.

The only cases reported in recent years occurred during the typhoid fever outbreak of 1964 when 419 cases were notified, with one death.

No cases of paratyphoid fever were notified in 1970, 1969, 1968 or 1967. There were two cases in 1966. In 1958 there was an outbreak of paratyphoid B and 25 cases were notified.

Whooping Cough.

No cases of whooping cough were notified in 1970 as compared with 8 cases in 1969; 20 cases in 1968; 37 cases in 1967; and 2 cases in 1966. No deaths have occurred in the last 15 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 1970, 7 cases were reported as compared with 25 cases in 1969; 24 cases in 1968; 11 cases in 1967; and 12 cases in 1966.

Infections Generally.

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

In Table II are given the morbidity and mortality from infectious diseases, classified according to age and to the allocation of patients to institutions for treatment. In Table III, the cases and deaths are detailed for each of the years from 1960 to 1970.

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 II.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES
(EXCLUDING TUBERCULOSIS) DURING 1970.

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	Cases	1	—	—	—	1	—	—	—	—	1	—
Fever	Deaths	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ...	Cases	40	2	13	24	—	1	—	—	—	—	40
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Cholera	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Continued Fever	Cases	—	—	—	—	—	—	—	—	—	—	—
(Undulant)	Deaths	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	Cases	295	8	113	69	31	33	13	9	19	25	270
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	Cases	—	—	—	—	—	—	—	—	—	—	—
Lethargica...	Deaths	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	Cases	8	—	—	—	—	1	2	4	1	—	8
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute	Cases	126	—	10	69	15	17	4	8	3	—	126
Infective ...	Deaths	—	—	—	—	—	—	—	—	—	—	—
Leprosy	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Malaria	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Measles	Cases	1199	45	725	420	8	1	—	—	—	—	1,199
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	Cases	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	Deaths	—	—	—	—	—	—	—	—	—	—	—
Plague	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Pneumonia,	Cases	6	—	—	—	—	—	—	3	3	—	6
Acute Influenzal	Deaths	8	—	—	—	—	—	—	3	5	5	3
Pneumonia,	Cases	30	—	1	2	3	3	—	3	18	17	13
Acute Primary	Deaths	13	—	1	1	1	—	—	3	7	7	6
Poliomyelitis,	Cases	—	—	—	—	—	—	—	—	—	—	—
Acute	Deaths	—	—	—	—	—	—	—	—	—	—	—
Puerperal	Cases	—	—	—	—	—	—	—	—	—	—	—
Fever	Deaths	—	—	—	—	—	—	—	—	—	—	—
Puerperal	Cases	—	—	—	—	—	—	—	—	—	—	—
Pyrexia	Deaths	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	Cases	19	—	9	9	1	—	—	—	—	—	19
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Smallpox ...	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid A	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid B	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Typhus Fever	Cases	—	—	—	—	—	—	—	—	—	—	—
	Deaths	—	—	—	—	—	—	—	—	—	—	—
Whooping	Cases	—	—	—	—	—	—	—	—	—	—	—
Cough	Deaths	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	Cases	7	—	1	1	2	1	1	1	—	—	7
Total	Cases	1731	55	872	594	61	57	20	28	44	43	1,688
	Deaths	21	—	1	1	1	—	—	6	12	12	9

TABLE III.—MORBIDITY AND MORTALITY FROM INFECTIOUS DISEASES, INCLUDING TUBERCULOSIS, DURING EACH YEAR FROM 1960 TO 1970.

Disease.		1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	ANNUAL AVERAGE 1960 to 1969.
Cerebro-Spinal	Cases	1	1	3	1	1	1	2	2	6	3	3	2.3
Fever . . .	Deaths	0	0	1	0	0	0	0	0	2	0	2	0.5
Chickenpox . .	Cases	40	14	28	51	0	1	3	2	6	5	0	11.0
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Continued Fever (Undulant) . .	Cases	0	0	0	0	0	0	0	0	0	0	0	0.0
	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	295	88	5	53	140	273	2	164	116	26	186	105.3
	Deaths	0	0	0	1	0	0	0	0	0	0	0	0.1
Encephalitis	Cases	0	0	0	0	0	0	0	0	0	1	2	0.3
Lethargica . .	Deaths	0	0	0	0	0	0	0	0	0	0	1	0.1
Erysipelas . .	Cases	8	8	6	3	3	2	9	1	7	15	11	6.5
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Infective Jaundice	Cases	126	08	72	0	9	12	35	31	18	24	16	42.5
Acute	Deaths	0	0	0	0	0	1	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	0	0	0	1	0	0	0	0	1	0.2
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Measles	Cases	1199	235	74	504	19	48	14	147	52	57	38	118.8
	Deaths	0	0	0	0	0	0	0	0	0	0	1	0.1
Ophth. Neonatorum	Cases	0	0	0	0	0	1	0	0	0	0	0	0.1
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	Cases	6	1	4	0	17	5	1	11	1	16	4	6.0
Influenzal . .	Deaths	8	3	1	0	12	0	0	6	0	7	0	2.9
Pneumonia, Acute	Cases	30	13	8	17	29	24	49	52	62	114	181	54.9
Primary	Deaths	13	4	6	2	3	7	5	12	7	11	16	7.3
Poliomyelitis, Acute	Cases	0	0	0	0	0	0	0	0	3	0	0	0.3
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Puerperal Fever	Cases	0	0	0	0	0	0	2	1	0	0	0	0.3
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Puerperal Pyrexia	Cases	0	0	0	0	0	1	0	4	0	3	0	0.8
Scarlet Fever . .	Cases	19	11	23	17	24	29	14	4	10	13	38	18.3
	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	60	46	55	56	63	58	48	48	68	86	89	61.7
	Deaths	7	3	8	5	3	6	1	7	4	9	9	5.5
*Tuberculosis, Other	Cases	8	6	4	8	13	9	12	14	14	10	12	10.2
	Deaths	3	3	0	0	1	1	1	2	1	2	0	1.1
Typhoid and Para- typhoid Fevers	Cases	0	0	0	0	2	0	420	2	1	0	0	42.5
	Deaths	0	0	0	0	0	0	1	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	0	8	20	37	2	26	22	43	36	42	10	24.6
	Deaths	0	0	0	0	0	0	0	0	0	0	0	0.0
Influenza, excl. Influenzal Pneumonia . .	Deaths	2	0	4	0	5	0	2	0	2	2	0	1.5

*The classification of Tuberculosis was altered in 1968, in accordance with the Eighth Revision of the International Classification of Diseases.

19.—ENVIRONMENTAL HYGIENE AND ANALYTICAL WORK.

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

Seven hundred and fourteen samples were submitted to the laboratory of the Public Analyst for examination under Food and Drugs Acts. Almost half of the sixty five samples reported as unsatisfactory concerned failure to provide the minimum statutory standard required, such as the sausages and pies being deficient in meat.

One hundred and sixty two samples of pasteurised milk were examined and all were found to be satisfactory.

The Fertiliser and Feeding Stuffs Act required that products of this nature bear a statement of composition and that samples comply with this statement or be within prescribed narrow limits.

Each week, nine swimming pools in the City were visited for the purpose of taking samples of the pool water for bacteriological examination and also to test by chemical methods that satisfactory chlorination conditions are being maintained.

Blood and urine specimens submitted for alcohol determination show a marked increase compared with the previous year. These specimens, provided by persons in cases concerned with offences under the Road Traffic Acts, are submitted by police forces and also by private persons who wish an independent analysis made of their portion of the original specimen.

Toxicological specimens are submitted by Procurators Fiscal and Police for analyses which may help in establishing the cause of death or other contributory factors and once again there has been an increase in the number of specimens submitted compared with previous years.

The measurement of atmospheric pollution was continued at selected sites in the City.

The total number of samples analysed was as follows:—

Food and Drugs Act	714
Milk tested for effective pasteurisation .	162
Fertilisers and Feeding Stuffs	17
Rag Flock and Other Filling Materials .	4
Swimming Bath Waters	694
Blood and Urines for alcohol content .	891
Toxicological Specimens	200
Miscellaneous	30
	<hr/>
	2,712
	<hr/>

Atmospheric Pollution—

Sulphur Dioxide by Volumetric Method	965
Smoke Deposits	965
Lead Peroxide Cylinders	96
Deposit Gauge Waters	24
	<hr/>
	2,050
	<hr/>

20.—OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.*(J. M. Wallace, Principal Medical Officer.)*

When this Act came into force in 1964 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 the total number of registered premises was 2,463 and 3,308 general inspections were made of 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 Medical Officer. Accidents are notifiable if they cause death of an employee or disable him for more than three days, and, unless trivial, are normally investigated.

In 1970 there was a substantial increase in the number of accidents reported, the total notified being 50, as compared with 25 in 1969 and 47 in 1968. Some of this increase could be due to greater awareness on the part of employers of the need to notify accidents. However, some accidents were quite serious and it was clear that carelessness, complacency and faulty methods were major factors. Three non-notifiable accidents were also dealt with. There were no deaths.

Amongst those notifiable the main causes remained falls (18 accidents) and mishaps whilst handling goods (11), but there was a higher proportion than usual of accidents involving machinery (6). Other causes were, accidents due to collisions (5), struck by falling objects (4), and miscellaneous (6).

The notifiable accidents were all investigated and 12 formal written notices were served. This is the highest number so far in any one year, and no less than six of them were issued in respect of just one type of accident, namely injuries sustained whilst working with a food-slicing machine. The necessity for the use of correct methods and constant vigilance with these dangerous machines cannot be over-emphasised. A moment's inattention on the part of the operator can result in the loss of part of a finger. Another difficulty is that some of the older slicing machines are not so well guarded as the more modern ones.

In other cases informal advice was given with a view to prevention of further accidents. Follow-up visits were paid where required to ensure compliance with the provisions of the Act and were generally satisfactory.

The arrangement with H.M. Deputy Superintending Inspector of Factories (Scotland) for the use of Aberdeen as a test area has been completed and copies of investigation reports are now being submitted only in respect of certain types of accidents where information is required centrally.

21.—CLEAN AIR ACT, 1956.

It is very much regretted that the report has to be "No Action". The financial situation was considered to be such as to call for the deferring of any action on the setting up of clean air zones.

The move to St. Nicholas House has enabled many members of the Corporation staff to have visual confirmation of the evidence provided over the years by the monitoring stations, i.e. that the "platinum blonde of the North" is not as unsullied as some of her admirers believe.

22.—NOISE ABATEMENT ACT, 1960.

A complaint about noise arising from the night-time activities of a trade vehicle received attention. The fact that only one complaint arose does not necessarily indicate a quiet city—rather that in common with other cities the citizens have become conditioned to a fairly high level of this environmental pollutant which, of course, noise is.

23.—NURSING HOMES REGISTRATION ACT.

One application for registration was received and granted during the year and the same Nursing Home has also been approved by the Secretary of State for Scotland for use under Section 1 (3) of the Abortion Act, 1967.

At the end of the year there was a total of 2 Nursing Homes Registered, providing accommodation for 15 and 22 patients respectively.

24.—MEDICAL EXAMINATIONS.

In 1970 the 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 1,160—a decrease of 92. Of those examined 542 were males and 556 were females. The following table gives a break down of these figures as between examinations for superannuation purposes, &c. The Department was asked to carry out medical examinations for Heavy Goods Vehicle Licences and Public Service Vehicle Licences. The difference between the totals of 1,160 and 1,089 is accounted for by 62 persons who had to have more than one examination because of medical conditions which needed investigating. There has been a decrease in the number of people who failed their medical examination for super-

annuation and sick pay schemes. Out of a total of 973 only 6 failed as opposed to 18 for the previous year.

Superannuations—

	Male	Female
Number passed . . .	256	311
Number rejected . . .	—	1
	<hr/> 256	<hr/> 312

Sick Pay—

	Male	Female
Number passed . . .	184	216
Number rejected . . .	2	3
	<hr/> 186	<hr/> 219

Retirement—

	Male	Female
Number passed . . .	14	9
Number rejected . . .	—	—
	<hr/> 14	<hr/> 9

Fitness for Work—

	Male	Female
Number passed . . .	9	2
Number rejected . . .	1	1
	<hr/> 10	<hr/> 3

Heavy Goods Vehicle Licence—

	Male
Number passed . . .	32
Number rejected . . .	—
	<hr/> 32

Public Service Vehicle Licence—

	Male
Number passed . . .	11
Number rejected . . .	—
	<hr/> 11

Entry to College—

	Male	Female
Number passed . . .	5	12
Number rejected . . .	—	—
	<hr/> 5	<hr/> 12

Police Examinations—

SPECIAL CONSTABLES—

	Male	Female
Number passed . . .	6	1
Number rejected . . .	—	—
	<hr/> 6	<hr/> 1

CONFIRMATION MEDICALS—

	Male	Female
Number passed . . .	21	—
Number rejected . . .	1	—
	<hr/> 22	<hr/> —

Male 542 Female 556 = 1,098

Persons with more than 1 examination = 62

Grand Total = 1,160

25.—SCHOOL HEALTH SERVICE.

Introduction.

"The School Health Service performs a special and valuable function which in our view must be continued."—The Porritt Committee (1962).

Exactly sixty years ago, the School Health Service in Aberdeen came into existence as a specific service for the school population to deal particularly with the then highly unsatisfactory state of health of this group. The objective of the service has all along been the achievement of maximum physical and mental well being of children so as to enable them to use their full abilities and derive maximum advantage from the educational facilities provided, irrespective of any handicap they may be suffering. Over the years changing socio-economic standards, advancing knowledge of diseases and the means to deal with them, and resulting changes in the pattern of diseases have all contributed to the gradual alteration of the working of the service and of its main emphasis. The original stress on defect finding during medical inspection has shifted from school to pre-school children and from infections and infestations to defects of the sensory organs and other physical, emotional and social handicapping conditions; and identification and remedy of defects has gradually become less important than prevention of defects and promotion of good health. The scope of preventive immunisation has been widened to include new diseases like measles and rubella. The concept of positive health is being increasingly appreciated and put into practice not only through physical exercise, games, and sports in schools but also through extra-mural activities like camping, excursions and better utilisation of leisure and holidays. Earlier physical maturity, newer problems of a permissive society in which we are living, problems associated with broken homes, unmarried mothers, drug misuse, alcoholism, smoking, excess sweet-eating, and so on, all call for a major emphasis on social health education which can have its most effective impact during the formative period of life. This subject has been receiving our highest consideration and has indeed become the primary objective of the Service.

The integration of school health and pre-school health services, achieved in 1967 after years of planning and preparation, is now proving its usefulness by maintaining the continuity of health supervision of children from the health visitor home visits, child health clinic attendances and paediatric assessments of the earliest years, onwards through nursery classes (attended by increasing numbers) and then throughout school life. Particularly important is developmental screening (or paediatric assessment) at various stages—for the early detection and, if possible, remedy of any defect or disability of body, intellect or personality. The proposed multi-disciplinary, comprehensive assessment centre in the grounds of Beechwood

School will go a long way to meet the needs of handicapped children but its prolonged gestation has been a cause of worry for all concerned.

Two important changes took place during the year. The Education (Scotland) Act, 1969, which came into force in August amended some of the sections relating to health to bring the provisions more in line with prevailing practice and also to provide for future development. These have not so far affected the school health service. The second change was the separation of social welfare work from the Health Department in November, 1969. The close and continued co-operation with the new Social Work Department has made the transition smooth and imperceptible.

Aberdeen won several laurels in the moderately recent past for being the first to attempt or apply new public health measures. In the midst of these successes our failure to get the advantage of an easy, economical, scientifically established, public health procedure like fluoridation of drinking water as a means to decrease the sufferings of thousands of children, to prevent damage to their teeth and to save the wastage of millions of dental man-hours gives rise to a feeling of discomfort sometimes amounting to frustration. All allegations about its injurious effects have been subjected to detailed scientific assessment and disproved beyond doubt, but still opposition based on lack of knowledge or on irrational fear is debarring children from getting its benefit. One hopes that the opposition, like that to any scientific innovation, will die a natural death.

During the last decade or so there has been rather an exuberance of critical appraisal of the Service both from official and non-official sources. These were echoed in the medical press in the form of articles, letters and recommendations. Recent declaration of the Government for unification of the tripartate National Health Service stimulated further observations and recommendations. These will no doubt have their share in giving a new shape to the Service. Even though the exact nature of the changes cannot be foreseen from the diverse recommendations which are sometimes contradictory and sometimes overlapping, the new Service will presumably involve to a greater extent the paediatricians, the family doctors, the psychologists, the educationalists, the social scientists and the voluntary agencies dealing with child welfare. The school medical officer while maintaining his close contact with the school will be increasingly called upon to promote co-operation and co-ordination with these specialists. In view of the very hopeful and encouraging officials assertion that the Service 'is approaching a period of greatly enhanced opportunity closely united with the health provision for the child as a whole' (Health of the School Child—1966-68), we feel tempted to call this year "The Year of Great Expectation" for the Service.

GENERAL REVIEW.

The Annual Report for 1969-1970 has been prepared in accordance with instructions contained in Scottish Home and Health Circular No. 18/1970, dated 1st December, 1970.

1. Organisation and Administration.

(a) *Number of Schools and Pupils*—As in last year, 52 primary, 12 secondary, 3 senior secondary, 4 nursery, 4 grant aided schools, and 3 special schools (including the Junior Occupational Centre) were inspected by the School Health Service. Number of nursery classes in ordinary schools increased from 6 to 10. The number of children on the registers was 32,403 (cf 32,228 during 1968-1969). In addition, three institutions of further education i.e. the Pre-Nursing College, the College of Commerce and the Technical College were also covered.

(b) *Integration of Pre-School and School Health Services*—The three-year-old child of 1967 and the six-year-old pupil of 1970 are the same person; many disabilities, diseases and behavioural difficulties found in the pupil originate in the pre-school years; and there can be confusion if a household containing children aged 6 and 4 years is offered conflicting advice by persons each concerned with the well-being of only one child. Integration of pre-school and school health services—a major reconstruction involving years of planning and preparation—took place in stages and was finally completed in the autumn of 1967. The integrated service operated smoothly during its third year.

(c) *Staff*—The staff position during the year is indicated in Table 11. As in last year, extended use was made of health assistants (enrolled nurses with subsequent short public health training) to relieve health visitors of duties not requiring the full professional skill of a health visitor.

During the year grave shortage of dental officers was experienced. There was throughout the year the equivalent of 3.3 dentists in posts out of an establishment of seven, and in an area with a very low fluoride content of the drinking water.

(d) *The Handicapped Register*—Scottish Home and Health Department Circular H. & W.S. 16/65 (dated 24th August, 1965) recommended the introduction of a scheme for the registration of handicapped children. It is worth mentioning that Aberdeen has been singularly fortunate in maintaining a handicapped list of pre-school children since 1953, i.e. twelve years before the above move.

On the recommendation of the Joint Consultative Committee of Medical Officers of Health, specially designed proformas suitable for computer processing (Forms—Stats/H.S.23 and 24) were introduced by the Scottish Home and Health Department in October, 1967. Form Stats/H.S.23 is required to be completed for every new entrant to this Register. Form Stats/H.S.24 is required to be completed for every child removed from the Register.

The completed proformas, as also a copy of the handicapped list updated where ever necessary, were sent to Scottish Home and Health Department, Edinburgh, for computer processing. The analysed data, received back in the form of tables, are incorporated in this Report (vide Table 7).

2. Systematic Medical Inspection.

As in last year, the completed school medical cards were sent to the Scottish Home and Health Department and analysed data received in the form of tables are incorporated in this report (vide Tables 1 to 6).

In the course of 428 visits (cf 364 of last year), paid to 52 primary, 12 secondary, 4 senior secondaries, 4 grant aided and 3 special schools, 5,121 children (cf 5,010 of last year) were examined.

3. Monthly Visits and Other (Special) Medical Examinations.

(a) SCHOOLS.

The system of monthly visits by the school doctor and the school health visitor has been previously fully described and the success of this system remains undoubted.

634 sessions were devoted by school medical officers and health visitors (attending together) to monthly visits and re-examinations. 8,468 pupils were referred (by health visitors, teachers, &c.) during these sessions. The total number of defects followed up was 4,986 as compared with 5,916 of last year. 111 sessions were devoted to vision testing of 7-year-old and vision and colour vision testing of 11-year-old pupils. Total number of examinations for visual acuity was 10,341 (vide Tables 8 and 10).

In addition—

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

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

(b) NURSERY SCHOOLS.

598 children in 4 nursery schools and 10 nursery classes were under general health supervision during the year. The supervision had a bias on developmental screening with the object of early detection of defects of the sensory organs and of any physical, mental or behavioural abnormality. Infants with defects were referred to their family physician.

(c) COLLEGES.

Pre-nursing College, College of Commerce, and Technical College were visited as and when necessary.

327 pupils were medically examined.

4. Educational Assessment List.

During 1969-1970, 60 pre-school children had their names included in the Educational Assessment List, and at the end of the session, the names of 130 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 concerned with any child whose handicap or suspected handicap may interfere with his or her educability in any way.

45 visits to pre-school children and 41 visits to school-age children were paid by a senior medical officer during 1969-1970 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 Children's Hospital, the Education Department and the Health Department.

5. Ascertainment of Mental Handicap.

	Pre-school Children.	School-age Children.	Total Children.
(i) Number of children suspected of mental handicap and referred for examination	45	41	86
(ii) Number of children ascertained as M.H. and recommended for special school/ classes	5	26	31
(iii) Number of children ascertained as M.H. and recommended for Junior Occupation Centre	1	2	3
(iv) Number of children ascertained as M.H. for whom no special education facilities are available	—	21	21
(v) Number of children reported under Section 66B of the Education (Scotland) Act, 1969	1	—	1

The number of children on the waiting list for admission to Beechwood School was 25. Rubislaw Occupational Centre, unlike Beechwood School which was purpose-built, cannot provide training for children who are both severely physically and mentally handicapped. Architecturally it is unsuitable for children with severe locomotor disabilities. Because of advances in medicine, an ever increasing number of children with severe mental and physical handicaps are surviving, and unless suitable Special Education facilities expand at a comparable rate, a serious situation will arise.

6. Home Tuition.

Home tuition was provided in 1969-1970 for 10 pupils (6 pupils in 1968-69). Tuition in hospital was provided for 2 pupils. The figures for home tuition includes children who suffered from such conditions as asthma, leukaemia, fibrocystic disease of the pancreas with lung complications, congenital heart lesion, tuberculosis, nephrotic syndrome and locomotor disorders.

7. School Health Visiting Service—Surveys of Personal Hygiene and Emotional and Physical Health.

The school health visitors' and health assistants' health survey of all children, the "monthly" visit of medical officers and health visitors to each school, and health visitors "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 continued omission of the "intermediate" routine medical examination has allowed health visitors more adequate time for non-routine school visiting and for discussion with class teachers about the problems of individual children.

The total number of inspections by health visitors and health assistants for 1969-1970 is 75,143 compared with 74,229 in 1968-1969. 12 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 1969-1970 are as follows:—

	Ordinary.	Selected.	Totals.
(i) Total number of inspections by Health Visitors	14,292	5,419	19,711
Total number of inspections by Health Assistants	42,845	12,587	55,432
	<u>57,137</u>	<u>18,006</u>	<u>75,143</u>

(ii) Total number showing defects of hygiene:—

	Ordinary.	Selected.	Totals.
Vermin	46	78	124
Nits	540	812	1,352
Impetigo	17	28	45
Scabies	47	58	105
Bad Clothing	90	115	205
Bad Footwear	44	47	91
	<u>784</u>	<u>1,138</u>	<u>1,922</u>

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

	Ordinary.	Selected.	Totals.
Physical—			
By Health Visitors	2,236	2,219	4,455
By Health Assistants	5,960	2,060	8,020
Behaviour and Mental—			
By Health Visitors	91	106	197
By Health Assistants	15	29	44
	<u>8,302</u>	<u>4,414</u>	<u>12,716</u>

(iv) Number treated in schools—

	Totals.
By Health Visitors	1,636
By Health Assistants	2,328
	<u>3,964</u>

Home Visits by Health Visitors.

The Health Visitors paid visits to 7,162 homes for counselling and guidance about school children. A classification of visits is as follows:—

	1st Visits.	Revisits.	Totals.
Physical	645	442	1,087
"Settling-in", behaviour, &c.	3,027	2,654	5,681
Cleanliness, &c.	222	172	394
	<hr/>	<hr/>	<hr/>
	3,894	3,268	7,162
	<hr/>	<hr/>	<hr/>

Health Assistants paid visits to 17 homes for reasons including guidance and demonstration of cleansing verminous heads.

8. Health Education in Schools.

Health education of pupils is carried out by all school medical officers at an individual level. Occasionally, at the request of a Head Teacher, group instruction is undertaken.

Health education by health visitors is undertaken at both individual and group level, and increasingly at class level in infant, primary and secondary schools. The role of class health educator has considerably expanded. This work is carried on in the majority of junior secondary schools and in special schools, by health visitors and male health visiting officers. The extent of this work is indicated by the fact that 1962 health educating sessions were undertaken in schools by the health visiting staff during 1969-1970 and a total of 51,787 pupils attended.

Health Education in Primary Schools.

Members of the health visiting staff have carried out health education programmes in 31 schools during the year. In the majority of cases, the health visitor deals with the P.7 age groups, but in some schools she will be involved in teaching P.5, P.6 and P.7 classes. As far as possible these lessons are carried out every week. This is essential in order to preserve the continuity of the teaching. Maximum pupil involvement is aimed at and some very interesting individual and group projects were carried out by the children.

Health Education in Secondary Schools.

The health education programmes in secondary schools continued as in past years.

Where it is possible, this teaching is done in discussion with small mixed groups of adolescent boys and girls. The programmes are in the main carried out with school leaver groups (Sec. 3) and also with Sec. 4 groups. The health teaching sessions cover all health topics of interest and relevance to this age group and include discussions on personal relationships, personal health and health hazards, community health and leisure activities.

It is interesting to note that with all these groups, questions regarding venereal disease and the misuse of drugs always are asked, and are dealt with in the total setting of health and health risks.

Visual Material and Guidance to Students and Teachers.

The Health Education Division and its staff, as well as the health visitors in their own schools, are always willing to discuss and advise on health education which is to be carried out by a student or teacher.

One school has a regular order for filmstrips and many more horror films from time to time.

The amount of health publicity material issued to the abovementioned groups continues to rise and is estimated at 10,000 (leaflets and posters).

Dental Health Campaign (Infants).

The presentation of dental health packs to all schools starters has become a feature of the Easter term. The packs, which contain a tooth mug, toothbrush and toothpaste, were more attractive and had more substantial packaging than in previous years. During the week 2nd to 6th March, they were presented to 3,030 children who had started school in 1969. As supplies were available, 254 children in the primary department of Beechwood School and the Day Care Centre were also included. As is usual on these occasions, the health visitor did some extra dental health education and visual material, e.g. flannelgraphs, filmstrips, films (and in many cases, projectors) were organised and delivered from the Section. In all, 37 schools were involved. Follow-up of this teaching was done in April when 'Happy Smile' badges were issued to those who had earned them and also suitable dental health leaflets to reinforce the teaching. Where children were taught by the I.T.A. method, a special leaflet produced by the Oral Hygiene Service was used.

Dental Health Exhibition—St. Nicholas House.

The exhibition was open to members of the public and to classes of school children and their teachers during the week commencing 2nd March. The exhibition was prepared with the 10-13 years age group in mind, but there was something of interest for most ages.

After a slow start, it became obvious that this exhibition was interesting to a wide age range and particularly after some very good press publicity the staff found it very difficult to cope with the large numbers attending. This exhibition was essentially a teaching situation rather than a walk-round exhibition and needed to be staffed all the time.

9. Audiometric Testing.

Pure tone audiometry was carried out in schools on 9,715 pupils in the 5, 11, 14 and 17 years-old age 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 School and Rubislaw Occupational Centre. Audiometric results are noted below.

	Normal/I	One ear affected		I/Both	I/II	Both ears affected		II/III	III/Both
		Normal/II	Normal/III			II/Both	I/III		
In ordinary schools—									
Boys	206	10	—	51	3	5	—	2	—
Girls	157	11	1	52	3	3	—	1	—
Linksfield School for the Deaf—									
Boys	—	—	—	—	—	10	—	—	20
Girls	—	—	—	—	—	9	—	—	23

5 boys and 4 girls with Grade II hearing in both ears are included in classes for partially hearing pupils at King Street School.

In addition, in accordance with instructions contained in Scottish Home and Health Department Circular No. 10/1969, dated 23rd April, 1969, Table 9 has been prepared on the basis of results obtained during pure-tone audiometric examination.

10. Sanitary Conditions in Schools.

The standard of sanitary condition in schools with inside toilets facilities is good. In some of the older schools, however, where outside toilets are still in use, the conditions are unsatisfactory. Aberdeen Corporation is aware of this and is providing indoor toilets at the rate of one school per annum, the maximum allowed in the Capital Investment programme. The provision of indoor toilet accommodation at the Victoria Road Primary School is presently under way. The infant section is already in operation and the rest is now nearing completion. It is expected that the provision of indoor toilet accommodation at Skene Square Primary School will also be undertaken in the course of the current financial year. A request has been forwarded to the Scottish Education Department asking that Aberdeen Corporation be allowed to proceed with all other projects of this nature in Primary Schools and a reply to this is awaited.

11. The Minor Ailments Clinic.

The clinic is open from 4.30 p.m. thrice weekly (on Monday, Wednesday and Friday). It ceased to treat minor ailments about six years ago. Pupils suffering from pediculosis, scabies, impetigo, &c., complete their treatment from their general practitioners and are referred to the clinic to get a clearance certificate before they can rejoin their schools. As far as possible these cases are dealt with on a family basis. In absence of a more suitable name the old name is being continued.

The following table shows the attendance at the clinic during the year:—

	Pediculosis.	Scabies.	Impetigo.	Miscellaneous.
Number of families involved	45	30	2	4
Number of families visiting more than once	5	3	—	—
Number of children in families	75	50	—	—
Number of schools involved	25	14	2	4

Treatment at City Hospital Cleansing Station.

This involved 14 families (including 29 school children) for treatment of scabies and 3 families (including 6 school children) for treatment of pediculosis.

12. School Eye Clinic.

The School Eye Clinic is housed in the premises of Commerce Street School and staffed by the North-Eastern Regional Hospital Board. Two eye specialists attend two sessions a week each, while one optician is in attendance every afternoon except on Fridays. One dispensing optician attends afternoon sessions on Mondays, Wednesdays, Thursdays and both morning and afternoon sessions on Fridays. In addition a full-time secretary is in attendance on all week days. Services of a part-time nurse and an orthoptist are provided by the Council. However, the orthoptist section of the clinic is not operating since the last orthoptist left about three years back and the post could not be filled since. All cases requiring orthoptic treatment are referred to the Royal Aberdeen Children's Hospital.

As a result of referral from schools and periodical re-examination of old cases 2,487 children (551 new and 1,936 old) were examined at the Clinic. The figure includes 59 pre-school children who were referred from the Child Welfare Clinics or nursery classes. The figures compare with 2,628 school children and 59 pre-school children examined in the previous year. It may be noted that parents of a number of children whose defective vision is detected during school medical examination prefer to go to their own doctor or optician to have their children examined and for the provision of glasses where necessary. 85 children (47 boys and 38 girls) were referred for orthoptic treatment and 12 children (5 boys and 7 girls) for operation and/or further investigation at the Royal Aberdeen Children's Hospital. The figures for last year were 97 and 19 children respectively.

13. Hearing Ascertainment Clinic.

Since 1958 the Deafness Diagnostic Clinic has been held weekly. On an average four cases have been dealt with at each session. At first, the Clinic was staffed by an E.N.T. consultant, a school medical officer and an audiometrician. Later a peripatetic teacher of the deaf joined the staff and has proved a very valuable addition to the Clinic. In recent years it had become obvious that the number of children with multiple handicaps was increasing and to complete the team an educational psychologist would be necessary. This appointment was made in 1968 and complies with the recommendations in the Report of the Working Party on the Ascertainment of Children with Hearing Defects.

The Ascertainment Team as now constituted conforms with those recommendations. In addition to Aberdeen City, it is operative for the counties of Banff, Moray and Nairn, Sutherland, Caithness, Orkney and Zetland.

The Clinic held 47 sessions during the year and 112 children were seen from Aberdeen involving 205 visits. These include the children from the School for the Deaf residing in the North-Eastern Region. From areas outwith Aberdeen City, 30 children were seen involving 46 visits.

Children from the City of Aberdeen:—

	Number.	Visits.	School.	Pre-School.
Boys	55	93	44	11
Girls	67	112	53	14
	<hr/> 122	<hr/> 205	<hr/> 97	<hr/> 25
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Hearing Aids issued:—

	School.	Pre-School.
Boys	4	2
Girls	2	4

Children from the North-Eastern Region:—

	Number.	Visits.	School.	Pre-School.
Boys	15	22	14	1
Girls	15	24	11	4
	<hr/> 30	<hr/> 46	<hr/> 25	<hr/> 5
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Hearing Aids issued:—

	School.	Pre-School.
Boys	2	—
Girls	1	—

14. Immunisation.*Diphtheria/Tetanus Immunisation.*

Figures for 1969-1970 are as follows:—

Total number of visits paid to schools	82
Number of school children fully immunised for the first time for diphtheria	0
Number of school children fully immunised for the first time for tetanus	0
Number of school children who received a reinforcing injection for diphtheria	23
Number of school children who received a reinforcing injection for diphtheria/tetanus	603
Number of school children fully immunised for the first time for diphtheria/tetanus	82
Number of school children who received a reinforcing injection for tetanus	0
Number of school children who received reinforcing polio immunisation	624

Measles Vaccination.

Number of school children fully immunised for the first time for measles	70
--	----

Rubella Immunisation.

Soon after a rubella vaccine deemed effective and safe by the Medical Research Council was out in the market the Medical Officer of Health thought it desirable to offer the vaccine to school going girls in their fourteenth year. The Corporation was persuaded to adopt rubella vaccination as their policy. 600 doses were purchased. Other preparations for the immunisation programme like printing of information material and consent cards were soon completed. In the meantime Scottish Home and Health Department not only encouraged the Local Authorities to start immunisation programme by providing free vaccine for some months but also recommended a national publicity campaign in September, 1970. This was later called off for shortage of vaccine. The programme in Aberdeen started as planned in September, 1970, and will be included in next year's Annual Report.

Prevention of Tuberculosis.

2,593 pupils aged thirteen were tuberculin-tested (Heaf test). 498 pupils (or 19.2 per cent.) were tuberculin positive, i.e. had acquired an immunity to tuberculosis (and of these 223 had previously received B.C.G. immunisation, 47 were strongly positive and 228 weakly positive), whilst 2,095 pupils (or 80.8 per cent.) were tuberculin negative. Of the latter, 2,056 received B.C.G. vaccine. Chest X-rays were carried out for all tuberculin positive children who were not immunised in the past with B.C.G. vaccine, i.e. for 275 children. 47 pupils who were strongly positive are being followed up in the hospital.

Only 6 cases of tuberculosis (4 pulmonary, 1 non-pulmonary and 1 transfer) were detected among school children. 2 of the pulmonary cases were detected during the school B.C.G. campaign and one as a result of contact tracing of hospital cases.

15. Speech Therapy.

The Department of Speech Therapy runs 8 regional clinics with four full-time and two part-time therapists for the benefit of school and pre-school children suffering from disorders of communication. A check is made twice yearly of all newly admitted children in the infant departments. Cases are also referred by the head teachers, of the School Health Service. Out of 409 children treated 328 suffered from severe speech and language difficulties. The clinics were so busy that 740 children were in the waiting list. The department also makes available the services of speech therapists in some hospitals.

16. The Child Guidance Centre.

The Centre is located at 66, Carden Place, and is staffed with 6 psychologists, 2 social workers and 2 teachers engaged in remedial work at the Reading Centre at St. Paul Street. Services of 2 consultant psychiatrists are provided regularly by the North-Eastern Regional Hospital Board. Children may be referred by any of

the departments dealing with children for behavioural, emotional or learning difficulties. 605 children were referred during the year.

In connection with children referred by teachers and others to the Centre, 7 special medical examinations were carried out.

17. Remedial Facilities.

The Department of Physical Education runs 11 area Remedial Clinics for pupils suffering from such conditions as bronchitis, asthma, poor posture and flat feet. Two qualified teachers of physical education are in charge of the clinics at which 112 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. 37 children were discharged after assessment by the medical officers. This service is greatly appreciated by the School Health Service.

18. Absence from School.

General sickness, colds, stomach complaints and influenza were the main reasons for absence from school. The overall school attendance rate for the year was 93.47 per cent. School Welfare Officers paid 11,049 visits on account of illness (compared with 11,418 visits in 1968-1969).

19. Truancy and Delinquency.

888 children were dealt with by School Welfare Officers for truancy (an increase of 189 over the previous year).

112 children and young persons caught pilfering from stores were dealt with by the School Welfare Department. The number dealt with shows an increase of 40 from last year. Though disturbing, it is gratifying to know that very few of these children ever commit further offences.

20. Drug Misuse.

Recently there has been a great deal of publicity on the subject of drug misuse. We learn that the problem is not only growing in the south but there is a definite tendency of lowering of the age incidence of those involved. Enquiries from police and school welfare sources revealed total absence of the problem in our schools. However, we cannot afford to be complacent and a careful watch has to be maintained by all those dealing with children particularly by the parents themselves, who are likely to be the first to observe any sign of drug taking in their children and to get information about "pushers" of the drug.

21. Road Safety Instructions 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 other

schools. Instructions varied according to the age group concerned and covered kerb drill, maintenance of cycles, elements of motor cycling, car driving supported by films, filmstrips, slides or flannelgraphs. Additionally, to date 8,900 children have been trained for the Cycling Proficiency Test and the successful pupils have received the appropriate badges and certificates.

22. School Meals.

An average of 55 breakfasts were supplied each day (as compared with 50 on 1968-1969). Two-course lunches have been supplied daily during the year to an average of 6,733 pupils (as compared with 6,336 in 1968-1969).

11 special diets consisting of 4 diabetic diet, 1 low phosphorous diet, 1 pancreas deficiency diet and 5 obesity diets were arranged during the year.

23. School Milk.

The average number of bottle (one-third pint) pasteurised milk daily was 18,744 as compared with 19,859 in the previous year.

24. Research.

No research on school health subject was carried out during the year.

25. Conclusion.

To end this "General Review" of the year, a further important statement should be made. The successful working of the School Health Service does not depend solely on the skill and enthusiasm of doctors, health education officers, health visitors, dentists and so on. It also depends to a very considerable extent on the help and co-operation received from the Director of Education and his Department, head teachers, teachers, general practitioners, and hospital doctors and nurses. That help is generously given and is appreciated.

DENTAL SERVICES.

The Chief Dental Officer reports as follows:—

The dental service for school children proceeded as outlined in previous reports within the continuing limitations imposed by understaffing.

The only change from the previous year occurred in the provision of general anaesthesia. Since 1957 the Anaesthetic Department at Foresterhill has seconded the services of an anaesthetist when required. The number of such sessions was dependent on the number of cases, and inevitably there was a time-lag until a sufficient number was available to necessitate a session.

In December, however, the consultant anaesthetist in charge of that section of the Anaesthetic Department which included the dental section declared that the resuscitatory and recovery facilities available were not up to the standard he required and declined to continue the service.

In the course of a protracted correspondence due to a missing letter three alternatives were proposed, viz.:—(1) the upgrading of the clinic facilities to the required standard; (2) the employment by the Corporation on a sessional basis of an anaesthetist who accepted the facilities available; (3) the referral of cases to the Dental Department at Foresterhill.

The first alternative was considered inappropriate with plans on the way for new clinic facilities in the Health Centre at the Denburn; the second was not pursued; and the problem was solved by accepting the third proposition which by this time had become the accepted practice.

Staffing.

Miss N. Helnarska was appointed full-time in October, but this was only a replacement for Mr. J. Sinclair who resigned his appointment at the end of the month. So the staff position was the same as for the previous year.

It would seem that under-staffing of the section has to be accepted. Advertising, although regularly done, seldom achieves the purpose of filling vacancies. Within the past eight years the section has lost two full-time dental officers to Aberdeenshire, while in the past three years three practitioners have left the general dental service in the City for the local authority service in the County. So it would appear that the section can only hope to recruit personnel who wish to work in the City.

With a central and six peripheral clinics it is obviously not possible to keep all the clinics open all the time. So, during the year one dental officer worked in at least two clinics.

The new surgery at Airyhall was opened but its use was somewhat restricted when parents of children in the Hazlehead area requested that treatment be given at the Central Clinic, as this was more easily reached by the radial nature of the public transport system.

Dental Inspection and Treatment.

Some twenty-two thousand children, or two-thirds of the school population, were examined, and of these sixty per cent. were found to be in need of dental attention.

There was a slight reduction in the number treated, but this was offset by an increase in the number of attendances. There was a fall in the number of fillings, and also in the number of teeth extracted. Fewer sought treatment as special or emergency cases.

Dental Health Education.

Once again, school entrants were supplied with dental packs, consisting of brush, paste, a rinsing mug and the rules for good dental health.

The programme of dental health education, principally by the dental auxiliary, was continued in the infant and primary departments of schools. It is difficult to assess the benefits from this, as there is no obvious change in the dental health or

eating habits. Every child knows that teeth should be cleaned and that eating between meals should be avoided, but it is more difficult to have the rules practised.

A striking example of this was noted just before the end of term. A number of secondary pupils were brought in for a half-yearly check-up. Having been dentally fit some six months previously any necessary treatment should normally have been minimal. However, this particular group had such a staggering increase in the number of cavities that this could only mean a change in eating habits. It was not particularly difficult to find out why, and was, as suspected, that a tuck-shop had opened in the school during the year.

The reason advanced by head teachers is that tuck-shops are essential for raising income for school funds. Against this is the fact that more enlightened or public spirited head teachers find other ways of raising income without competing commercially with the little sweet shop at the corner.

There appears to be little point in teaching the rules of dental health if schools themselves actively encourage the breaking of these rules. If such tuck-shops cannot be banned officially—after all they once did not exist—then at least they should be obliged to limit sales to articles of a less cariogenic nature. Such items exist, and can be sold at a profit. The section will willingly advise on these items.

Review and Outlook.

No dramatic change for the better takes place from one year to another, and no overall improvement can be expected until parents see that their children observe the rules for good dental health and see they have treatment when necessary.

The dental section is under no illusion as to how little it achieves, but finds it can make little headway against the combined forces of parental indifference and dentally bad eating habits.

Dental Inspection and Treatment—1969-1970.

1968-69.

(1) Number of Children Examined—

(a) At Routine School Inspection	.	.	.	22,300	21,597
(b) As Special or Emergencies	.	.	.	363	401
			Total	22,663	21,998

(2) Number with Dental Defects	.	.	.	.	13,337	14,191
(3) Number offered Treatment	.	.	.	.	12,861	14,113
(4) Number actually Treated	.	.	.	.	3,001	3,322
(5) Number of Attendances	.	.	.	.	8,700	8,332
(6) Fillings—						
(a) Permanent Teeth	.	.	.	.	5,955	7,007
(b) Temporary Teeth	.	.	.	.	2,754	3,497
			Total		8,709	10,504

Dental Inspection and Treatment—1969-1970 (continued).

1968-69.

(7) Extractions—

(a) Permanent Teeth	451	442
(b) Temporary Teeth	1,899	2,110

Total	2,350	2,552
-------	-------	-------

(8) Number of Administrations of a General Anaesthetic .	23	18
--	----	----

(9) Other Operations—

(a) Permanent Teeth	2,389	2,396
(b) Temporary Teeth	248	329

Total	2,637	2,725
-------	-------	-------

Orthodontic Treatment.

(A) Number of Children given Orthodontic Treatment	137	124
(B) Number of Cases continuing from previous year	60	71
(C) Number of New Cases	77	53
(D) Number of Cases completed	22	46
(E) Number continuing at end of year	58	60
(F) Number of Attendances for Treatment	135	210
(G) Number of Appliances fitted	24	25
(H) Number of Extractions for Orthodontic Purposes		
(a) Permanent Teeth	76	74
(b) Temporary Teeth	37	45

Total	113	119
-------	-----	-----

TABLE 1.

NUMBER OF BOYS AND GIRLS EXAMINED AND PERCENTAGES WITH DEFECTS.

	BOYS		GIRLS		TOTAL	
	No. Exam.	Percentage with Defects	No. Exam.	Percentage with Defects	No. Exam.	Percentage with Defects
ENTRANTS 5-6 years	1,340	59.25	1,271	55.39	2,611	57.37
LEAVERS 14-15 years	1,229	56.96	1,281	56.99	2,510	56.97

TABLE
SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT (Total examined—all ages—5,121)	ENTRANTS			
	BOYS 1,340		GIRLS 1,271	
	No.	%	No.	%
Tuberculosis	1	0.07	1	0.08
Molluscum C	—	—	1	0.08
Verruca	9	0.67	12	0.94
Epidermophytosis	—	—	—	—
Pediculosis	1	0.07	5	0.39
Scabies	—	—	1	0.08
Other Infections	1	0.07	2	0.16
Neoplasms	—	—	2	0.16
Goitres	—	—	—	—
Diabetes	—	—	2	0.16
Underweight	6	0.45	18	1.42
Obesity	5	0.37	14	1.10
Other Endocrine, Nutritional, Metabolic disorders	4	0.30	—	—
Anaemia and Other Blood disorders	2	0.15	4	0.31
Speech Disorder	36	2.69	10	0.79
Enuresis, &c.	96	7.16	75	5.90
Behaviour Disorder	17	1.27	23	1.81
Borderline Mental Retardation	13	0.97	7	0.55
Mild Mental Retardation	2	0.15	1	0.08
Moderate Mental Retardation	1	0.07	—	—
Epilepsy	2	0.15	4	0.31
Other Diseases of Nervous System	—	—	1	0.08
Inflammatory conditions of Eye	11	0.82	17	1.34
Refractive error	141	10.52	142	11.17
Strabismus	43	3.21	47	3.70
Colour Blindness	—	—	—	—
Blindness one eye not specified	1	0.07	1	0.08
Other eye condition	1	0.07	1	0.08
Inflammatory condition of ear	15	1.12	12	0.94
Wax in ear	14	1.04	9	0.71
Deafness both ears	1	0.07	3	0.24
Deafness one ear	1	0.07	1	0.08
Impairment of hearing one or both ears	57	4.25	35	2.75
Chilblains	—	—	—	—
Varicosities	—	—	—	—
Organic disease of Heart and Blood Vessels	—	—	2	0.16
Asthma	28	2.09	8	0.63
Disease of Tonsils	214	15.97	204	16.05
Hay Fever—Other Diseases of Respiratory System	161	12.01	107	8.42

EXAMINATIONS.

each age-group suffering from particular defects.

LEAVERS				ALL AGES			
BOYS 1,229		GIRLS 1,281		BOYS 2,569		GIRLS 2,552	
No.	%	No.	%	No.	%	No.	%
—	—	2	0.16	1	0.04	3	0.12
—	—	—	—	—	—	1	0.04
31	2.52	21	1.64	40	1.56	33	1.29
17	1.38	—	—	17	0.66	—	—
2	0.16	9	0.70	3	0.12	14	0.55
1	0.08	1	0.08	1	0.04	2	0.08
1	0.08	1	0.08	2	0.08	3	0.12
—	—	—	—	—	—	2	0.08
1	0.08	3	0.23	1	0.04	3	0.12
1	0.08	—	—	1	0.04	2	0.08
1	0.08	—	—	7	0.27	18	0.71
27	2.20	71	5.54	32	1.25	85	3.33
1	0.08	1	0.08	5	0.19	1	0.04
—	—	7	0.55	2	0.08	11	0.43
4	0.33	3	0.23	40	1.56	13	0.51
10	0.81	1	0.08	106	4.13	76	2.98
4	0.33	11	0.86	21	0.82	34	1.33
18	1.46	5	0.39	31	1.21	12	0.47
6	0.49	3	0.23	8	0.31	4	0.16
2	0.16	2	0.16	3	0.12	2	0.08
4	0.33	3	0.23	6	0.23	7	0.27
11	0.90	12	0.94	11	0.43	13	0.51
16	1.30	10	0.78	27	1.05	27	1.06
256	20.83	285	22.25	397	15.45	427	16.73
10	0.81	15	1.17	53	2.06	62	2.43
74	6.02	2	0.16	74	2.88	2	0.08
1	0.08	1	0.08	2	0.08	2	0.08
—	—	—	—	1	0.04	1	0.04
8	0.65	3	0.23	23	0.90	15	0.59
14	1.14	25	1.95	28	1.09	34	1.33
1	0.08	1	0.08	2	0.08	4	0.16
1	0.08	—	—	2	0.08	1	0.04
28	2.28	48	3.75	85	3.31	83	3.25
3	0.24	5	0.39	3	0.12	5	0.20
2	0.16	—	—	2	0.08	—	—
—	—	1	0.08	—	—	3	0.12
19	1.55	15	1.17	47	1.83	23	0.90
51	4.15	58	4.53	265	10.32	262	10.27
73	5.94	115	8.98	234	9.11	222	8.70

TABLE
SYSTEMATIC

Return of number and percentage of individual children

NATURE OF DEFECT (Total examined—all ages—5,121)	ENTRANTS			
	BOYS 1,340		GIRLS 1,271	
	No.	%	No.	%
Dental Causes	134	10.00	124	9.76
Other Diseases of Mouth	1	0.07	1	0.08
Disease of Digestive System	—	—	1	0.08
Hernia	7	0.52	1	0.08
Kidney Disease	—	—	4	0.31
Diseases of Male genital organs	2	0.15	—	—
Diseases of Female genital organs	—	—	4	0.31
Infection of skin	6	0.45	10	0.79
Eczema	14	1.04	12	0.94
Acne	—	—	—	—
Other diseases of skin	16	1.19	9	0.71
Osteochondrosis	—	—	1	0.08
Spinal curvature	—	—	—	—
Pes Planus	25	1.87	37	2.91
H. Valgus	—	—	—	—
Other minor deformities	8	0.60	9	0.71
Other orthopaedic conditions	1	0.07	2	0.16
Other congenital anomalies of C.N.S.	1	0.07	—	—
Congenital anomalies of eye	2	0.15	2	0.16
Congenital anomalies of heart	2	0.15	3	0.24
Other congenital anomalies of circulatory system	—	—	—	—
Cleft Palate and Cleft Lip	—	—	—	—
Other congenital anomalies of upper alimentary tract	—	—	1	0.08
Congenital anomalies of genital organs	73	5.45	—	—
Congenital clubfoot	1	0.07	1	0.08
Other congenital anomalies of limbs system	1	0.07	4	0.31
Other congenital anomalies of musculoskeletal system	2	0.15	4	0.31
Congenital anomalies of skin, hair and nails	9	0.67	9	0.71
Congenital syndromes affecting multiple systems	—	—	1	0.08
Ill-defined conditions—Swollen glands	79	5.90	52	4.09
Ill-defined conditions—Apart from swollen glands	6	0.45	4	0.31
Injuries	6	0.45	4	0.31

2 (continued).

EXAMINATIONS.

in each age-group suffering from particular defects.

LEAVERS				ALL AGES			
BOYS 1,229		GIRLS 1,281		BOYS 2,569		GIRLS 2,552	
No.	%	No.	%	No.	%	No.	%
90	7.32	33	2.58	224	8.72	157	6.15
9	0.73	13	1.01	10	0.39	14	0.55
1	0.08	1	0.08	1	0.04	2	0.08
1	0.08	—	—	8	0.31	1	0.04
1	0.08	1	0.08	1	0.04	5	0.20
4	0.33	—	—	6	0.23	—	—
—	—	13	1.01	—	—	17	0.67
4	0.33	3	0.23	10	0.39	13	0.51
8	0.65	5	0.39	22	0.86	17	0.67
54	4.39	103	8.04	54	2.10	103	4.04
30	2.44	32	2.50	46	1.79	41	1.61
1	0.08	—	—	1	0.04	1	0.04
1	0.08	6	0.47	1	0.04	6	0.24
18	1.46	11	0.86	43	1.67	48	1.88
—	—	20	1.56	—	—	20	0.78
10	0.81	6	0.47	18	0.70	15	0.59
5	0.41	4	0.31	6	0.23	6	0.24
—	—	—	—	1	0.04	—	—
2	0.16	—	—	4	0.16	2	0.08
—	—	3	0.23	2	0.08	6	0.24
1	0.08	—	—	1	0.04	—	—
—	—	1	0.08	—	—	1	0.04
—	—	—	—	—	—	1	0.04
14	1.14	—	—	87	3.39	—	—
—	—	1	0.08	1	0.04	2	0.08
2	0.16	—	—	3	0.12	4	0.16
8	0.65	1	0.08	10	0.39	5	0.20
—	—	4	0.31	9	0.35	13	0.51
—	—	—	—	—	—	1	0.04
6	0.49	11	0.86	85	3.31	63	2.47
39	3.17	10	0.78	45	1.75	14	0.55
16	1.30	16	1.25	22	0.86	20	0.78

*TABLE
SYSTEMATIC
10% Sample—Scottish
Numbers and Percentages of

		ENTRANTS															
		SOCIAL CLASS															
		1		2		3		4		5		Other or not stated		Total			
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Tuberculosis	Boys	—	—	—	—	—	—	1	6.67	—	—	—	—	—	—	1	0.72
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Verruca	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Epidermophytosis	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pediculosis	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	1	5.26	—	—	—	—	—	—	1	0.77
Neoplasms	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	1	1.49	—	—	—	—	—	—	—	—	1	0.77
Underweight	Boys	—	—	—	—	—	—	—	—	—	—	1	10.00	—	—	1	0.72
	Girls	—	—	—	—	—	—	—	—	—	—	1	7.14	—	—	1	0.77
Obesity	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	1	1.49	—	—	—	—	—	—	—	—	1	0.77
Anaemia and other blood disorders	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Speech disorder	Boys	—	—	—	—	1	1.33	—	—	—	—	—	—	—	—	1	0.72
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enuresis, &c.	Boys	1	16.67	—	—	11	14.67	1	6.67	1	6.25	—	—	—	—	14	10.07
	Girls	—	—	—	—	6	8.96	—	—	2	20.00	—	—	—	—	8	6.15
Behaviour disorder	Boys	—	—	1	5.88	—	—	—	—	—	—	1	10.00	—	—	2	1.44
	Girls	—	—	—	—	3	4.48	—	—	1	10.00	—	—	—	—	4	3.08
Borderline mental retardation	Boys	—	—	1	5.88	—	—	—	—	—	—	—	—	—	—	1	0.72
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mild mental retardation	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Moderate mental retardation	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of nervous system	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inflammatory conditions of eye	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	1	7.69	1	1.49	1	5.26	—	—	—	—	—	—	3	2.31
Refractive error	Boys	—	—	1	5.88	7	9.33	—	—	4	25.00	1	10.00	—	—	13	9.35
	Girls	3	42.86	1	7.69	6	8.96	2	10.53	1	10.00	—	—	—	—	13	10.00
Strabismus	Boys	—	—	—	—	3	4.00	2	13.33	1	6.25	—	—	—	—	6	4.32
	Girls	1	14.29	—	—	1	1.49	2	10.53	—	—	—	—	—	—	4	3.08
Colour blindness	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* NOTE:—This table is included on the advice of the Scottish Home and Health

EXAMINATIONS.

Home and Health Department.

Defects found by Social Class.

		LEAVERS SOCIAL CLASS													
		1		2		3		4		5		Other or not stated		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Tuberculosis	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	2	9.52	—	—	—	—	2	1.54
Verruca	Boys	—	—	1	5.56	4	7.69	—	—	—	—	—	—	5	4.24
	Girls	—	—	—	—	1	1.75	—	—	—	—	—	—	1	0.77
Epidermophytosis	Boys	—	—	—	—	—	—	—	—	—	—	1	10.00	1	0.85
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pediculosis	Boys	—	—	—	—	—	—	—	—	1	5.88	—	—	1	0.85
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neoplasms	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Underweight	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Obesity	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	2	25.00	—	—	3	5.26	2	9.52	1	7.14	1	6.25	9	6.92
Anaemia and other blood disorders	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	1	1.75	—	—	—	—	—	—	1	0.77
Speech disorder	Boys	—	—	—	—	—	—	—	—	1	5.88	—	—	1	0.85
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enuresis, &c.	Boys	—	—	—	—	1	1.92	—	—	1	5.88	—	—	2	1.69
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Behaviour disorder	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	1	1.75	—	—	—	—	1	6.25	2	1.54
Borderline mental retardation	Boys	—	—	—	—	2	3.85	—	—	—	—	—	—	2	1.69
	Girls	—	—	—	—	1	1.75	—	—	—	—	—	—	1	0.77
Mild mental retardation	Boys	—	—	—	—	—	—	1	6.25	—	—	—	—	1	0.85
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Moderate mental retardation	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	1	1.75	—	—	—	—	—	—	1	0.77
Other diseases of nervous system	Boys	—	—	—	—	—	—	—	—	1	5.88	—	—	1	0.85
	Girls	—	—	—	—	—	—	1	4.76	—	—	1	6.25	2	1.54
Inflammatory conditions of eye	Boys	—	—	1	5.56	—	—	—	—	—	—	—	—	1	0.85
	Girls	—	—	—	—	—	—	1	4.76	—	—	—	—	1	0.77
Refractive error	Boys	1	20.00	3	16.67	8	15.39	3	18.75	5	29.41	1	10.00	21	17.80
	Girls	3	37.50	1	7.14	16	28.07	3	14.29	6	42.86	3	18.75	32	24.62
Strabismus	Boys	—	—	—	—	1	1.92	—	—	—	—	—	—	1	0.85
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Colour blindness	Boys	—	—	2	11.11	2	3.85	2	12.50	1	5.88	1	10.00	8	6.78
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—

*TABLE
SYSTEMATIC
10% Sample—Scottish
Numbers and Percentages of

		ENTRANTS										Other or not stated		Total	
		SOCIAL CLASS													
		1		2		3		4		5		No.		No.	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Inflammatory condition of ear	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wax in ear	Boys	—	—	—	—	1	1.33	—	—	2	12.50	—	—	3	2.16
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deafness both ears	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Impairment of hearing one or both ears	Boys	2	33.33	—	—	—	—	1	6.67	—	—	—	—	3	2.16
	Girls	—	—	—	—	1	1.49	1	5.26	—	—	—	—	2	1.54
Asthma	Boys	1	16.67	—	—	1	1.33	—	—	—	—	—	—	2	1.44
	Girls	—	—	—	—	2	2.99	—	—	—	—	—	—	2	1.54
Disease of tonsils	Boys	2	33.33	1	5.88	10	13.33	—	—	1	6.25	1	10.00	15	10.79
	Girls	1	14.29	3	23.08	5	7.46	4	21.05	—	—	3	21.43	16	12.31
Hay fever—	Boys	1	16.67	3	17.65	8	10.67	3	20.00	2	12.50	2	20.00	19	13.67
Other diseases of respiratory system	Girls	—	—	—	—	5	7.46	2	10.53	—	—	1	7.14	8	6.15
Dental causes	Boys	1	16.67	1	5.88	7	9.33	2	13.33	2	12.50	2	20.00	15	10.79
	Girls	—	—	1	7.69	7	10.45	3	15.79	—	—	—	—	11	8.46
Other diseases of mouth	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia	Boys	—	—	—	—	1	1.33	—	—	—	—	—	—	1	0.72
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of genital organs	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infection of skin	Boys	—	—	—	—	1	1.33	—	—	—	—	—	—	1	0.72
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Eczema	Boys	—	—	—	—	2	2.67	—	—	—	—	—	—	2	1.44
	Girls	—	—	—	—	1	1.49	—	—	—	—	—	—	1	0.77
Acne	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of skin	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pes planus	Boys	—	—	—	—	1	1.33	—	—	1	6.25	1	10.00	3	2.16
	Girls	—	—	1	7.69	6	8.96	—	—	—	—	1	7.14	8	6.15
H. valgus	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* NOTE:—This table is included on the advice of the Scottish Home and Health

(continued).

EXAMINATIONS.

Home and Health Department.

Effects found by Social Class.

		LEAVERS											
		SOCIAL CLASS											
		1		2		3		4		5		Other or not stated	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Inflammatory	Boys	—	—	—	—	—	—	—	—	—	—	—	—
condition of	Girls	—	—	1	7.14	—	—	—	—	—	—	—	—
ear												1	0.77
Wax in ear	Boys	—	—	—	—	4	7.69	1	6.25	—	—	—	—
	Girls	—	—	—	—	1	1.75	—	—	1	7.14	1	6.25
Deafness both	Boys	—	—	—	—	1	1.92	—	—	—	—	—	—
ears	Girls	—	—	—	—	—	—	—	—	—	—	—	—
Impairment of	Boys	—	—	1	5.56	1	1.92	1	6.25	—	—	—	—
hearing one or	Girls	1	12.50	—	—	3	5.26	2	9.52	—	—	2	12.50
both ears												8	6.15
Asthma	Boys	—	—	2	11.11	—	—	—	—	1	5.88	1	10.00
	Girls	1	12.50	—	—	—	—	—	—	—	—	1	6.25
Disease of tonsils	Boys	—	—	—	—	3	5.80	1	6.25	—	—	1	10.00
	Girls	—	—	—	—	7	12.28	1	4.76	—	—	2	12.50
Hay fever—	Boys	—	—	3	16.67	4	7.69	—	—	4	23.53	1	10.00
Other diseases	Girls	—	—	3	21.43	6	10.53	1	4.76	—	—	1	6.25
of respiratory												11	8.46
system													
Dental causes	Boys	1	20.00	1	5.56	1	1.92	2	12.50	1	5.88	—	—
	Girls	—	—	—	—	—	—	1	4.76	—	—	—	—
Other diseases	Boys	—	—	—	—	1	1.92	—	—	—	—	—	—
of mouth	Girls	—	—	—	—	—	—	—	—	—	—	—	—
Hernia	Boys	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of	Boys	—	—	—	—	—	—	—	—	—	—	—	—
genital organs	Girls	—	—	—	—	1	1.75	—	—	—	—	1	6.25
Infection of	Boys	—	—	—	—	—	—	—	—	—	—	—	—
skin	Girls	—	—	—	—	—	—	—	—	—	—	—	—
Eczema	Boys	—	—	1	5.56	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	1	1.75	—	—	—	—	—	—
Other	Boys	—	—	1	5.56	1	1.92	1	6.25	—	—	1	10.00
	Girls	1	12.50	2	14.29	7	12.28	1	4.76	—	—	2	12.50
Other diseases	Boys	—	—	1	5.56	3	5.77	—	—	1	5.88	1	10.00
of skin	Girls	1	12.50	1	7.14	1	1.75	1	4.76	—	—	—	—
Scabies	Boys	—	—	—	—	1	1.92	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—
Clubfoot	Boys	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	1	7.14	1	1.75	—	—	—	—	—	—

*TABLE
SYSTEMATIC
10% Sample—Scottish
Numbers and Percentages

		ENTRANTS SOCIAL CLASS													
		1		2		3		4		5		Other or not stated		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Other minor deformities	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	1	5.26	—	—	—	—	1	0.7
Other orthopaedic conditions	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital anomalies of eye	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital anomalies of heart	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital anomalies of genital organs	Boys	1	16.67	—	—	7	9.33	1	6.67	1	6.25	2	20.00	12	8.6
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other congenital anomalies of musculoskeletal system	Boys	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Girls	—	—	—	—	1	1.49	—	—	—	—	—	—	1	0.7
Congenital anomalies of skin, hair and nails	Boys	—	—	—	—	1	1.33	—	—	—	—	—	—	1	0.7
	Girls	—	—	—	—	1	1.49	—	—	—	—	—	—	1	0.7
Ill-defined conditions—Swollen glands	Boys	—	—	—	—	2	2.67	—	—	1	6.25	2	20.00	5	3.6
	Girls	—	—	2	15.39	1	1.49	—	—	—	—	—	—	3	2.3
Ill-defined conditions—Apart from swollen glands	Boys	—	—	—	—	1	1.33	—	—	—	—	—	—	1	0.7
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injuries	Boys	—	—	—	—	1	1.33	—	—	—	—	—	—	1	0.7
	Girls	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* NOTE:—This table is included on the advice of the Scottish Home and Health

(continued).

AMINATIONS.

ome and Health Department.

fects found by Social Class.

		LEAVERS											
		SOCIAL CLASS											
		1		2		3		4		5		Other or not stated	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
ther minor	Boys	—	—	—	—	—	—	—	—	—	—	—	—
deformities	Girls	—	—	—	—	—	—	—	—	—	—	—	—
her	Boys	—	—	—	—	1	1.92	—	—	—	—	—	—
orthopaedic	Girls	—	—	—	—	—	—	—	—	—	—	—	—
conditions													
ongenital	Boys	—	—	—	—	—	—	—	—	—	—	1	10.06
anomalies of	Girls	—	—	—	—	—	—	—	—	—	—	—	—
eye													
ongenital	Boys	—	—	—	—	—	—	—	—	—	—	—	—
anomalies of	Girls	—	—	—	—	1	1.75	—	—	—	—	—	—
heart													
ongenital	Boys	—	—	1	5.56	—	—	—	—	—	—	—	—
anomalies of	Girls	—	—	—	—	—	—	—	—	—	—	—	—
genital organs													
her congenital	Boys	—	—	—	—	1	1.92	1	6.25	—	—	—	—
anomalies of	Girls	—	—	—	—	—	—	—	—	—	—	—	—
musculoskeletal													
system													
ongenital	Boys	—	—	—	—	—	—	—	—	—	—	—	—
anomalies of	Girls	—	—	—	—	—	—	—	—	—	—	—	—
kin, hair and													
nails													
defined	Boys	—	—	—	—	—	—	—	—	—	—	—	—
conditions—	Girls	—	—	—	—	—	—	—	—	—	—	—	—
swollen glands													
defined	Boys	—	—	—	—	3	5.77	2	12.50	—	—	—	—
conditions—	Girls	—	—	—	—	—	—	—	—	—	—	—	—
Apart from													
wollen glands													
aries	Boys	1	20.00	—	—	2	3.85	—	—	—	—	—	—
	Girls	—	—	—	—	1	1.75	—	—	—	—	—	—

TABLE 4.

HEIGHTS AND WEIGHTS OF CHILDREN.

BOYS			
Age Group	Number examined	Average height in inches	Average weight in pounds
Entrants—			
5 - 6 years	1,340	43.39	43.82
Leavers—			
14 - 15 years	1,229	63.15	110.27
GIRLS			
Age Group	Number examined	Average height in inches	Average weight in pounds
Entrants—			
5 - 6 years	1,271	43.01	42.24
Leavers—			
14 - 15 years	1,281	61.67	113.49

TABLE 5.

NUMBER, AVERAGE HEIGHTS AND WEIGHTS BY SOCIAL CLASS.

(10% Sample—Scottish Home and Health Department.)

ENTRANTS						
Social Class	BOYS			GIRLS		
	Number	Height (ins.)	Weight (lbs.)	Number	Height (ins.)	Weight (lbs.)
1	6	43.83	44.00	7	43.71	43.86
2	17	43.12	42.82	13	42.77	40.77
3	75	43.41	43.61	67	43.28	43.25
4	15	42.93	43.53	19	43.37	43.21
5	16	42.81	44.06	10	43.10	42.90
Other or not stated . .	10	41.90	40.40	14	43.00	42.57
Total	139	43.17	43.35	130	43.22	42.93
LEAVERS						
Social Class	BOYS			GIRLS		
	Number	Height (ins.)	Weight (lbs.)	Number	Height (ins.)	Weight (lbs.)
1	5	65.80	111.80	8	63.50	136.50
2	18	64.06	107.28	14	62.79	114.07
3	52	62.08	103.75	57	61.61	114.81
4	16	64.19	115.44	21	61.19	114.48
5	17	61.06	102.59	14	61.29	113.07
Other or not stated . .	10	63.10	104.00	16	60.63	112.81
Total	118	62.76	106.07	130	61.63	115.58

* This table is included on the advice of the Scottish Home and Health Department
(L.H.A. Services Circular No. 18/1970)

TABLE 6.

NUMBERS, AVERAGE HEIGHTS AND WEIGHTS BY NUMBER IN FAMILY.
(10% Sample—Scottish Home and Health Department.)

ENTRANTS						
No. in Family	BOYS			GIRLS		
	Number	Height (ins.)	Weight (lbs.)	Number	Height (ins.)	Weight (lbs.)
1	140	44.04	45.73	125	43.31	43.06
2	520	43.70	44.35	518	43.16	42.54
3	371	43.29	43.63	372	42.95	42.19
4	192	42.73	42.05	152	42.80	41.76
5	75	42.72	43.13	66	42.39	40.80
6	25	42.88	42.24	26	42.92	41.31
7	6	42.33	43.00	8	41.75	39.75
8	6	41.00	36.83	3	40.00	37.00
9	1	44.00	47.00	—	—	—
10	3	43.33	48.00	—	—	—
11	1	41.00	37.00	1	42.00	35.00
12	—	—	—	—	—	—
LEAVERS						
No. in Family	BOYS			GIRLS		
	Number	Height (ins.)	Weight (lbs.)	Number	Height (ins.)	Weight (lbs.)
1	85	63.75	118.65	102	62.12	117.32
2	365	63.55	113.19	344	61.86	115.14
3	328	63.02	110.25	323	61.92	113.92
4	227	62.29	107.71	254	61.50	111.93
5	121	64.56	105.23	139	61.14	110.00
6	56	62.02	105.25	62	61.00	111.32
7	31	61.65	105.19	29	61.03	115.97
8	8	63.25	110.38	9	60.67	106.67
9	5	61.00	91.20	13	61.85	111.85
10	1	57.00	80.00	5	61.00	96.00
11	2	59.50	102.00	—	—	—
12	—	—	—	1	61.00	128.00

* This table is included on the advice of the Scottish Home and Health Department
(L.H.A. Services Circular No. 18/1970)

TABLE 7.

NUMBER OF HANDICAPPED PUPILS OF SCHOOL AGE, BY MAIN
DISABILITY AND LOCATION.

Disability	At Ordinary School	AT SPECIAL SCHOOL/CLASS		IN HOSPITAL		Home Teaching	No Education Provision Made	Total
		Excluding Occupation Centre	Occupation Centre Only	Other than Mental/ M.D.	Mental/ M.D. Only			
01 Deaf	0	25	0	0	0	0	0	25
02 Partially Deaf	26	0	0	0	0	0	0	26
03 Blind	0	4	0	0	0	0	0	4
04 Partially Sighted	1	6	0	0	0	0	2	9
05 Other Sensory	1	0	0	0	0	0	3	4
11 Mental Defect:—Educable	42	297	1	0	0	0	14	354
12 Mental Defect:—Trainable	0	3	43	0	6	0	5	57
13 Mental Defect:—Not trainable	0	0	0	0	25	0	15	40
14 Mental Defect:—Undetermined	5	0	0	0	2	0	18	25
15 Psychosis	0	1	0	0	0	0	0	1
16 Maladjustment	18	12	0	0	0	1	1	32
17 Brain Damage.—Cerebral Palsy	7	1	0	0	0	0	3	11
18 Other Brain Damage	4	0	0	0	0	0	1	5
19 Epilepsy	37	0	0	0	0	0	5	42
20 Spina Bifida/Hydrocephalus	1	1	0	0	2	0	4	8
21 Speech Defect	48	0	0	0	0	0	6	54
22 Other Neuro Psy. Defect	3	0	1	0	0	0	0	4
31 Absence of Upper Limb(s)	4	0	0	0	0	0	0	4
32 Absence of Lower Limb(s)	3	0	0	0	0	0	1	4
33 Deformity of Upper Limb(s)	2	0	0	0	0	0	1	3
34 Deformity of Lower Limb(s)	4	0	0	0	0	0	0	4
35 Spinal Defect (Not S. Bifida)	1	0	0	0	0	0	0	1
36 Paralysis	1	0	0	0	0	0	0	1
37 Orthopaedic	12	1	0	0	0	0	3	16
41 Heart Disease	22	0	0	0	0	0	2	24
42 Diabetes	13	0	0	0	0	0	1	14
43 Other Metabol.	2	0	0	0	0	0	3	5
44 Cleft Palate	0	0	0	0	0	0	0	0
45 Asthma	27	2	0	0	0	0	0	29
46 Skin Conditions	6	0	0	0	0	0	0	6
47 Allergic Dis.	0	0	0	0	0	0	0	0
48 Other	15	6	0	0	0	0	2	23
Total	305	359	45	0	35	1	90	835

TABLE 8.

TEST OF VISUAL ACUITY.

Year of Birth	Number examined		Normal		Vision 6/9—6/12 in better eye		Vision 6/18 or less in better eye	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1952 . .	0	1	0	1	0	0	0	0
1953 . .	2	4	2	1	0	2	0	1
1954 . .	33	27	29	21	3	5	1	1
1955 . .	1,171	829	1,062	736	85	108	4	5
1956 . .	22	38	16	26	5	11	1	1
1957 . .	117	128	94	102	18	25	5	1
1958 . .	1,225	1,259	1,085	1,135	104	116	28	16
1959 . .	71	36	51	26	16	9	4	1
1960 . .	53	61	36	36	12	20	5	5
1961 . .	168	156	127	114	32	36	9	6
1962 . .	1,341	1,246	1,185	1,108	125	112	31	26
1963 . .	69	34	52	27	7	10	5	2
1964 . .	1,133	1,090	1,005	970	105	110	23	10
1965 . .	6	21	5	17	0	3	1	1
Totals .	5,411	4,930	4,749	4,320	512	567	117	76

TABLE 9.

HEARING.

Test Group	Year of Birth	AUDIOMETRY SWEEP TESTS.							
		Number examined		Number passing		Number failing both ears		Number failing one ear	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
First test	1964	1,473	1,380	1,366	1,308	13	19	94	53
Retests from previous years		219	191	175	156	11	10	33	25
Intermediate test	1958	1,377	1,333	1,339	1,290	14	9	24	34
Retests from previous year		86	59	74	53	4	1	8	5
Final test	1955	1,440	1,360	1,381	1,303	13	17	46	40
Other groups		352	351	343	340	4	2	5	9
Special referrals		51	43	43	39	2	1	6	3
Total sweeps		4,642	4,424	4,429	4,241	44	47	169	136
Total retests		356	293	292	248	17	12	47	33

TABLE 10.

SPECIAL EXAMINATIONS.				
	Number examined		Number with Defects	
	Boys	Girls	Boys	Girls
Selected by Medical Officer	1,186	1,063	702	547
Referred by—				
Teacher	1,237	1,005	762	627
Educational psychologist .	2	1	1	1
School nurse	158	119	100	81
School work agencies .	1	0	1	0
Parent	12	16	4	5
Family doctor	0	0	0	0
Other sources	369	397	196	171
Re-examinations	1,660	1,442	977	811
Totals	4,625	4,043	2,743	2,243

TABLE 11.
STAFF STATISTICS.

Category of Staff.	Establishment agreed by Council.†	Number in post at end of School Year.				Vacancies at end of School Year.
		Whole-time.	Part-time.	Whole-time equivalent of Part-time.	Total Whole-time equivalent.	
Medical Officers .	15 (including M.O.H.)	—	12	4.5	4.5	—
Health Visitors .	64	*4	*60	6	10	—
Nurses (R.H.N.s, S.R.N.s, &c.) .	1	1	—	—	1	—
Nurses (S.E.N.s) .	16	—	16	12	12	—
Physiotherapists .	1 (under Dir. of Ed.)	1	—	—	—	—
Orthoptists . .	1	—	—	—	—	1
Audiometricians .	1	1	—	—	1	—
School Health Inspector . .	1	1	—	—	1	—
Dentists . . .	7	3	1	0.3	3.3	3.7
Dental Hygienist .	1	1	—	—	1	—
Dental Surgery Assistants . .	6	3	—	—	3	3

†Establishment includes all staff with School Health functions, not total staff of Health Department.

*H.V.'s duties on district include at least one Session per week in school for purposes of health education.

26.—FACTORIES ACT, 1961.

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

In accordance with this Act, visits 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 1970 there were 1,227 factories registered in the City as compared with 1,234 in 1969, and 1,263 visits of inspection were paid by the Sanitary Inspectors as compared with 1,406 visits in 1969. The premises were, generally speaking, satisfactorily maintained. The majority of 562 defects found were not serious, and 519 of these were remedied in the course of the year. In 24 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, 1970, the total number of outworkers was 54 comprising 7 employed in the net industry and 47 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	85	66	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,047	1,084	22	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	95	113	—	—
Total	1,227	1,263	24	—

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)	409	389	—	3	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	2	2	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	6	3	—	3	—
(b) Unsuitable or defective	99	88	—	21	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	46	37	—	27	—
Total	562	519	—	54	—

3. Number of defects found in the previous year and remedied in the current year = 17.

4. Outworkers.

Nature of Work	Number in List	Cases of default	Unwholesome premises
Making, &c., of wearing apparel	47	—	—
Nets, other than wire	7	—	—
Others	—	—	—
Total	54	—	—

27.—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.

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

(*C. Grainger, Administrative Officer.*)

This chapter provides basic information, without which the statistics 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 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 (taken to high water mark, including inland and tidal waterways)—12,657 acres.

Population (estimated)—1969 181,089; and 1970 181,751.

Density of Population—14.36 persons per acre. This is greater than that of Edinburgh or Dundee but less than that of Glasgow.

Number of houses—1969 61,640; and 1970 62,669.

Average number of persons per house (estimated mid-1970)—2.90. 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.

Social Class 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 remained fairly stationary in 1970. At 7th December, 1970, the number of unemployed persons in the area covered by the Aberdeen Employment Exchange was:—

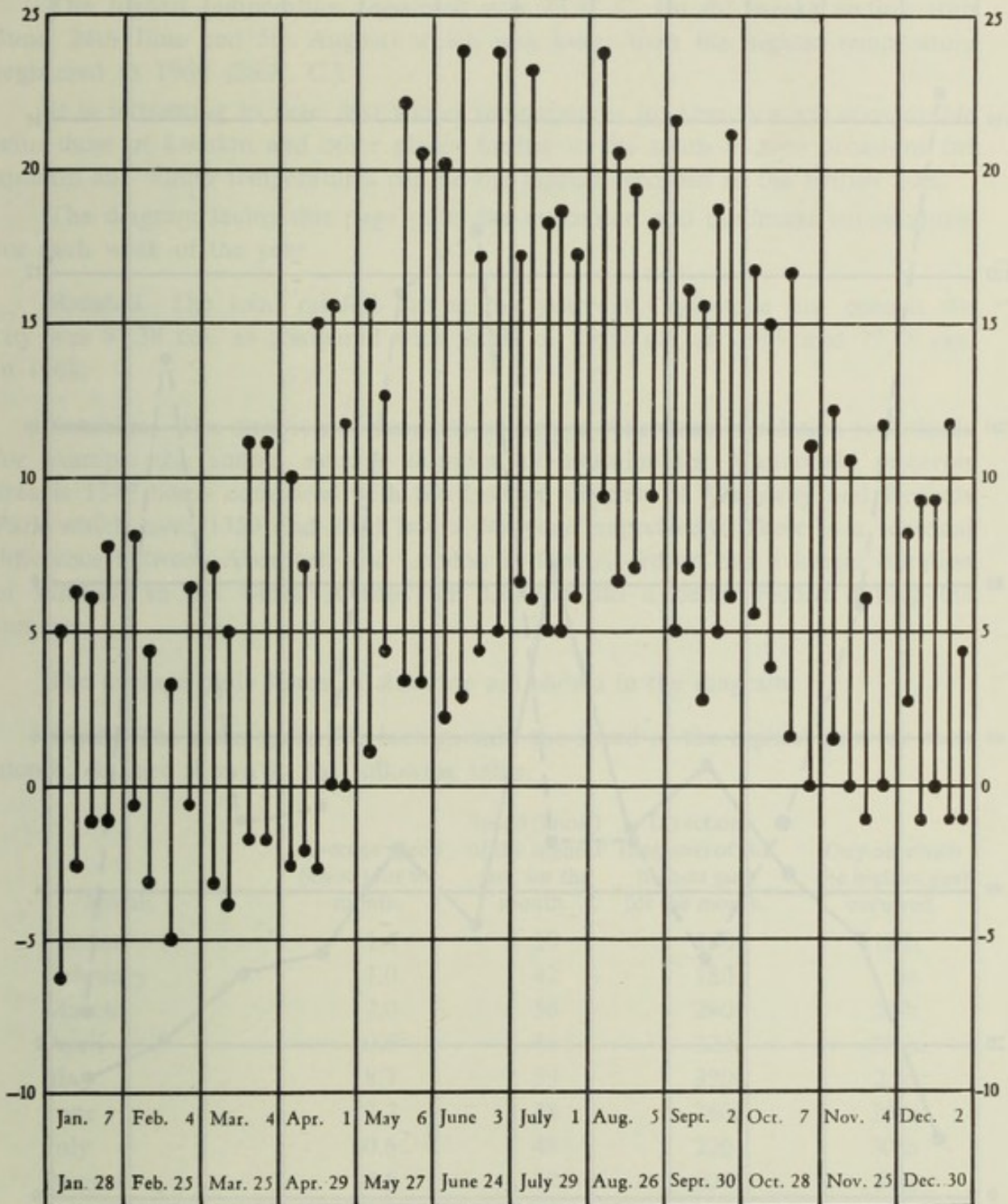
Men—2,367	Boys—67	Women—328	Girls—30	Total—2,792
-----------	---------	-----------	----------	-------------

CITY OF ABERDEEN.

TEMPERATURE OF ATMOSPHERE—WEEKLY MAXIMA AND MINIMA

°CENT.

YEAR 1970

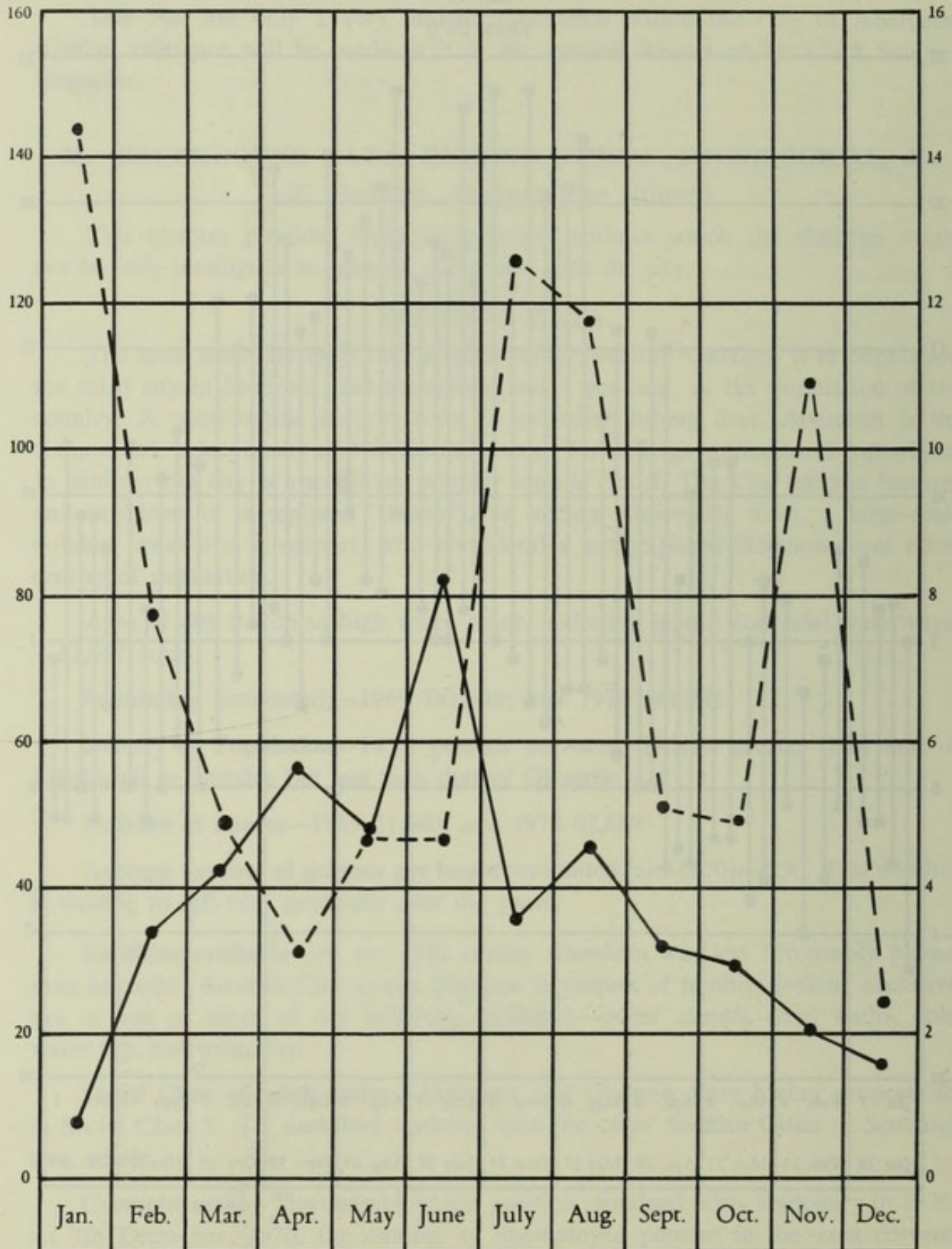


BRIGHT SUNSHINE—HOURS PER DAY. DAILY MEAN.
TOTAL RAINFALL AND OTHER FORMS OF PRECIPITATION

YEAR 1970

M.m. of Rainfall

Hrs. of Sunshine



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

METEOROLOGICAL DATA.

Temperature—During the year the lowest temperature recorded was -6.7°C .—which was 2.4°C . lower than the lowest temperature recorded in 1969. The temperature of -6.7°C . was recorded in the week ending 7th January.

The highest temperature registered was 23.9°C . (in the weeks ending 10th June, 24th June and 5th August) which was lower than the highest temperature registered in 1969 (26.7°C).

It is interesting to note that winter temperatures in Aberdeen are comparable with those of London and other places further to the south and on occasions the autumn and winter temperatures can be the highest recorded in the British Isles.

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 87.38 cm. as compared with totals of 85.52 cm. in 1969 and 77.88 cm. in 1968.

Sunshine—The duration of sunshine is high in Aberdeen in relation to latitude for example the annual average duration of sunshine for Mannofield reservoir area is 1342 hours compared with the London districts of Kingsway and Regents Park which have 1350 and 1353 hours per year respectively. There is a seasonal difference between Aberdeen and London in that Aberdeen has a longer duration of sunshine in the winter months but London has a better record during the summer.

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.	Average speed (knots) for the month.	Speed (knots) of the highest gust for the month.	Direction (degrees) of the highest gust for the month.	Day on which the highest gust occurred.
January . . .	11.4	39	160	18th
February . . .	11.0	42	180	1st
March . . .	12.0	56	290	20th
April . . .	10.6	46	320	29th
May . . .	8.7	53	320	21st
June . . .	7.7	38	260	25th
July . . .	10.6	49	220	30th
August . . .	8.5	39	200	31st
September . . .	9.0	48	300	5th
October . . .	12.1	62	280	18th
November . . .	11.1	57	280	1st
December . . .	10.8	45	330	6th

29.—VITAL STATISTICS.

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

(1) After falling in 1969 to 14.1 per thousand population— by far the lowest rate ever recorded in the City—the live birth rate has risen very slightly. It should not be imagined that this rise is responsible for the increase in the City's estimated population—the first such increase recorded since 1963. Assuming the customary net emigration from the City, the population increase must be largely ascribed to the extension of the City boundary in 1970.

(2) The marriage rate has remained at the relatively high figure of 10.1 per thousand population—a figure which has not been exceeded and only twice equalled since 1957 (in 1967 and 1969).

(3) The general death rate has fallen from 12.5 per thousand population in 1969 to 11.7 per thousand population in 1970.

(4) The average age at death has fallen very slightly to 68.8 years—the second highest figure ever recorded in the City.

(5) The World Health Organisation's "health indicator"—i.e. deaths over the age of 50 years as a percentage of all deaths—has fallen slightly from 1969's record figure of 91.9 per cent. to 91.3 per cent.—the second highest figure ever recorded in the City.

(6) For the second successive year—and the fourth year in the last seven years—there were no maternal deaths.

(7) The perinatal mortality rate reached the new low record figure of 20.04 per thousand total births (i.e. live and still births).

(8) The still birth rate (11) remained satisfactorily low while the infant death rate (15) and the neo-natal death rate (10) were equal to the record low figures for 1966.

(9) There were 9 deaths of children aged 1 - 5 years as compared with 12 deaths in 1969. Deaths of children of school age rose to 10 as compared with 8 in 1969.

(10) The illegitimate birth rate fell (for the second successive year) to 7.3 per cent. of all live births as compared with rates of 9.5 and 9.1 in 1968 and 1969 respectively.

LIVE BIRTHS.

Aberdeen's birth rate for 1970, though, at 14.4 births per 1,000 population, very slightly higher than 1969's lowest ever rate of 14.1, is still satisfactorily low.

The total number of live births in 1970 was 2,615 (including 191 illegitimate births) which was 55 more than in 1969 but 233 fewer than in 1968, and 679 (or fully 20 per cent. fewer) than the average for 1956-63.

In 1970, the birth rates in the other principal cities were—Glasgow, 17.9; Edinburgh, 14.0; Dundee, 16.1. The birth rate for Scotland was 16.8

Sex-ratio of births:—Of the total 2,615 live births, 1,358 were males and 1,257 were females giving a ratio of 1.08 (i.e. 108 males per 100 females).

The natural increase (i.e. the excess of births over deaths) was 480, as compared with 302 in 1969 and 637 in 1968. This is the second lowest natural increase ever recorded in Aberdeen.

As explained in the last year's annual report, a low birth rate is not incompatible with a relatively high marriage rate but merely indicates that modern parents show a growing tendency to limit the number of their children by family planning. Indeed, the average of the Ideal Family Size desired by a sample group of 100 Aberdeen women attending the Family Planning Clinic was found to be 2.2 children.

The dramatic increase in recent years of attenders—and attendances—at the Family Planning clinics (formerly the Gynaecological Advisory clinic), while subject to considerable year to year fluctuations between 1952 and 1965, has, since 1965, shown a consistent and remarkable upward trend.

Increased utilisation of Family Planning Clinics in recent years cannot be dissociated from various other events, e.g. (a) the introduction of oral contraceptives in May, 1964; (b) from 1966 education of women in their homes, by health visitors, as to the desirability of family limitation and family spacing; (c) increased health education—including sex education—of older school pupils, adolescents and prospective parents; (d) the offer—for about ten years now—to each mother examined at a post-natal clinic of an appointment at a family planning clinic; and (e) provision of subsidiary clinics as demand rose.

HOSPITAL BIRTHS—LIVE AND STILL—IN THE CITY—BY PLACE OF OCCURRENCE—1970.

	Aberdeen Maternity Hospital		Maternity Units						Other Hospital— Woodend		Total	
			Fonthill		Queen's Cross		Summerfield					
	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births	Live Births	Still Births
¹ Grand Total	3,102	62	620	2	408	—	268	—	—	1	4,411	65
² Net Total	1,583	27	513	2	292	—	214	—	—	1	2,602	30

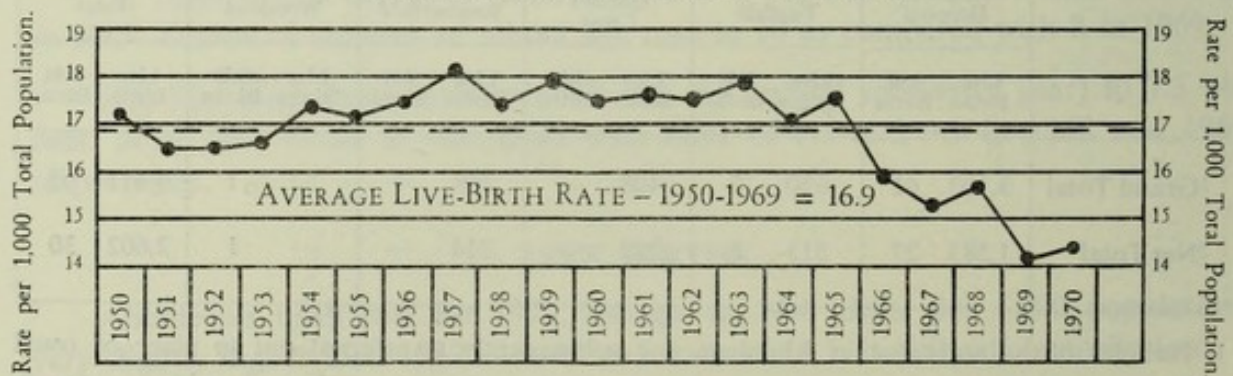
1. Includes births registered in Aberdeen and subsequently transferred out to place of usual residence and births occurring in Aberdeen but registered in place of usual residence outwith the City.

2. Excludes the categories specified in Note 1.

BIRTHS, STILL BIRTHS, INFANT MORTALITY.
YEARS 1958-1970.

Year.	No. of Live Births.	Live Births per 1,000 Population.	Illegitimate Births, per cent. of Live Births.	No. of Still Births.	Still Births per 1,000 Total Births, inc. Still Births.	No. of Deaths of Infants under 1 Year.	No. of Deaths of Infants under 4 Weeks.	Neo-natal Deaths per cent. of Total Infant Deaths.	Death-rates from all Causes per 1,000 Live Births.			
									Rates.			
									Total under 1 Year.	Under 4 Weeks (Neo-natal Rate).	4 Weeks and under Six Months.	Six Months and under One Year.
1970 .	2615	14.4	7.3	30	11	38	26	68	14.5	9.9	4.2	0.4
1969 .	2560	14.1	9.1	29	11	44	28	64	17.2	10.9	5.1	1.2
1968 .	2848	15.7	9.5	29	10	53	35	66	18.6	12.3	5.6	0.7
1967 .	2786	15.3	7.3	23	8	63	45	71	22.6	16.2	5.7	0.7
1966 .	2908	15.9	7.5	29	10	43	28	65	14.8	9.6	4.5	0.7
1965 .	3227	17.5	6.5	39	12	62	47	76	19.2	14.6	2.8	1.9
1964 .	3138	17.0	6.0	47	15	60	44	73	19.1	14.0	4.5	0.6
1963 .	3335	17.9	5.6	50	15	62	37	60	18.6	11.1	4.8	2.7
1962 .	3245	17.5	5.1	58	18	55	40	73	16.9	12.3	2.5	2.2
1961 .	3263	17.6	5.2	51	15	72	50	69	22.1	15.3	5.8	0.9
1960 .	3280	17.5	5.1	69	21	63	46	73	19.2	14.0	3.0	2.1
1959 .	3345	17.9	5.3	61	18	76	47	62	22.7	14.1	5.4	3.3
1958 .	3243	17.4	4.5	52	16	57	44	77	17.6	13.6	3.4	0.6

ABERDEEN LIVE-BIRTH RATE - 1950-1970



ILLEGITIMATE BIRTH RATE.

In 1970 there were 191 illegitimate live births, equivalent to a rate of 7.3 per cent. of all live births, as compared with 233 and a rate of 9.1 in 1969 and as compared with provisional rates for 1970 of 10.6 for the Scottish cities and 7.7 for all Scotland.

This represents a reduction which is gratifying but leaves no room for complacency since in only three years since 1945, i.e. in 1966, 1968 and 1969, has an illegitimate birth rate higher than that of 1970 been recorded.

The difficulties experienced by the young, unmarried mother, the supportive measures available to her and the ill effects of illegitimacy on the child's upbringing were discussed in last year's report. Various solutions to the problem of illegitimacy were also considered at some length.

It appeared that the most hopeful line of approach to the solution of the problem lay in the provision of Family Planning advice for young unmarried women "at risk" of unwanted pregnancies.

It is perhaps of some significance that the number of unmarried new attenders at the Family Planning clinics in the first quarter of 1970 showed an increase of 31 per cent. over the previous year's figure; the increase in such attendances by students and professional workers amounted to 62 per cent.

Most of these young women attending Family Planning clinics intend to marry in the near future and are responsibly planning the postponement of their families because of educational, financial and housing considerations.

The high risks of pregnancy to normal healthy women having intercourse without contraceptive precautions were mentioned in last year's report.

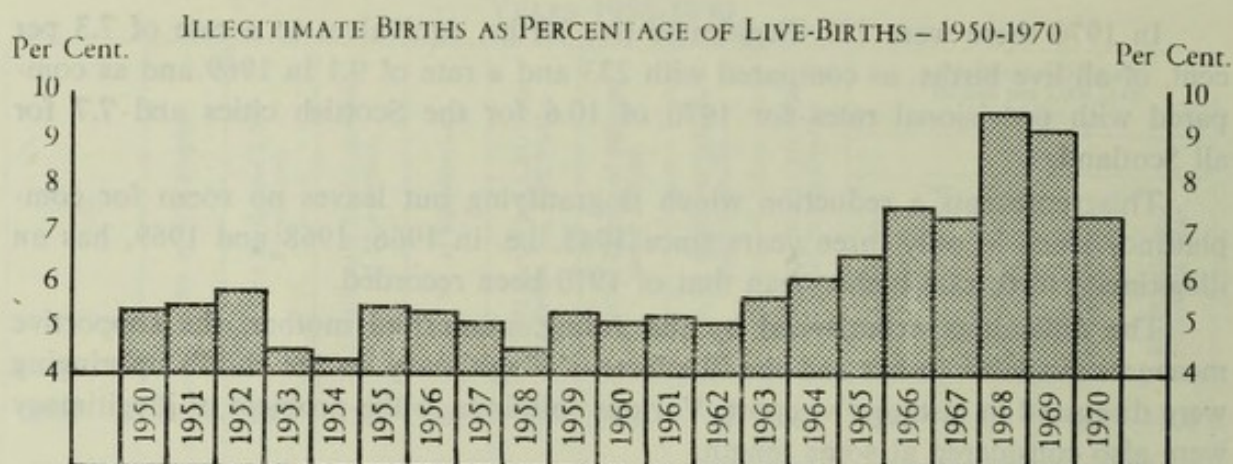
It seems, therefore, that an effort must be made to persuade more young women, "at risk" of pregnancy, in the skilled, semi-skilled and unskilled occupations, to attend the Family Planning clinics for advice.

There is already evidence in our attendance figures of increasing references of patients by the City's General Practitioners, doubtless the result of the continuous improvement in liaison with the Health Department and increase in General Practitioner/Health Visitor linkage, mentioned elsewhere in this report.

191 illegitimate births in 1970 is a big improvement on 233 in 1969 and 271 in 1968, but further improvement is needed. Perhaps a special Publicity Campaign by the already over-burdened Health Education Division supplemented by more individual counselling by the equally over-burdened health visitors, might prove of considerable assistance in persuading more young unmarried women "at risk" of unwanted pregnancies to attend the Family Planning clinics: though it is appreciated that such a campaign would inevitably meet with criticism from certain narrow-minded diehards whose sense of rigid moral standards prevents them from accepting that it is necessary to adopt a realistic approach to the problems of today, and that, while nobody wants to encourage extra-marital relations, we have a moral duty to try to prevent the births of unwanted and fatherless children.

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

ABERDEEN

**STILL BIRTHS.**

There were 30 still-births in 1970. This is equivalent to a still-birth rate of 11 per 1,000 total births in 1969, 10 in 1968, 8 in 1967 and 10 in 1966.

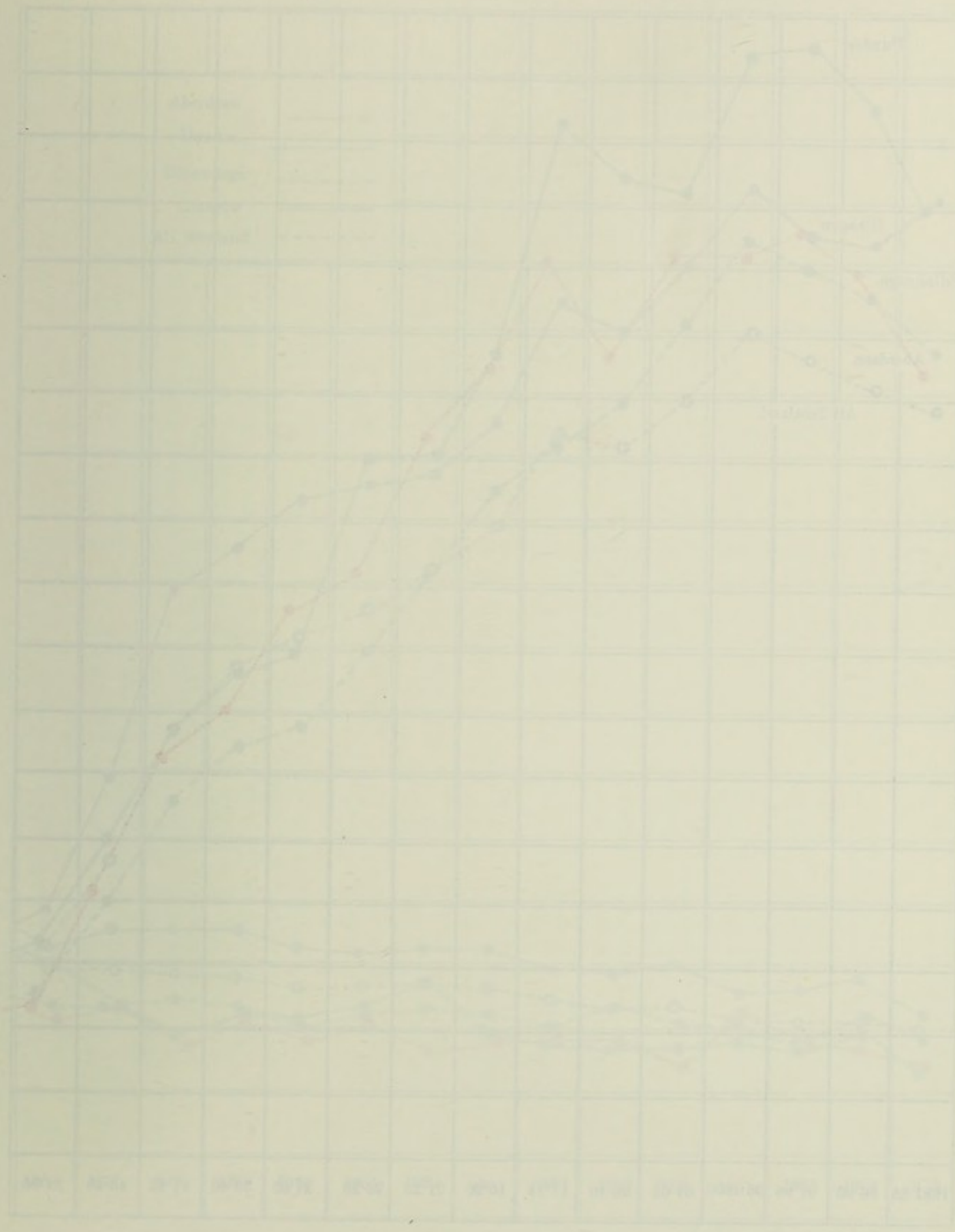
It is perhaps a mistake to regard still-births and still-birth rates in isolation. Not infrequently, neo-natal deaths, especially first week deaths, are, in fact, saved still-births. Thus the perinatal mortality rate is probably a better criterion than the still-birth rate—and, as already mentioned, Aberdeen in 1970 achieved its lowest-ever perinatal mortality rate.

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, 1962 and 1969 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 further improvement.

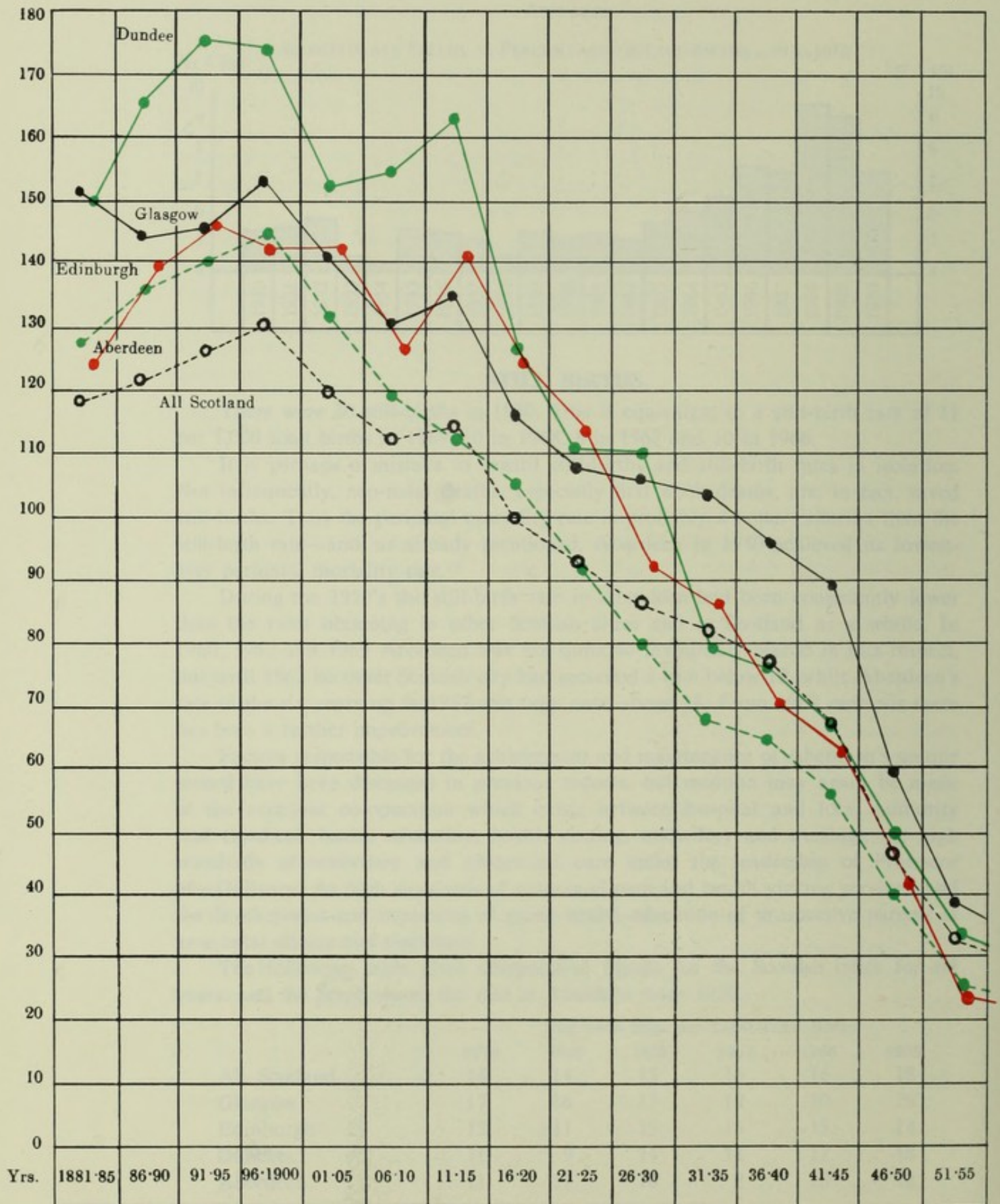
Factors responsible for the achievement and maintenance of Aberdeen's unique record have been discussed in previous reports, but mention may again be made of the excellent co-operation which exists between hospital and local authority staff (medical, health education, health visiting, midwifery and nursing), 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 six years; and the graph shows the rate in Aberdeen since 1950.

	Still-birth Rate per 1,000 Total Births					
	1970	1969	1968	1967	1966	1965
All Scotland	14	14	15	16	16	18
Glasgow	17	16	17	18	20	20
Edinburgh	12	11	15	15	13	14
Dundee	11	9	11	11	11	18
Aberdeen	11	11	10	8	10	12

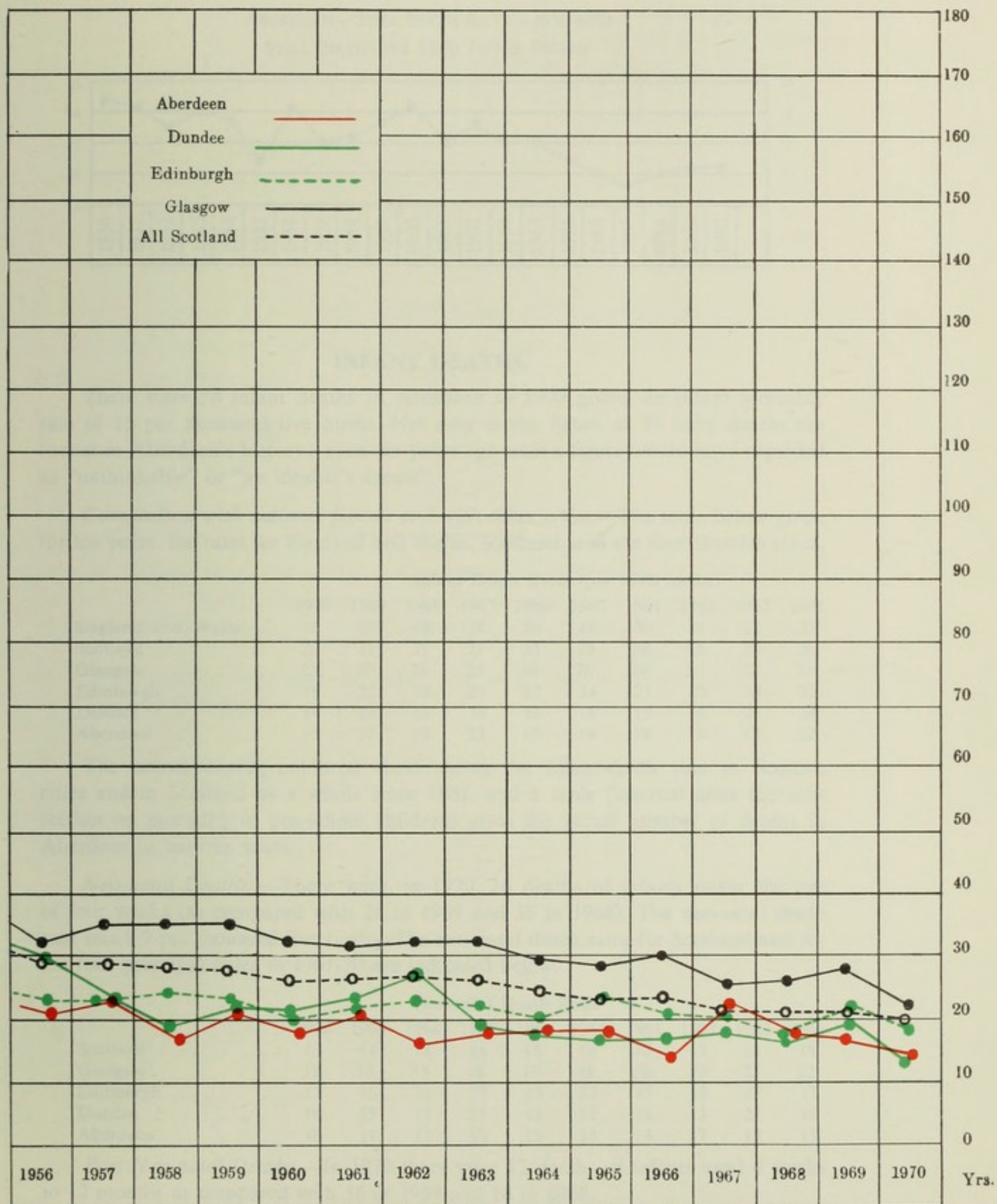


Deaths under 1 year



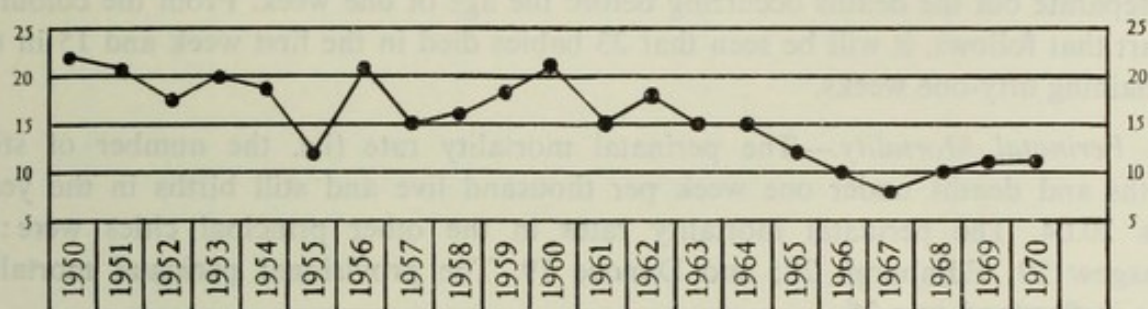
—QUINQUENNIAL AVERAGES, 1881-1955.

per 1,000 Births.



ABERDEEN - STILL BIRTH RATE - 1950-1970

STILL BIRTHS PER 1,000 TOTAL BIRTHS



INFANT DEATHS.

There were 38 infant deaths in Aberdeen in 1970 giving an infant mortality rate of 15 per thousand live births. Not only is the figure of 38 baby deaths the lowest in Aberdeen's history: even ten years ago such a figure would have regarded as "unthinkable" or "an idealist's dream".

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)

	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961
England and Wales	18	18	18	18	19	19	20	21	22	21
Scotland	20	21	21	21	23	23	24	26	27	26
Glasgow	23	27	26	25	30	28	29	32	32	31
Edinburgh	19	22	19	21	22	24	21	23	24	23
Dundee	14	20	18	19	18	18	19	20	28	24
Aberdeen	15	17	19	23	15	19	19	19	17	22

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

Neo-natal Deaths.—There were, in 1970, 26 deaths of infants under the age of four weeks (as compared with 28 in 1969 and 35 in 1968). The neo-natal death rate was 9.9 per thousand live births. The neo-natal death rates for Scotland and for the four principal cities in 1961-70 are indicated below.

Neo-natal Death Rates

	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961
Scotland	13	14	13	14	15	16	16	17	18	18
Glasgow	13	16	15	16	19	18	18	19	22	22
Edinburgh	13	16	12	15	15	17	15	17	17	17
Dundee	10	13	13	11	13	13	13	13	21	16
Aberdeen	10	11	12	16	10	15	14	11	12	15

Post Neo-natal Deaths.—In 1970 there were 12 deaths of infants aged 4 weeks to 12 months as compared with 16 in 1969 and 18 in 1968.

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 23 babies died in the first week and 15 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 20.04. The perinatal mortality rates in the other principal cities were:—Glasgow 29; Edinburgh 22; and Dundee 19. The provisional perinatal mortality rate in Scotland was 25.

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

During 1970, 9 children aged 1-5 years died. Comparative figures are:—

	1970	1969	1968	1967	1966	1965	1964	1963	1962
1-2 years	5	6	4	7	2	1	7	5	7
2-3 years	2	5	1	2	5	1	1	—	2
3-4 years	—	1	1	2	1	1	2	1	5
4-5 years	2	—	2	—	—	—	4	1	1
	9	12	8	11	8	3	14	7	15

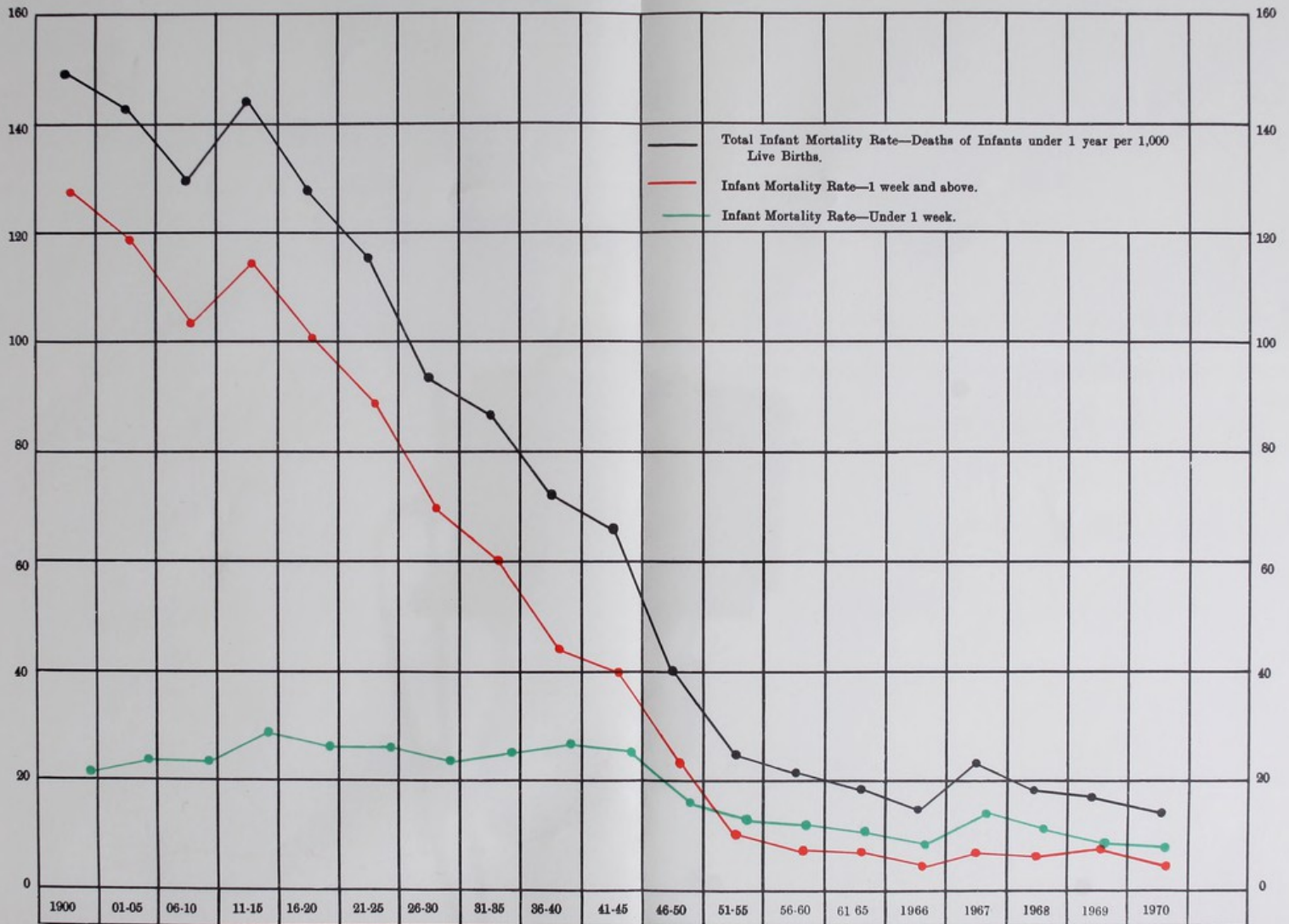
Congenital factors were an underlying or contributory cause of death in three cases, as they were in six cases in 1969. It is perhaps interesting to note that this difference is precisely equal to the difference between the figures for total deaths in the two years in this age group.

Of the 9 deaths in 1970, 2 were classified to congenital malformations, 2 to violence, 2 to respiratory causes, 1 to pneumonia, 1 to malignant disease and 1 to infectious and parasitic disease.

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	1956 .	22	73	9	82
1912 .	127	530	232	762	1957 .	24	82	7	89
1921 .	108	460	80	540	1958 .	18	57	6	63
1922 .	133	527	284	811	1959 .	23	76	10	86
1931 .	90	292	69	361	1960 .	19	63	9	72
1932 .	93	296	98	394	1961 .	22	72	4	76
1941 .	77	224	39	263	1962 .	17	55	15	70
1942 .	67	194	39	233	1963 .	19	62	7	69
1948 .	34	121	14	135	1964 .	19	60	14	74
1949 .	30	100	23	123	1965 .	19	62	3	65
1950 .	29	92	19	111	1966 .	15	43	8	51
1951 .	27	82	16	98	1967 .	23	63	11	74
1952 .	30	90	13	103	1968 .	19	53	8	61
1953 .	27	84	19	103	1969 .	17	44	12	56
1954 .	22	70	8	78	1970 .	15	38	9	47
1955 .	21	66	13	79					

CITY OF ABERDEEN—INFANT MORTALITY— 1900-1970





MORTALITY IN SCHOOL PERIOD.

In 1970, there were 10 deaths of children of school age (as compared with 8 in 1969, 14 in 1968 and 5 in 1967).

Of the 10 deaths in 1970, 3 were classified to malignant diseases, 3 to pneumonia, 2 to violence (vehicular accidents), 1 to appendicitis and 1 to asthma.

MARRIAGES.

There were 1,832 marriages in the City in 1970. This is equivalent to a rate of 10.1 per thousand of the population. The rates in previous years were 1969, 10.1; 1968, 10.0; 1967, 10.1; 1966, 9.5; 1965, 9.2; 1964, 9.1; 1963, 9.1; 1962, 9.3, 1961, 9.5; and 1960, 9.0.

MATERNAL MORTALITY.

In 1970 there were—for the second consecutive year— 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 1961:—

Rates per 1,000 live and still births

Year	Maternal Mortality		Puerperal Sepsis		Other Puerperal Conditions	
	Scotland	Aberdeen	Scotland	Aberdeen	Scotland	Aberdeen
1970	0.19	0.0	*	0.0	*	0.0
1969	0.14	0.0	*	0.0	*	0.0
1968	0.14	0.3	*	0.0	*	0.3
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
Average 1961-1970	0.26	0.21		0.0		0.21

* 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 1960-70 are given in the following table:—

Year	Number	Rate per 1,000 of Population	Average age at Death
1970	2,135	11.7	68.8
1969	2,258	12.5	68.9
1968	2,211	12.2	68.1
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

For all Scotland, the death rate was 12.2 in 1970, 12.3 in 1969, 12.2 in 1968, 11.5 in 1967, 12.3 in 1966, 12.1 in 1965, 11.7 in 1964 and 12.6 in 1963.

AGE AT DEATH.

The average age at death of persons dying during 1970 was 68.8 years, the second highest figure on record. Figures for recent years are—68.9 in 1969, 68.1 in 1968, 67.4 in 1967, 68.0 in 1966 and 67.8 in 1965. To give perspective it may be added that twenty-five years ago (1945) the average age at death was 59.6 years.

Of the 2,135 deaths 137 (or 6.4 per cent.) were in persons below the age of 45 years, and the percentages for Aberdeen and for Scotland are given below in sub-groups:—

PERCENTAGE OF ALL DEATHS.

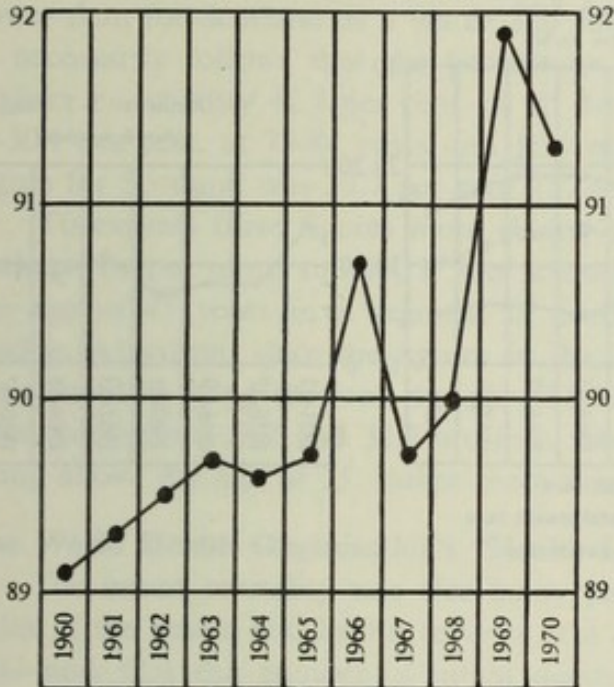
	Aberdeen	Scotland
In babies	1.8	2.7
At ages 1 - 24 years	1.6	1.9
At ages 25 - 44 years	3.0	3.4
Total up to 45 years	6.4	8.0

In addition to comparing very favourably with national figures, the percentage of young deaths is better than in previous years: for 1969 the Aberdeen percentage of deaths occurring under 45 years was 6.7 (and no lower figure had ever been recorded for the city).

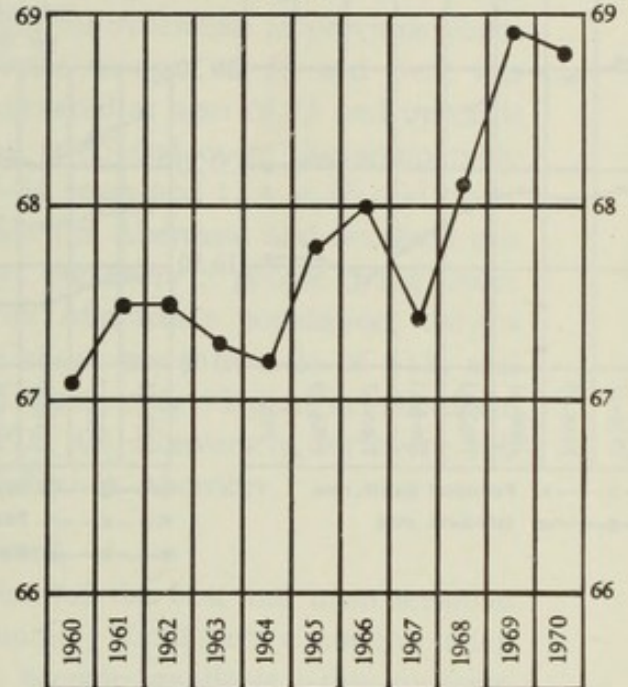
497 deaths (or 23.3 per cent.) occurred in the age period 45-64, a slightly lower figure than for Scotland in 1970 (24.3 per cent.) or for Aberdeen in 1969 (23.4 per cent.).

ABERDEEN'S HEALTH PROGRESS AT A GLANCE

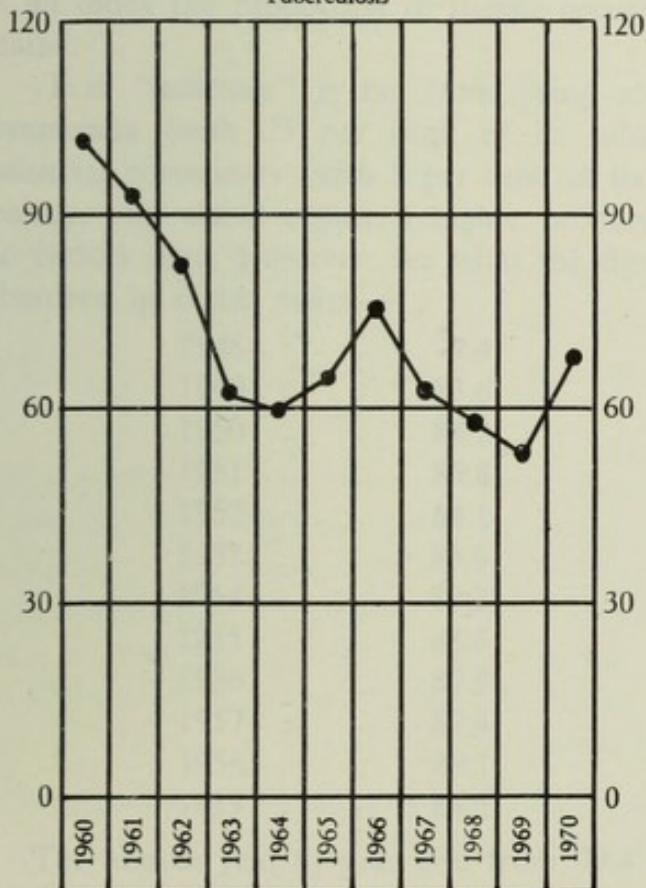
World Health Organisation
Health Indicator
(Percentage of deaths above 50 years)



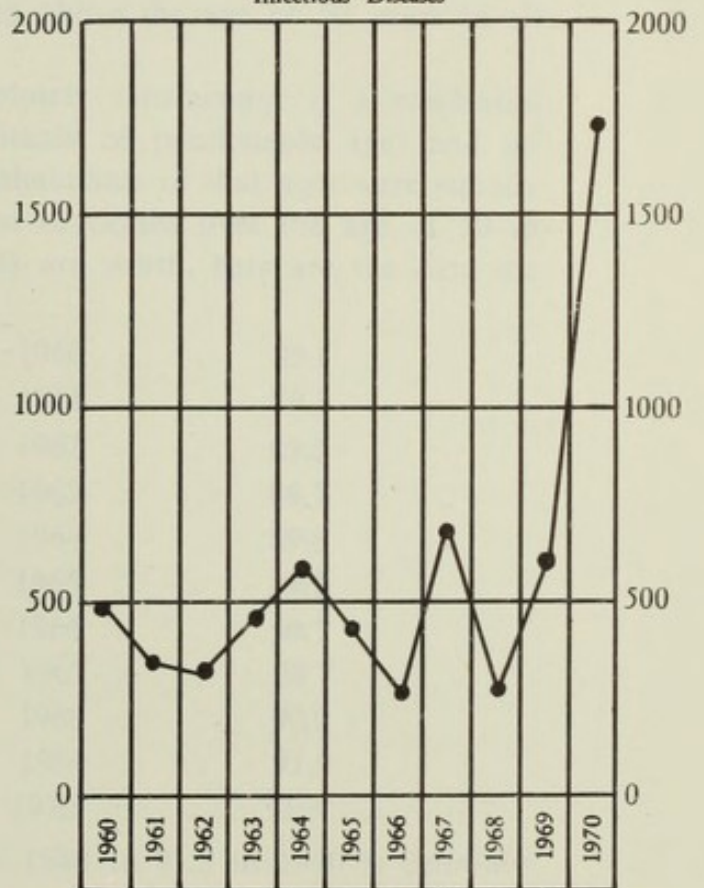
Average age at death



Notified cases of
Tuberculosis

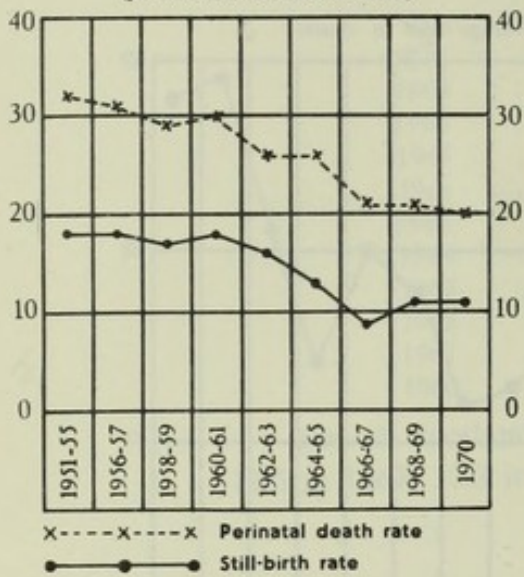


Notified cases of
Infectious Diseases

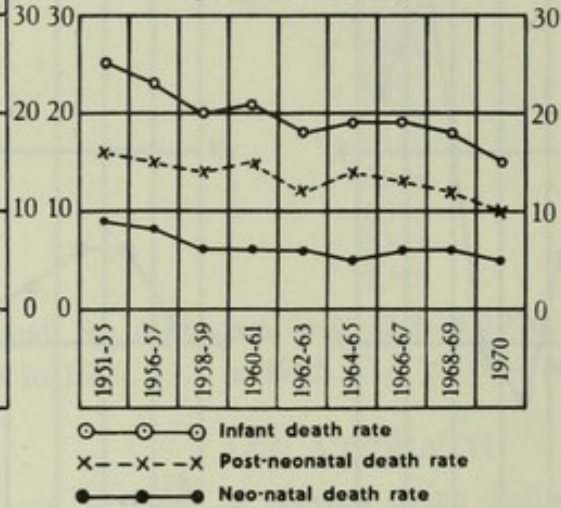


ABERDEEN'S HEALTH PROGRESS AT A GLANCE (contd.)

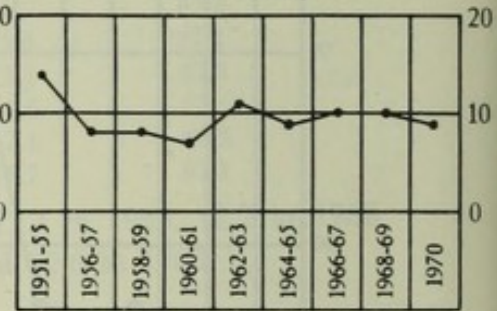
Perinatal and Still-birth Rates
(per thousand live and still births)



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



Deaths at 1-5 years
(Actual numbers)



Hence for the first time in history only 29.7 per cent. of all Aberdeen deaths occurred before the age of 65 years, and the figures for Scotland was 32.3 per cent.

594 deaths (or 27.8 per cent.) occurred in the age period 65-74 years, again a slightly lower percentage than in previous years, with the single exception of 1969 (27.7 per cent.). The figure for Scotland in 1970 was 28 per cent.

If the percentage of deaths occurring up to the age of 75 years (57.5) was lower than for Scotland as a whole and lower than for Aberdeen in previous years, it necessarily follows that the percentage of deaths at ages of 75 and over was higher. In actuality 42.5 per cent. of all deaths occurred at ages of 75 and upwards—30.1 per cent. at 75-84 years and 12.4 per cent. at 85 and over. The comparable figure for Scotland was 39.7 per cent. (27.4 at 75-84 years and 12.4 at 85 and over).

To express these figures more clearly the data for Aberdeen and Scotland can perhaps be put more simply, if less scientifically: for every 5 people dying under the age of 45 years in a segment of Scotland of Aberdeen's population, only 4 died in Aberdeen, since the figures in the Table above are in a ratio of 4:5; and for every 100 dying between the age of 0 and 65 years, only 92 died in Aberdeen, since the figures 29.7 and 32.3 are in a ratio of 92:100. Conversely, for every 100 dying above the age of 75, rather more than 107 died in Aberdeen.

The World Health Organisation's "Health Indicator".

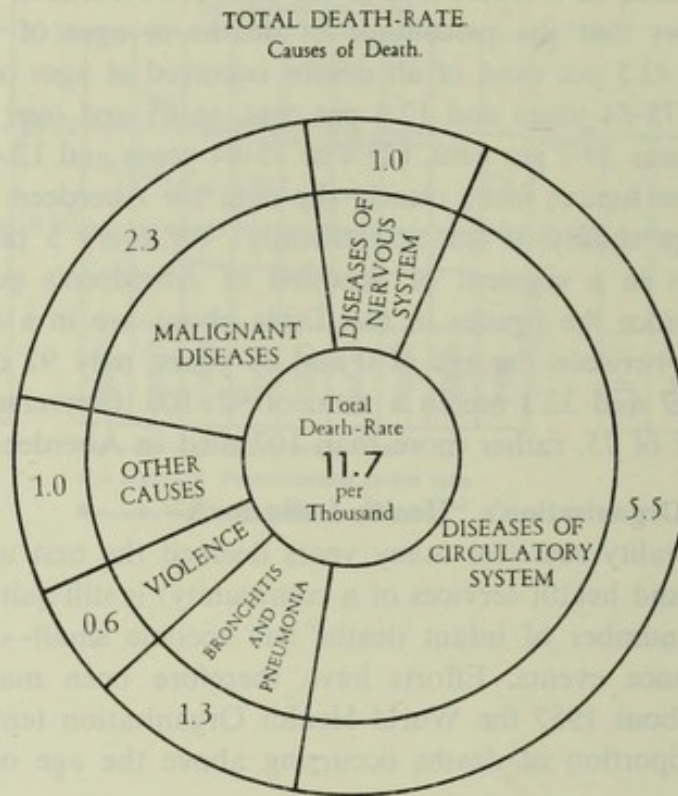
The infant mortality rate (for many years deemed the best and most sensitive index of the health and health services of a community) is still quite a sensitive index but—now that the number of infant deaths has become small—is liable to some distortion from chance events. Efforts have therefore been made to devise an alternative index. About 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 far from being absolutely 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 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	1960 . . .	89.1
1949 . . .	83.6	1961 . . .	89.3
1950 . . .	84.2	1962 . . .	89.5
1951 . . .	85.8	1963 . . .	89.7
1952 . . .	84.1	1964 . . .	89.6
1953 . . .	85.9	1965 . . .	89.7
1954 . . .	87.2	1966 . . .	90.7
1955 . . .	88.6	1967 . . .	89.7
1956 . . .	87.9	1968 . . .	90.0
1957 . . .	87.4	1969 . . .	91.9
1958 . . .	89.1	1970 . . .	91.3
1959 . . .	88.5		

The almost year-by-year rise from 79.4 in 1948 to 91.3 in 1970 is certainly interesting.

Causes of Death.—The diagram below shows some of the more important causes. It is interesting to note that 75 per cent. of all deaths fall under three headings—diseases of circulatory system, malignant diseases and diseases of nervous system. The comparable figures for 1969, 1968, 1967, 1966, 1965, 1964, 1963 and 1962 were 74, 77, 75, 77, 79, 75 and 77 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 1970:—

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

Cause	Male	Female	Total
Infectious and Parasitic disease (excluding T.B.)	1	—	1
Tuberculosis—i. Respiratory	—	—	—
ii. Other forms	—	—	—
Malignant Diseases	2	2	4
Diseases of nervous system—i. Cerebral Haemorrhage, &c.	2	—	2
ii. Other Diseases of nervous system	—	1	1
Diseases of circulatory system	—	—	—
Respiratory diseases—i. Pneumonia	3	1	4
ii. Bronchitis	1	—	1
iii. Other respiratory diseases	2	—	2
Diseases of digestive system	—	2	2
Diseases of genito-urinary system	—	—	—
Congenital malformations and diseases of early childhood	13	12	25
Violence	9	5	14
Miscellaneous	—	1	1
	<hr/> 33	<hr/> 24	<hr/> 57
Comparable figures for 1969	37	27	64
Comparable figures for 1968	51	24	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.)	50	—	50
Tuberculosis—i. Respiratory	—	—	—
ii. Other forms	—	—	—
Malignant Diseases	100	90	190
Diseases of nervous system—i. Cerebral haemorrhage, &c.	100	—	100
ii. Other diseases of nervous system	—	45	45
Diseases of circulatory system	—	—	—
Respiratory diseases—i. Pneumonia	150	45	195
ii. Bronchitis	50	—	50
iii. Other respiratory diseases	100	—	100
Diseases of digestive system	—	90	90
Diseases of genito-urinary system	—	—	—
Congenital malformations and diseases of early childhood	650	540	1,190
Violence	450	225	675
Miscellaneous	—	45	45
	<hr/> 1,650	<hr/> 1,080	<hr/> 2,730
Comparable figures for 1969	1,850	1,215	3,065
Comparable figures for 1968	2,550	1,080	3,630

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	1
Tuberculosis—i. Respiratory	—	—	—	—	—	—	—	2	1	—
ii. Other forms	—	—	—	—	—	—	—	—	—	—
Malignant diseases	1	—	1	3	6	5	14	17	50	54
Diseases of nervous system—										
i. Cerebral haemorrhage, etc.	—	—	3	—	2	—	4	3	8	11
ii. Other diseases of nervous system	1	—	—	—	—	1	1	1	4	2
Diseases of circulatory system	1	1	1	—	7	1	44	10	117	57
Respiratory diseases—										
i. Pneumonia	—	—	—	—	—	1	2	1	6	5
ii. Bronchitis	—	—	—	1	—	—	2	2	13	7
iii. Other respiratory diseases	—	—	—	—	—	1	1	—	2	2
Diseases of digestive system	—	—	—	1	1	—	—	3	2	3
Diseases of genito-urinary system	2	—	—	—	—	1	1	1	1	4
Diseases of pregnancy and childbirth (excluding puerperal sepsis)	—	—	—	—	—	—	—	—	—	—
Violence	6	2	11	4	10	4	1	6	10	8
Miscellaneous	—	1	—	—	—	—	1	2	6	3
	11	4	16	9	26	14	71	48	221	157
	15		25		40		119		378	
Comparable figures for 1969	17		18		52		132		397	
Comparable figures for 1968	13		23		51		146		384	

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	5	20	25
ii. Other forms	—	—	—
Malignant Diseases	690	360	1,050
Diseases of nervous system—i. Cerebral haemorrhage, &c.	255	30	285
ii. Other diseases of nervous system	80	30	110
Diseases of circulatory system	1,500	160	1,660
Respiratory diseases—i. Pneumonia	60	30	90
ii. Bronchitis	95	50	145
iii. Other respiratory diseases	25	20	45
Diseases of digestive system	35	60	95
Diseases of genito-urinary system	110	30	140
Diseases of pregnancy and childbirth (excl. puerperal sepsis)	—	—	—
Violence	970	340	1,310
Miscellaneous	45	60	105
	3,875	1,190	5,065
Comparable figures for 1969	4,070	1,390	5,460
Comparable figures for 1968	3,885	1,660	5,545

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 preceding tables—

Total working years lost in 1970—7,795	Total working years lost in 1969—8,525
Total working years lost in 1968—9,175	Total working years lost in 1967—9,155
Total working years lost in 1966—9,475	Total working years lost in 1965—9,145
Total working years lost in 1964—9,580	Total working years lost in 1963—9,915
Total working years lost in 1962—9,610	Total working years lost in 1961—9,755
Total working years lost in 1960—9,705	

TABLE I.—ABERDEEN—DEATHS AT ALL AGES FROM SELECTED CAUSES
(per 100,000 population). Years 1856 - 1970*.

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.					
1970 . . .	0	0	0	0	0	5	0	0	4	2	19	293	57	69	547
1969 . . .	0	0	0	0	0	1	0	0	2	2	18	278	50	44	480
1968 . . .	0	0	0	0	0	3	0	0	3	1	24	249	63	61	465
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
Mean of 1965-69 .	0	0	0	0	0	3	0	0	3	1	28	257	51	46	458
1964 . . .	0	0	0	0	0	1	0	1	1	1	30	251	51	28	438
1963 . . .	0	0	0	0	0	3	0	0	4	1	40	235	40	59	458
1962 . . .	0	0	0	0	0	1	0	0	2	1	31	222	37	34	479
1961 . . .	0	0	0	0	0	5	0	0	5	1	42	238	35	38	491
1960 . . .	0	0	0	1	0	0	0	0	5	0	45	215	36	33	448
Mean of 1960-64 .	0	0	0	0.2	0	2	0	0.2	3	1	38	232	40	38	463
Mean of 1955-59 .	0	0	0	0.4	0.4	4	0	0	7	1	37	223	33	41	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.

‡Including Emphysema and Asthma.

†From 1950 Causes of Death classified in accordance with Sixth and subsequent Revisions of International List of Causes of Death.

TABLE II.—ABERDEEN—MARRIAGE, BIRTH AND DEATH RATE—1856 - 1970
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 Popula- tion	Number	Rate per 1,000 of Popula- tion	Illegit Births per 100 Total Births	Number	Rate per 1,000 of Popula- tion	Average Age at Death		
1970	181,751	1,832	10.1	2,615	14.4	7.3	2,135	11.7	68.8	480	15
1969	181,089	1,822	10.1	2,560	14.1	9.1	2,258	12.5	68.9	302	17
1968	181,386	1,816	10.0	2,848	15.7	9.5	2,211	12.2	68.1	637	19
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
Mean of 1965-1969	182,494	1,786	9.8	2,866	15.7	8.0	2,189	12.0	68.0	677	19
1964	185,034	1,685	9.1	3,138	17.0	6.0	2,144	11.6	67.2	994	19
1963	185,953	1,689	9.1	3,335	17.9	5.6	2,246	12.1	67.3	1,089	19
1962	185,678	1,723	9.3	3,245	17.5	5.1	2,148	11.6	67.5	1,097	17
1961	185,222	1,752	9.5	3,263	17.6	5.2	2,233	12.1	67.5	1,030	22
1960	187,348	1,690	9.0	3,280	17.5	5.1	2,189	11.7	67.1	1,091	19
Mean of 1960-1964	185,847	1,708	9.2	3,252	17.5	5.4	2,192	11.8	67.3	1,060	19
1955-1959	186,417	1,909	10.2	3,288	17.6	5.1	2,164	11.6	66.6	1,124	22
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 III—CAUSES OF DEATH AMONG CHILDREN UNDER FIVE YEARS OF AGE
YEAR 1970.

CAUSES OF DEATH	AGE												Average for preceding 5 years (1965 - 1969)	
	FIRST YEAR					Second to Fifth Years								
	First Four Weeks		First Three Months		The Four Quarters			Total						
	0-1	-2	-3	-4	0-1	-2	-3	-4	-5	Total	0-1	-5		
Tuberculous { Respiratory . Other Forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	0.2	—	—
Meningococcal Infections .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliovmyelitis, Acute . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	1	—	—	—	—	1	—	0.4	—	—
Bronchitis	—	—	—	—	—	—	—	—	—	—	1	2.6	1.2	—
Diarrhoea and Enteritis . .	—	—	—	—	—	—	—	—	—	—	—	0.2	0.2	—
Other Digestive Diseases . .	—	—	—	—	—	—	—	—	—	—	—	0.8	0.2	—
Congenital Malformations .	4	—	—	—	—	—	—	—	—	—	—	0.6	—	—
Birth Injury, difficult Labour and other anoxic and hypoxic conditions	9	—	—	—	9	—	—	—	—	9	—	16.4	—	—
Pneumonia of New Born . .	—	—	—	—	—	—	—	—	—	—	—	1.6	—	—
Other causes of perinatal mortality	9	—	—	—	9	—	—	—	—	9	—	10.0	—	—
Accidents or other Violence	1	—	—	—	1	1	2	—	—	7	—	4.4	1.6	—
Other Causes	—	1	1	—	2	—	—	—	—	5	—	5.4	3.2	—
ALL CAUSES	23	1	2	—	26	2	4	—	—	38	—	52.8	8.4	—
Average for preceding 5 years 1965 - 1969 .	34	1	1	—	36	3	4	—	—	52	—	—	—	—

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

AGE.	All Causes.	Infectious and Parasitic Diseases (excl. Tuberculosis).										Tuberculous Diseases.		Malignant Diseases.		Dis. of Nervous Syst. and Sense Organs.		Dis. of Circulatory System.		Respiratory Diseases.			Dis. of Digest. System (incl. Diarrhoea and Enteritis).		Dis. of Genito-Urinary System.		Dis. of Pregnancy and Child-birth.		Senility.	Violence.	Miscellaneous.	
		Principal Epidemic.		Other Infection.		Respiratory.		Other Tuberculosis.		Cereb. Hem., etc.		Other Nervous.		Dis. of Circulatory System.		Pneumonia.		Bronchitis, Emphysema, Asthma.		Other Respiratory.		Dis. of Digest. System (incl. Diarrhoea and Enteritis).		Dis. of Genito-Urinary System.		Puerperal Sepsis.		Other Diseases.				
Under 1 year .	38	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	25	10	—
1-4 years .	9	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	1
5-14 „	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—
15-24 „	15	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	8	1
25-34 „	25	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	15	—
35-44 „	40	—	—	—	—	—	—	—	—	2	1	8	—	—	—	—	—	—	—	—	1	1	1	1	—	—	—	—	—	—	14	—
45-54 „	119	—	—	—	—	—	—	—	—	7	2	54	—	—	—	—	—	—	—	—	3	3	3	2	—	—	—	—	—	—	7	3
55-64 „	378	2	—	—	—	—	—	—	—	19	6	174	—	—	—	—	—	—	—	—	4	5	5	5	—	—	—	—	—	—	18	9
65-74 „	594	3	2	3	—	—	—	—	—	44	10	294	—	—	—	—	—	—	—	—	4	7	8	8	—	—	—	—	—	—	9	16
75-84 „	643	—	—	—	—	—	—	—	—	55	6	319	—	—	—	—	—	—	—	—	2	9	12	12	—	—	—	—	—	—	4	25
85+ „	264	—	—	—	—	—	—	—	—	31	2	143	—	—	—	—	—	—	—	—	1	6	3	3	—	—	—	—	—	—	5	7
All Ages	2,135	5	3	7	3	422	163	29	995	125	103	15	34	33	34	33	—	—	—	—	15	34	33	—	—	—	—	—	—	25	104	60

B.—DEATH-RATE PER 100,000.

1970 .	1,175	3	2	4	2	232	90	16	547	69	57	8	19	18	—	—	—	—	—	—	14	5	57	33
--------	-------	---	---	---	---	-----	----	----	-----	----	----	---	----	----	---	---	---	---	---	---	----	---	----	----

30.—A NOTE ON STILLBIRTHS AND INFANT DEATHS.

(E. M. Steiner, Departmental Medical Officer.)

The numbers and causes of stillbirths and infant deaths for 1970 are outlined below:—

(a) Causes of Stillbirths—

Premature—

Congenital abnormalities:

Nervous system 6

Multiple 1

Intra-uterine anoxia 3

Intra-uterine anoxia associated with:

Cervical incompetence 1

Placental insufficiency 1

Cord Prolapse 1

Premature separation of placenta (twin) 1

Threatened abortion 1

Ante partum haemorrhage 5

Ante partum haemorrhage with toxæmia 3

Unknown 1

— 24

Maternal disease (associated with 3 cases above)—

Maternal essential hypertension 2

Maternal pyrexia 1

Full time—

Congenital abnormalities:

Nervous system 1

Cardiac 1

Intra-uterine anoxia and antepartum haemorrhage 3

Precipitate breech delivery (unattended) 1

— 6

(b) *Causes of Neo-natal deaths—*

Congenital abnormalities:

Cardiac	3
Renal	1
Multiple	2
Hyaline Membrane Disease	6
Cot Deaths	2
Gastroenteritis (with dehydration)	1
Chilling (unattended delivery)	1
Prematurity (no apparent cause)	5
Prematurity with intracranial haemorrhage	3
Anoxia due to:	
Ruptured Uterus	1
Cord round neck	1
	— 26
	—

(c) *Causes of Post Neo-natal deaths—*

Congenital abnormalities:

Cardiac	2
Nervous system	1
Cot deaths	8
Suffocation	1
	— 12
	—

The infant mortality rate of 15/1,000 live births in 1970 is, along with the similar rate recorded in 1966, the lowest rate recorded in the City's history. It will be convenient to consider post-neonatal deaths first and then to discuss stillbirths and neonatal deaths.

Post Neo-natal Deaths.

This year the post-neonatal deaths (4 weeks - 1 year) numbered only 12—the lowest number and rate recorded. Last year (1969) was also a low record with 16 deaths.

Nationally the post-neonatal death rates of the different socio-economic classes declined in parallel over the years with the highest rate in Social Class V, then IV, &c. When the post neo-natal deaths in Social Classes I and II reach zero it can be postulated that the death rates for Social Classes III, IV and V, with maintained improvement, will converge to zero. While it is emphasised that the rate for all groups is low in Aberdeen, this year no post neo-natal deaths occurred in Social Class I or II but 11 (all except one of the 12 deaths) were from Social Classes IV and V. If one aims for ideals then these deaths should steadily decline to zero in the years ahead. The data suggest that extra attention should be given to the infant under 6 months (11 out of 12 died before that age) in poorer socio-economic circumstances. Particular care with feeding and follow-up medical attention are

important in the young infant in poor circumstances, especially the one with a cough or tendency to vomit. Large family size can affect parental care, but this factor is now less evident, in Aberdeen (only 2 out of 12 deaths were from children from large families).

Although some attempt at prevention might have been possible in 8 out of the 12 cases, this year it is the high standard of care provided by Aberdeen parents that should be stressed, and of course preliminary health teaching of these parents and follow up by health visitors. Multiple social factors in post neo-natal deaths (evident as recently as 1968) were not so marked in the 1970 cases—an encouraging sign.

Stillbirths and Neo-natal Deaths.

In 1970 there were 30 stillbirths, giving a continuing low rate of 11 per 1,000 live and stillbirths. There were 26 neo-natal deaths compared with 27 in 1969.

Again maternal age (over 35 years) and high parity (4 and over), although indicated by large national surveys to be more hazardous to the infant, were not present in a greater proportion of the stillbirths and neo-natal deaths. This indicates good antenatal, obstetric and paediatric care, combined with sensible family planning.

Poorer socio-economic conditions (found in 46 per cent. of the stillbirths and neo-natal deaths) were present in a significantly greater proportion of the families than expected from their proportion in the total maternities.

Mothers who smoked during pregnancy (59 per cent. of those with stillbirths or neo-natal deaths) are a continuing health problem to tackle. Many mothers smoked heavily (20 or more per day). For example, among the mothers of stillbirths 57 per cent. smoked, but 88 per cent of these mothers had infants of premature birth weight. The non-smoking mothers (43 per cent.) who gave birth to stillborn infants had by comparison 67 per cent. of their infants premature by birth weight.

Young women who have not started to smoke should understand that smoking is not only a rather remote hazard of the middle aged, but an expensive and unhealthy habit for the young mother-to-be.

Prematurity by weight (76 per cent. of the total), or short gestation (less than 36 weeks) (52 per cent. of total) are the largest single factors among these deaths. Four of the premature infants were of less than 28 weeks gestation, a recently occurring feature. Usually, 28 weeks is the dividing line between "abortion" and "viable birth".

Social problems were present in 25 per cent. of the total families and tended to be multiple, e.g. overcrowding, financial problems, unemployment, poor hygiene. Where pregnancy is involved the concerted efforts of medical, health visiting and social workers are necessary to provide remedial and supporting facilities. The importance of home helps, often necessary for short term only in some of these cases, to tide over the acute strain, is very considerable. In certain cases improved housing facilities are necessary because with overcrowding the strain of providing satisfactory diet, and maintaining adequate hygiene is heavy.

However, 41 per cent. of the mothers showed poor planning, or postponement, or spacing of their family. For example, this is evident in the premarital conceptions to young parents, or the close spacing (less than 1 year) between pregnancies. This factor can accentuate conditions of relative poverty, or set in motion a vicious circle of multiple social difficulties.

Rhesus incompatibility deaths were zero in 1970 although there were 7 (6 stillbirths and 1 neo-natal death) in 1969. This is due to the satisfactory results of Anti-D immunoglobulin, and as predicted in last year's report "deaths due to Rhesus incompatibility should no longer occur in the near future".

Another satisfactory feature was the absence of anaemia as measured by haemoglobin tests in the patient's first ante-natal visit. In only one case among the mothers with either a stillbirth or neo-natal death was the haemoglobin under 70 per cent. at first visit (out of 53 cases where the haemoglobin was recorded).

Some features associated with the stillbirths and neo-natal deaths in 1970 are outlined in the Table below:—

Risk factors	No. of stillbirths (Total 30)	No. of neo-natal deaths (Total 26)
Maternal age over 35 years	1	0
High parity (4 or more births)	6	1
Poor socio-economic circumstances (Social Class 4 and 5)	14	12
Smoking mothers	17	11
Poorly planned	12 (2)	11
Low birth weight baby (less than 5 lb. 8 oz.)	24	19
Premature by dates (less than 36 weeks gestation)	16	13
Maternal small stature (less than 62 ins.)	11	9
Adverse social problems	9	5
Rhesus incompatibility	0	0

*"Poorly planned" = unmarried, premarital conceptions, less than one year from a previous pregnancy, or (in brackets) over 5 years since a previous birth.

31.—COST OF THE SERVICES.

(C. Grainger, Administrative Officer.)

In November, 1969, the Social Work Act came into operation, with the new Social Work Department combining the former Children's Department, the Probation Service and the Social Welfare and supportive parts of the Health and Welfare Department. Essentially there passed from the Health Department—(a) certain services for the elderly (e.g. provision of residential homes), although services related to health education and health maintenance, and medical, health visiting and nursing services remained with the Health Department—so that, for example, contributions to the health and well being of the elderly by chiropodists, dietitians, health assistants, health education lecturers, health visitors, medical officers, nurses and physiotherapists are continuing functions of the Health Department; (b) day

and residential nurseries (unless maintained for health—as opposed to social—reasons, as in the case of the proposed Pre-school Assessment Centre); (c) care of the mentally handicapped and mentally disturbed (as opposed to promotion of mental health, prevention of mental and emotional illness, assessment of suspected disease, and other medical, health visiting and nursing functions); and (d) social aspects of the care of the physically handicapped. During 1970 there were also various expansions in Health Department functions, notably in respect of family planning and education thereon, in respect of vaccination against measles and rubella, and in respect of health maintenance of an increasing population of elderly citizens. In view of all these changes there is little point in attempting a financial comparison with the previous year.

Features of the Year.

(1) The net cost of the Health, School Health, Port Health and other related services for 1969-70 (i.e. the expenditure after deducting any payments made by individuals but before deducting grant from Government funds) was £667,111 or almost exactly 1p per day for each inhabitant of the City: a tiny price to pay for services that range in age group from the health protection of the unborn child (by ante-natal care and health education of prospective parents) to the health maintenance and support of the elderly (by health visiting, chiropody and home nursing) and in type from dental to sanitary services or from meat inspection to physiotherapy. During the year developing services included family planning, health education and vaccination against measles and rubella. The rigorous economy of 1969 was continued in 1970 but, if services are to be maintained and in certain fields expanded, appreciably greater expenditure, to say nothing of the money needed to maintain services at the previous level during an era of inflation.

(2) Roughly one eighth of the total expenditure was attributable to the School Health Service and the other seven eighths to Health and Port Health Services, but including nearly 4 per cent. which is essentially national expenditure refunded to the Corporation (e.g. expenditure on the education of student health visitors in what is now the College of Health Visiting, and expenditure on secondment of members of staff for certain advanced courses).

An attempt is made below to apportion costs in detail but some difficulties should be noted. It is relatively easy to work out that Home Nursing has expanded to take up about a ninth of the total expenditure or that Chiropody takes up just under two per cent; but it is to some extent a matter of guesswork to decide what part of Health Visiting expenditure should be classified as Health Visiting, what part should be allocated to Health Education, what part should be allocated to Mental Health and what part to Clinics; and if a particular Health Education campaign is concerned with, say, dental health, is directed partly at adults and partly at school children, and involves health education lecturers, health visitors and to a smaller extent other members of staff, it would need a Solomon to apportion the expenditure with guaranteed accuracy. Accordingly, the division into segments must be regarded to some extent as an approximation.

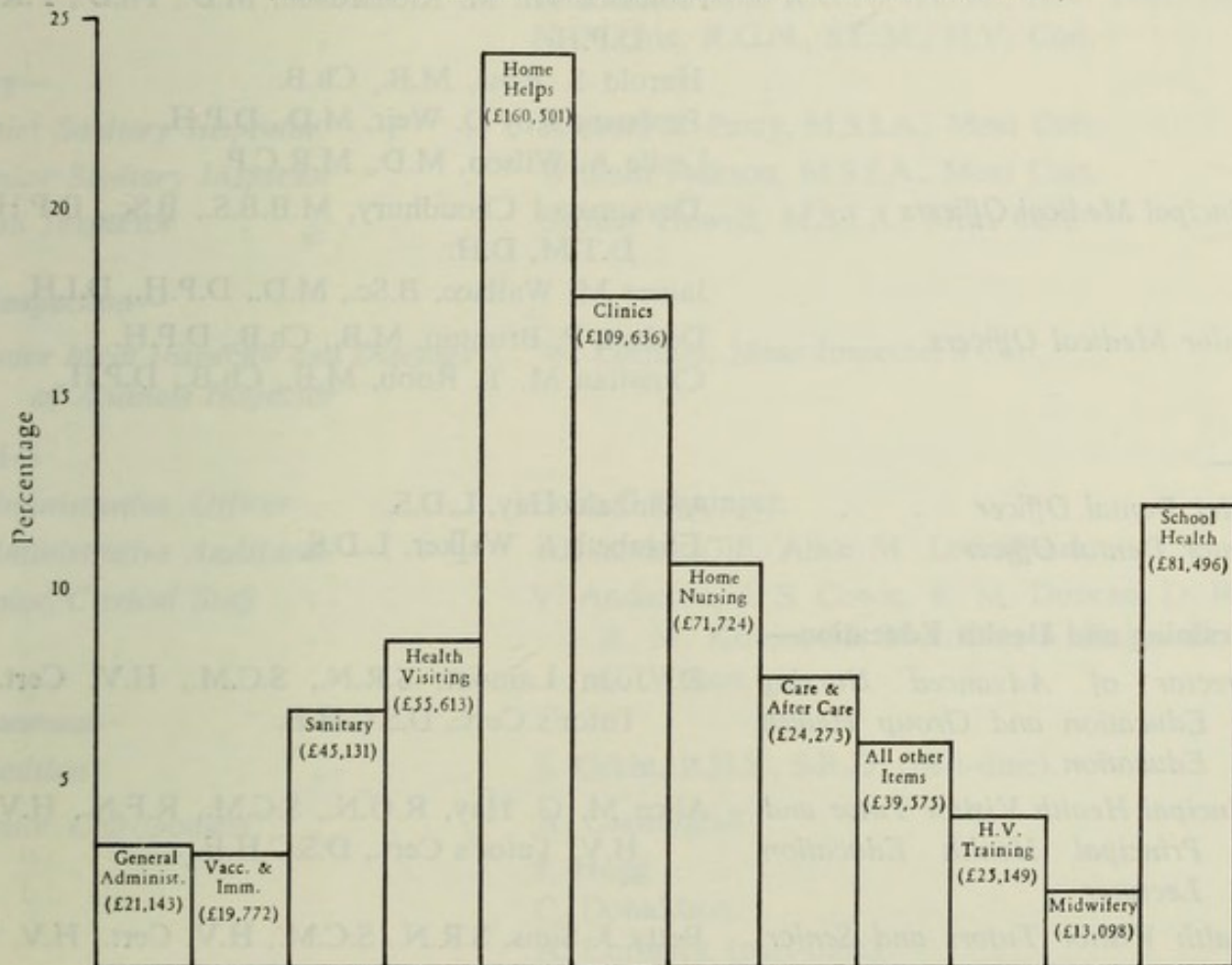
The following table shows the percentages spent by the various divisions of the Health Department.

Item	Percentages	Item	Percentages
Home Helps	24.05	Health Education	1.46
Clinics	16.4	Unwholesome Food . . . . .	.70
Home Nursing	10.75	Diseases of Animals . . . . .	.45
Health Visiting	8.34	Welfare Foods . . . . .	.43
Sanitary	6.76	Pensions, &c. . . . .	.31
H.V. Training	3.77	Clean Air Act . . . . .	.14
Tuberculosis	3.64	Infectious Diseases . . . . .	.07
General Administration	3.17	Dental and Eye Clinic . . . . .	.03
Vaccination and Immunisation	2.96	School Health Service	12.29
Chiropody	1.96	All other items . . . . .	.36
Midwifery	1.96		

The 1969/70 proportions are illustrated in the following diagram.

COST OF HEALTH SERVICES

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



32.—SENIOR STAFF AS AT 31st DECEMBER, 1970.

<i>Medical Officer of Health</i>	Ian A. G. MacQueen, O.B.E., M.A., M.D., D.P.H., D.S.C.H.E., F.R.S.H.
<i>Senior Depute Medical Officer of Health</i>	David Barclay, M.B., Ch.B., 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>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., D.S.C.H.E.
<i>Chief Sanitary Inspector</i>	Herbert B. Parry, M.S.I.A., Meat Cert.
<i>Chief Nursing Officer</i>	Margaret Nairn, R.G.N., S.C.M., H.V. Cert., P.H. Admin. Cert.
<i>Administrative Officer</i>	Colin C. Grainger.
<i>Statistician</i>	John B. Tait, B.A. (Oxon).

Medical—

Honorary Depute Medical Officers of Health

George Innes, M.D., D.P.H.
 Professor Ross G. Mitchell, M.D., F.R.C.P., D.C.H.
 Professor Ian M. Richardson, M.D., Ph.D., F.R.C.P.E., D.P.H.
 Harold S. Ross, M.B., Ch.B.
 Professor Roy D. Weir, M.D., D.P.H.
 Leslie A. Wilson, M.D., M.R.C.P.

Principal Medical Officers

Devaprosad Choudhury, M.B.B.S., B.Sc., D.P.H., D.T.M., D.H.

Senior Medical Officers

James M. Wallace, B.Sc., M.D., D.P.H., D.I.H.
 Dodson P. Brunton, M.B., Ch.B., D.P.H.
 Christian M. T. Robb, M.B., Ch.B., D.P.H.

Dental—

Chief Dental Officer

Archibald Hay, L.D.S.

Senior Dental Officer

Elizabeth S. Walker, L.D.S.

H.V. Training and Health Education—

Director of Advanced Nursing Education and Group Health Education

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

Principal Health Visitor Tutor and Principal Health Education Lecturer

Alice M. G. Hay, R.G.N., S.C.M., R.F.N., H.V. Cert., H.V. Tutor's Cert., D.S.C.H.E.

Health Visitor Tutors and Senior Health Education Lecturers

Betty J. Sims, S.R.N., S.C.M., H.V. Cert., H.V. Tutor's Cert.
 Freda M. Welch, S.R.N., S.C.M., H.V. Cert., H.V. Tutor's Cert.

<i>Health Education Lecturers</i>	Maisie A. Abbot, R.G.N., S.C.M., H.V. Cert. Edward B. McMillan, R.G.N., B.T.A., O.N.C., M.H.V.O.
-----------------------------------	--

Health Visiting, Midwifery, etc.

<i>Chief Nursing Officer</i>	Margaret Nairn, R.G.N., S.C.M., H.V. Cert., P.H. Admin. Cert.
<i>Principal Nursing Officer</i>	Lisetta J. Stephen, R.G.N., S.C.M., H.V. Cert.
<i>Senior Nursing Officer</i>	Annie Scott, R.G.N., S.C.M., H.V. Cert.
<i>Senior Group Advisers</i>	Wilma M. M. Craigmile, R.G.N., S.C.M., H.V. Cert., P.H. Admin. Cert. A. May, S.R.N., C.M.B. Part 1, H.V. Cert.
<i>Group Advisers</i>	Marjorie Galloway, R.G.N., S.C.M., H.V. Cert. Mary J. Ness, R.G.N., S.C.M., R.F.N., H.V. Cert. Catherine Wilson, R.G.N., S.C.M., H.V. Cert. Fiona McFarlane, S.R.N., S.C.M., H.V. Cert. Margaret C. P. Mair, R.G.N., S.C.M., H.V. Cert. Margaret T. Sheridan, S.R.N., S.C.M., H.V. Cert. Nan Sutherland, R.G.N., S.C.M., H.V. Cert., Dip. H.E. N. Michie, R.G.N., S.C.M., H.V. Cert.

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.

Meat Inspection—

<i>Senior Meat Inspector and Diseases of Animals Inspector</i>	W. Lorimer, Meat Inspector's Cert.
--	------------------------------------

Clerical—

<i>Administrative Officer</i>	Colin C. Grainger.
<i>Administrative Assistants</i>	Alexander Gill, Alice M. Ledingham.
<i>Senior Clerical Staff</i>	V. Anderson, J. S. Cowie, K. M. Duncan, D. R. Gibb, R. M. Kirton, M. Morrison, S. Smith, H. Taylor, C. Wilson.

Miscellaneous—

<i>Dietitian</i>	S. Orkin, B.H.S., S.R.D. (part-time).
<i>Senior Chiropodists</i>	A. Cadenhead. J. Hogg. C. Donaldson. A. Cormack (part-time).
<i>Physiotherapists</i>	D. J. Wallace. B. White.

INDEX.

	Page
Agriculture (Safety, Health and Welfare Provisions) Act	118
Background Data: Demographical, Sociological &c.	118
Area of City	118
Density of Population	118
Number of houses	118
Number of persons per house	118
Population	118
Rainfall	119
Socio-economic classification of adult males	118
Sunshine	119
Temperature	119
Unemployment	118
Wind	119
Cervical Cancer—Screening	4
Results	4
Re-screening	4
Care of Mothers and Young Children	29
Associated Services	32
Care of Young Children	33
Child Health Centres—Staffing, Attendances, Referrals	36
Day Nurseries	38
Dental Care	38
Developmental Assessment	30
Dietetic Advisory Service	30
Expectant and Nursing Mothers—	
Antenatal care	31
Staffing and Sessions	31
Health Education	32
Poliomyelitis immunisation and dental treatment	32
Post-natal Care	31
Still Birth Rate, Infant Mortality Rate and Neonatal Death Rate	124
Note on Still Births and Infant Deaths	138
Special Clinics—deafness, opthalmic, ultra violet radiation	37
Special Follow Up Register	33
Speech Therapy Clinic	37
Staff Training	30
Welfare Foods	37

	Page
Chiropody Service	50
Clean Air Act	79
College of Health Visiting	24
Examination Results	25
Extra Mural Activities	27
Health Visiting Officers	25
Prize Winners	26
Proposed Combined Training	25
Staffing	26
Student Nurse Secondment	26
Visitors to the School	27
Cost of the Services	141
Domiciliary Midwifery	22
Features of the Year	22
Midwifery Districts	23
Refresher Course	23
Staff	23
Transport	23
Environmental Hygiene and Analytical Work	77
Family Planning	1
Comprehensive Methods	2
Conclusion	4
Domiciliary Service	2
Education in Family Planning	2
Education of the Public	3
Family Planning Influence on High Risk Maternities	3
Health Screening on Family Planning	3
Introduction	1
Monitoring Possible Side Effects	3
Need for Service	1
New Regulations—July, 1970	3
Food Hygiene	27
Export Licences	28
Features of the Year	27
General	28
Meat Inspection	28

	Page
Health Education	6
Displays and Exhibitions	6
Expectant Mothers and their Husbands	7
Films	12
In-Service Training	8
Parents of Pre-school children—	
Afternoons	9
Evenings	9
Schools	9
Secondary Schools	10
Visual Materials	9
Youth Clubs and Pre-formed Groups	9
Health Visiting	13
Distribution of Staff	15
Division of Staff Time	18
Features of the Year	13
Liaison Arrangements	18
H.V./G.P. Linkage	18
Hospital Liaison	19
Children's Hospital	20
Diabetic Clinic	20
Special Clinic	20
Woodend Hospital	20
Refresher Courses and In-Service Training	21
School Health Service	20
Staffing Matters	14
Visits—	
Ante-natal	21
Health Visitors	21
Home	21
Observation by Medical, Nursing and Other Students	21
Old People	17
Overseas and Post Graduate Students	21
Pre-school Children	16
Health-Promoting, Disease-Preventing and Supportive Services for Old People	50
Chiropody Service	50
General	51
Home Help Service	50
Home Nursing Service and Marie Curie Service	50
Other Health services	51
Register of Old Persons	51
Visitation of the Elderly by Health Visitors and Health Assistants	50

	Page
Home Help Service	49
Features of the Year	49
Number of Home Helps and Number of Cases Helped	49
Home Nursing and Marie Curie Service	50
District Nursing Service	45
Day Service	45
District Nurse/General Practitioner Co-operation	45
Liaison Scheme	46
Marie Curie Memorial Foundation	47
National Examination of District Nurses	47
Night Service	45
Staff	45
Training	46
Home and Road Safety	66
Introduction	66
Position in 1970	67
Infectious Diseases—Control	68
Features of the Year	68
Infections Generally	70
Laboratory Services	73
Medical Aspects of Housing	63
Medical Examinations	79
Noise Abatement Act, 1960	79
Nursing Homes Registration Act	79
Offices, Shops and Railway Premises Act, 1963	78
Investigation of Accidents	78
Tasks other than those related to investigation and control of accidents	
Old People's Register	51
Physiotherapy Service	38
Port Health Administration	64
Commercial Shipping	65
De-ratting Certificates	65
Features of the Year	64
Fish Inspection	65
Fishing Vessels	65
General	64
Inspection of Vessels	65
Medical Arrangements for Long-Stay Immigrants	66
Preface	v

	Page
Prevention of Illness, Care and After care ...	39
B.C.G. Vaccination ...	40
Blind Persons ...	44
Chiropody ...	44
Contacts ...	40
Co-ordination with diagnostic and curative service ...	39
Features of the Year ...	43
General Outline ...	39
Mass Miniature Radiography ...	40
Mortality ...	42
Other Diseases ...	42
Prevention ...	42
Notification ...	41
Positive Reactors amongst School Leavers ...	40
Tuberculosis ...	39
School Health Service ...	81
Absence from School ...	93
Ascertainment of Mental Handicap ...	85
Audiometric Testing ...	88
Child Guidance Clinic ...	92
Dental Services ...	94
Drug Misuse ...	93
Educational Assessment List ...	84
General Review ...	82
General Statistics—	82
Systematic Medical Inspection ...	83
Colleges ...	84
Nursery Schools ...	84
Number of Schools and Pupils ...	83
Handicapped Register ...	83
Hearing Assessment Clinic ...	90
Health Education in Schools ...	87
Home Tuition ...	85
Immunisation—	91
Diphtheria/Tetanus Immunisation ...	91
Measles ...	91
Prevention of Tuberculosis ...	92
Rubella ...	92

	Page
Integration of Pre-School and School Health Service	83
Introduction	81
Minor Ailments Clinic	89
Monthly Visits and Other (Special) Medical Examinations	84
Organisation and Administration	83
Remedial Facilities	93
Road Safety Instructors in Schools	93
Research	94
Sanitary Conditions in Schools	89
School Eye Clinic	90
School Meals	94
School Milk	94
Speech Therapy	92
Staff	83
School Health Visiting Service	85
Surveys of Personal Hygiene and Emotional and Physical Health	85
Treatment at City Hospital Cleansing Station	90
Truancy and Delinquency	93
Staff as at 31st December, 1970	144
Summary of Statistics	50
Features of the Year	51
Incidence of Infection	52
Immunisation Programme—	52
Diphtheria, Whooping Cough and Tetanus	55
Measles	62
Other Immunisations	62
Poliomyelitis	59
Routine Prophylaxis	51
Smallpox	53
Tuberculosis	62
Vaccination and Immunisation	51
Vital Statistics	120
Features of the Year	120
Illegitimate Birth Rate	123
Infant Deaths—	125
Age at Death	128
Cause of Death	130
Comparison with national figures and with other cities	125
Deaths under the age of one week	126
Marriages	127
Maternal Mortality	127

	Page
Mortality in Pre-School Period (1-5 years)	126
Mortality in School Period	127
Perinatal Mortality	126
Still Births, Neonatal and Post-Neonatal Deaths	125
World Health Organisation's 'Health Indicator'	129
Live Births	120
Still Births	124

